

**PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL  
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 April 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planned Care Recovery
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Keith Jones, Director, Secondary Care Stephanie Hire, General Manager Scheduled Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

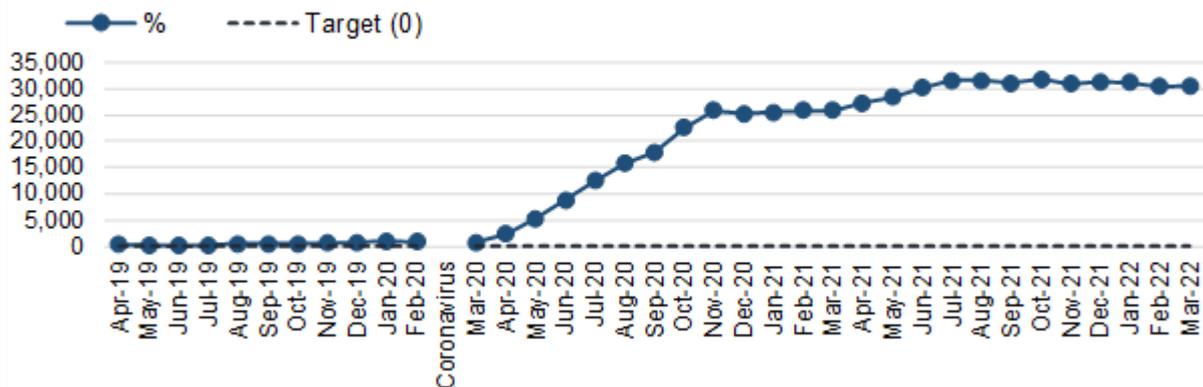
At its meeting on 29th July 2021, the Hywel Dda University Health Board (HDdUHB) requested a report be presented to the Strategic Development and Operational Delivery Committee (SDODC) outlining data/information/ actions relating to End of Year -Planned Care (including patients waiting >36 weeks) and the impact of outsourcing certain services. This report builds on the report presented to SDODC in October 2021 and includes the actual year end waiting list totals split by speciality attached as Appendix 1.

**Cefndir / Background**

Recovery priorities for 2021/22 were reflected in the HDdUHB Annual Recovery Plan for 2021/22. This anticipated continuing challenges in managing COVID-19 and non-COVID-19 related emergency demands for the year ahead whilst endeavouring to provide 'green' planned care pathways on each site, all against the backdrop of a significant and sustained staffing challenge.

Whilst we have been working hard to steadily increase capacity and treat patients where possible in 2021/22, the pandemic has continued to impact upon planned care activity while we adhere to related government restrictions to keep us safe. There has been additional impact during the various waves of COVID-19 cases throughout the period including the Omicron wave, where planned care activity had to be scaled back with only emergency and urgent cancer care continuing. As a result, the number of patients waiting 36 weeks or more from referral to treatment (all stages) increased from 25,868 in March 2021 to 30,542 in March 2022. However, performance in 2021/22 has steadied in comparison to the impact on performance during the first year of the pandemic.

## Patients waiting 36 weeks+ from referral to treatment



### Asesiad / Assessment

We continue to plan and action the recovery, planned surgery has continued at Bronglais General Hospital (BGH), restarted at Prince Philip Hospital (PPH) for Orthopaedics, and Ward 9 Withybush General Hospital (WGH) has reopened and started to treat patients. Cancer continues to be treated across all sites with a focussed centre at PPH. Specialty based cancer continues at GGH. Plans to reinstate further capacity during 2022/23 include:

- The repurposing of Amman Valley Day Surgery Unit to deliver 5 days per week Cataract surgery. This will involve the relocation of the Age-Related Macular Degeneration (AMD) service to the Outpatients area and the theatre facility will offer focused cataract surgery.
- A demountable unit at PPH will provide additional day surgery access for the Health Board with an opening date of May 2022.
- The development of an Enhanced Care Unit (ECU) at PPH and WGH to reduce critical care demand for elective patients.
- Virtual appointments are provided as an alternative to face-to-face appointments where possible to mitigate the reduction in outpatient capacity. A virtual hub has been established at GGH to facilitate virtual appointments, with others to follow in 2022/23. We are now urgently scoping returning outpatient activity to pre-pandemic levels using virtual and face-to-face appointments.

The initial aim is to reduce the number of patients waiting over 104 weeks to zero by March 2023, as part of phase one of the ministerial measures to provide access to timely planned care.

We have developed a revised post-COVID-19 watchtower planned care monitoring programme to monitor progress.

Validation of all waiting lists has continued throughout the pandemic, both internally and through an external technical validation service.

The Health Board has engaged with an external agency (Lightfoot) who have been working closely with key specialties on recovery plans. There is also an internal reset and recovery process, which is currently led operationally at Watchtower. Key numerical messaging and lengths of time to recover is revised and reported to the Executive Team for onward reporting to the Board.

Outsourcing:

During 2021/22, there was a significant and ambitious outsourcing and insourcing plan with the independent sector to alleviate pressure within HDdUHB hospital sites. This was a similar picture across Wales, with other health boards also accessing capacity from Independent Providers where possible. Unfortunately, this led to health boards being in direct competition with each other for the same scarce resources, resulting in limited capacity and an increase in costs. It is also important to note that the number of Independent Providers in Wales is significantly less than in England, therefore the availability of capacity was further reduced from the onset.

The table below shows the 2021/22 outsourcing/insourcing volumes with providers, split by speciality:

Section	Portfolio	Provider	Sum of Total Volume	Sum of Year
Insourcing / outsourcing	Cardiology	St Josephs	60	85,280
	Dermatology	BMI (Werndale)	885	281,439
		YMS	3,195	495,747
	Endoscopy	Spire (Bristol)	59	59,933
		St Josephs	255	364,011
	General Surgery	BMI (Werndale)	67	219,058
		Sancta Maria	24	50,258
	Gynae	Spire (Bristol)	9	45,063
	Neurology	(blank)	0	195,000
	Ophthalmology	Community health and eye care	1,647	1,580,193
		Spa Medica/Werndale	1,480	1,730,707
	T&O	BMI (Bath)	7	58,678
		BMI (Drotwitch)	22	140,293
		BMI (Werndale)	102	1,017,317
		Spire (Bristol)	28	44,961
	Urology	St Josephs	124	300,297
		BMI (Werndale)	10	41,674
		Sancta Maria	35	26,528
Insourcing / outsourcing	<b>Total</b>		<b>8,009</b>	<b>6,736,437</b>
<b>Grand Total</b>			<b>8,009</b>	<b>6,736,437</b>

\*Actuals will include an estimated volume for March until actual volumes are confirmed

Many of the above contracts expired at the end of March 2022, however some had an extension clause until the 30<sup>th</sup> June 2022. The outsourcing experience in 2021/22 has been mixed, with many providers disappointingly failing to deliver on their quoted activity, and a high internal rejection rate of people desiring to travel further afield, particularly with regard to the Cataract Service. This has shaped the Health Board's thinking in terms of which providers to utilise the finite internal and external resources on for future outsourcing opportunities. Agreement has therefore been reached to extend the following: -

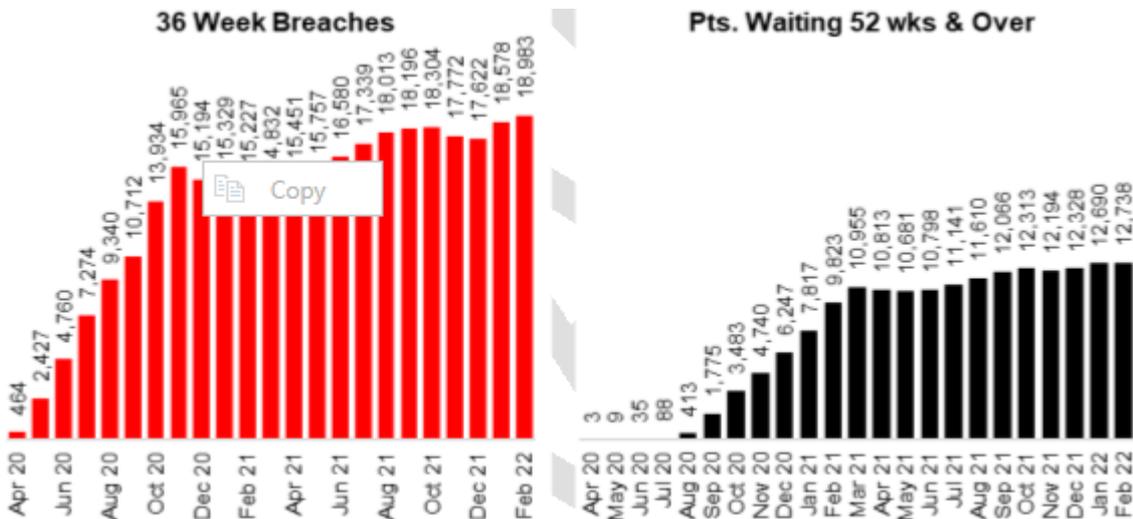
Type	Provider	Specialty	Volumes Qtr1	Avg Cost per case	£
Outsourcing	Community Health and Eye Care (CHEC)	Ophthalmology	1200	1100	1,320,000
Insourcing	YMS	Dermatology	1290	167	216,000
Insourcing	Medinet	Neurology	1080	72	78,000
		<b>TOTAL</b>	<b>3570</b>		<b>1,614,000*</b>

**Stage 1 position:**

HDdUHB outpatient appointments have been impacted by COVID-19 due to social distancing restrictions, which has reduced the number of patients seen per session. To highlight the impact these restrictions have had on patients waiting for a new outpatient appointment (stage 1 patients); prior to COVID-19 in March 2020, HDdUHB was on track to have no patients waiting beyond 36 weeks for a S1 appointment. In February 2022, the HDdUHB had 18,983 waiting for a S1 appointment. Predicted S1 breaches in March 2022 are approximately 19,500.

Since COVID-19, the highest Operating Department Practitioners (OPD) activity occurred in November 2021. This resulted in the number of S1 36 week breaches reducing by 532 (18,304 in October to 17,772 in November 2021). With a reduced number of patients seen in January and February 2022, the number of 36 week breaches subsequently increased to 18,983 in February 2022. OPD activity is split between new and follow up appointments. The proportion of new appointments overall is about one third.

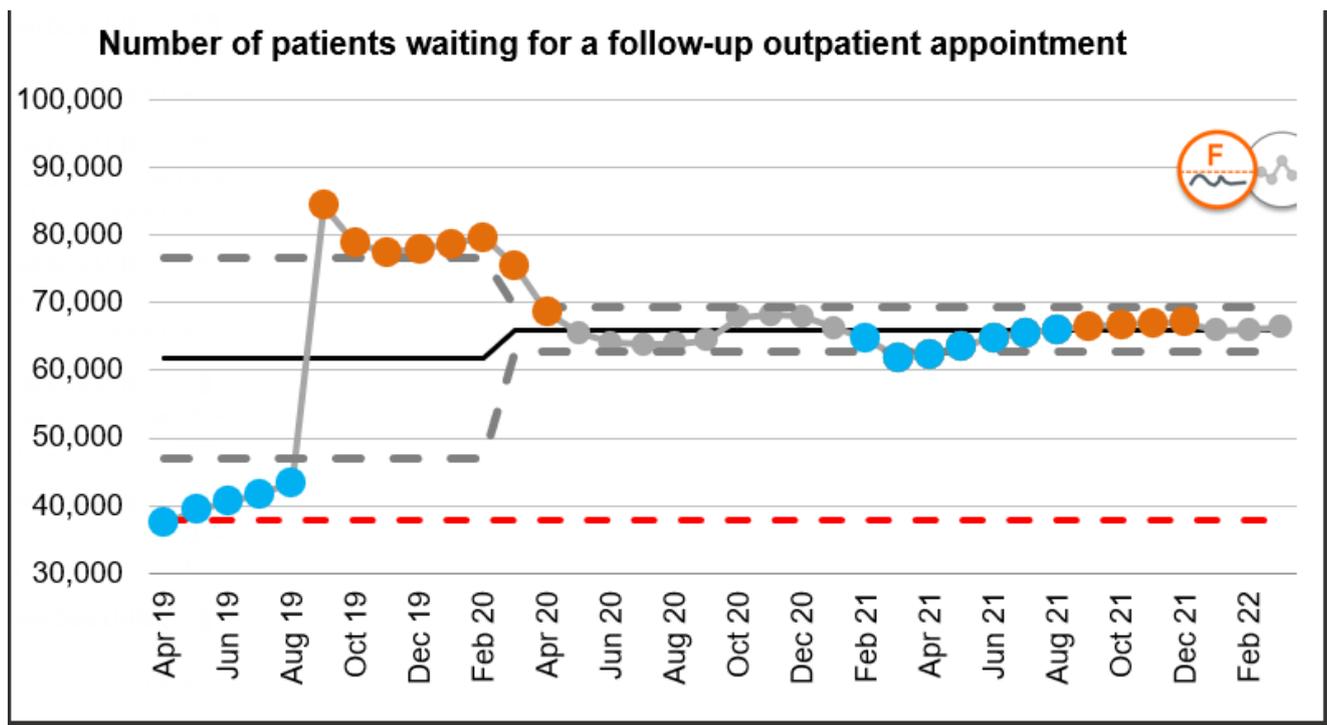
The below graphs show the number of patients waiting over 36 and 52 weeks for their first outpatient appointment from April 2020 to February 2022. These figures are reported to Welsh Government on a monthly basis. The 36 week breaches have increased from 464 in April 2020 to 18,983 in February 2022, whilst the 52 week breaches have increased from 3 to 12,738.



**Follow Ups:**

The 2 delayed follow up measures have shown steady improvement, and in March 2022 the total delayed follow ups are at the lowest level since November 2019 (31,335) and delayed follow ups over 100% the lowest level since May 2020 (18,941). We continue to progress the

use of see on symptoms (SOS) and patient initiated follow up (PIFU) to alleviate these numbers.



Elective activity:

In March 2022, 49,188 patients out of a total of 86,722 (56.7%) were waiting less than 26 weeks for treatment. The national target is 95%.

The interim target is to reduce the number of patients waiting over 104 weeks to zero by March 2023 as part of phase 1 of ministerial measures to reduce waiting times.

Elective activity sample including cancer surgery

	DC	IP	TOTAL	% DC
Dec21	411	144	555	74%
Jan22	473	161	634	74.6%
Feb22	552	168	720	76.7%

It is essential to note the backdrop of restart and the continued unscheduled care pressures that continue to impact on reduction of the trajectory. The current hospital bed base plans have been reviewed in line with available theatre staffing templates as each site presents challenge to the required delivery plan. Within BGH, the bed base is currently 14 beds on Rhiannon ward, and this is considered appropriate for the current assessed inpatient cohort for theatre capacity. Although the plan for this site is set, it should be noted that expansion of the theatre lists can only be achieved via Integrated Medium Term Plan (IMTP) monies to fund phase 2 of the expansion plan and to support commissioned external clinical work from neighbouring health boards to the north of the site. The site had proceeded to put in place one – two flexed enhanced care beds in 2021, however these remain unfunded.

During COVID-19, there has been a successful transfer of Ward 7 in PPH of GGH and WGH colorectal work, which has functioned extremely well. This was implemented due to the lack of

available elective beds at GGH and WGH, which increased both COVID-19 and unscheduled care pressures. The ward and theatre complex currently facilitates the main cancer specialities of colorectal, urology and breast, including the use of the Peony Unit. The Directorate has commenced a firm plan with WGH to open an elective 11 bedded ward during March 2022 which will allow general surgery, some colorectal surgery, breast and gynaecology to take place at WGH. In support of the Getting It Right First Time (GIRFT) review, HDdUHB noted that a further 6 trolley spaces are being pursued to support the OVN/DC surgery for Orthopaedics, which will require ring fencing. These site-based ward changes will be supported by a site-based enhanced care unit (ECU) at WGH and a further unit at PPH to support the major cancer surgery of colorectal and urology.

In PPH, Ward 6 has restarted Orthopaedic inpatient surgery during March 2022 with a further day surgery theatre in the new demountable site at PPH to exclusively support day surgical orthopaedic procedures. This is due to commence May 2022. However, the ward continues to have recruitment challenge and therefore will initially only be able to open with 12-14 beds from 14<sup>th</sup> March 2022.

Due to capacity challenges, a review is required of the elective bed base at GGH given that the current provision of 3 side rooms on Merlin to support Ear, Nose and Throat (ENT) will not support the remaining funded theatre sessions, which include the transfer of cancer specific specialities back from PPH. This will continue to impact on the full restart of orthopaedic theatres at PPH. There also needs to be consideration of a full remap of emergency surgical and trauma ward including specific ENT and Urology ward provision on the site of GGH.

The re-development of Amman Valley Hospital (AVH) theatres and OPD supports HDdUHB's delivery plan for cataracts and Wet AMD, however in order to deliver the cataract sessional commitment this will require transfer of the RACE triage system to the nursing teams and interventional job planning to cover the cataract sessions at AVH.

The Directorate is experiencing staffing deficits in theatre services and Anaesthetics across Carmarthenshire and BGH, and will continue to work with workforce on a targeted recruitment programme to include Consultant recruitment. This will continue to impact on % of delivery back to full capacity. The expectation is to return to maximised capacity, as staffing and bed base allow, by 1<sup>st</sup> May 2022. The WGH fire work programmes, delays of the installation of Bioquell pods at the WGH and PPH sites, and the impact of Phase 3 of the Obstetric Theatres work at GGH have the potential to delay start dates until June 2022, and the pace of further session expansion. It should be noted that the fragility of the anaesthetic rota due to recruitment issues have to be factored into the aforementioned challenges.

**Argymhelliad / Recommendation**

The Strategic Development and Operational Delivery Committee is requested to consider the update relating to Planned Care and the impact of outsourcing certain services on the new and follow up OPD data End of Year 21/22.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously

	<p>improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.</p>
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	CR 1048 Risk to the delivery of planned care services set out in the Annual Recovery Plan 2021/22 Risk Score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5. Timely Care 4.2 Patient Information 5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	National Planned Care Programme
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Planned Care Directorate SDODC 26 <sup>th</sup> October 2021

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Referenced in the report

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Adverse quality and/or patient care outcomes/impacts of delayed treatment and access to care
<b>Gweithlu: Workforce:</b>	No direct impact although delivery plans in part will necessitate supporting recruitment.
<b>Risg: Risk:</b>	Risk 1048 - Risk to the delivery of planned care services set out in the Annual Recovery Plan 2021/22
<b>Cyfreithiol: Legal:</b>	All outsourcing activity is commissioned in accordance with the NWSSP Commissioning Framework.
<b>Enw Da: Reputational:</b>	Potential for political or media concern in the event of extended waits for access to care.
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Patients are prioritised according to clinically assessed risk of harm.

	Outpatients						Inpatient Treatment				
	March 2019	March 2020	March 2021	Sept 2021	March 2022	March 2022	March 2019	March 2020	March 2021	Sept 2021	March 2022
Specialty	Waiting List	Waiting List	Waiting List	Waiting List	Forecast OPD	Actual OPD	Waiting List	Waiting List	Waiting List	Waiting List	Forecast IP
					Waiting List	Waiting List					Waiting List
					Volume	Volume					Volume
General Surgery	1,055	1,424	2,520	3,498	4,014	4,047	1,417	1,492	1,930	1,816	2,497
Urology	1,896	2,072	2,853	3,489	3,933	4,290	1,049	1,177	2,238	2,301	2,218
Breast	537	375	866	886	304	845	72	62	90	104	14
Colorectal	700	634	1,647	2,162	1,035	2,622	218	253	357	365	193
Vascular	413	358	686	837	854	954	9	-	-	-	-
Orthopaedics	2,468	2,868	3,291	3,244	3,711	3,795	2,757	2,935	4,303	4,574	4,145
ENT	3,316	3,644	5,619	6,186	5,134	6,406	215	278	372	380	411
Ophthalmology	4,091	3,376	4,743	5,675	5,831	6,668	1,557	2,150	2,842	3,004	1,071
Pain	482	808	1,080	966	765	1,039	467	289	362	447	413
Gastro	1,186	1,104	1,721	1,430	1,500	2,578	-	-	-	-	-
Endocrinology	425	378	375	348	106	333	-	-	-	-	-
Diabetic Medicine	217	216	165	150	-	178	-	-	-	-	-
Cardiology	2,311	2,380	2,090	1,119	339	1,512	-	-	-	-	-
Stroke Medicine	15	20	10	16	-	19	-	-	-	-	-
TIA	-	7	16	20	-	27	-	-	-	-	-
Derm	2,974	2,563	3,976	5,231	302	2,500	-	-	-	-	-
Respiratory Medicine	830	1,209	817	810	478	1,009	-	-	-	-	-
Neurology	932	1,139	745	1,162	800	1,321	-	-	-	-	-
Rheumatology	681	719	1,117	1,365	1,532	1,618	151	99	80	90	766
Paeds	768	910	840	862	-	1,081	-	-	-	-	-
Geriatric Med	649	834	1,115	1,090	-	886	-	-	-	-	-
Gynae	1,823	2,099	3,454	4,279	3,959	4,637	530	548	724	723	99
Endoscopy											
<b>Totals</b>	<b>27,769</b>	<b>29,137</b>	<b>39,746</b>	<b>44,825</b>	<b>34,597</b>	<b>48,365</b>	<b>8,442</b>	<b>9,283</b>	<b>13,298</b>	<b>13,804</b>	<b>11,827</b>
	Outpatients						Inpatient Treatment				
	March 2019	March 2020	March 2021	Sept 2021	March 2022	March 2022	March 2019	March 2020	March 2021	Sept 2021	March 2022
Specialty	Waiting List	Waiting List	Waiting List	Waiting List	Forecast OPD	Actual OPD	Waiting List	Waiting List	Waiting List	Waiting List	Forecast IP
					Waiting List	Waiting List					Waiting List
					Volume	Volume					Volume
<b>Totals</b>	<b>27,769</b>	<b>29,137</b>	<b>39,746</b>	<b>44,825</b>	<b>34,597</b>	<b>48,365</b>	<b>8,442</b>	<b>9,283</b>	<b>13,298</b>	<b>13,804</b>	<b>11,827</b>