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PO4 Planned Care, Diagnostics & Therapies



The purpose of this presentation is to update the Strategic Development and Operational Delivery Committee (SDODC) of the progress achieved in reducing the volume of patients experiencing long planned care waiting times, within the resource framework agreed by the Board and the operational factors experienced during 2023/2024 and into 2024/2025

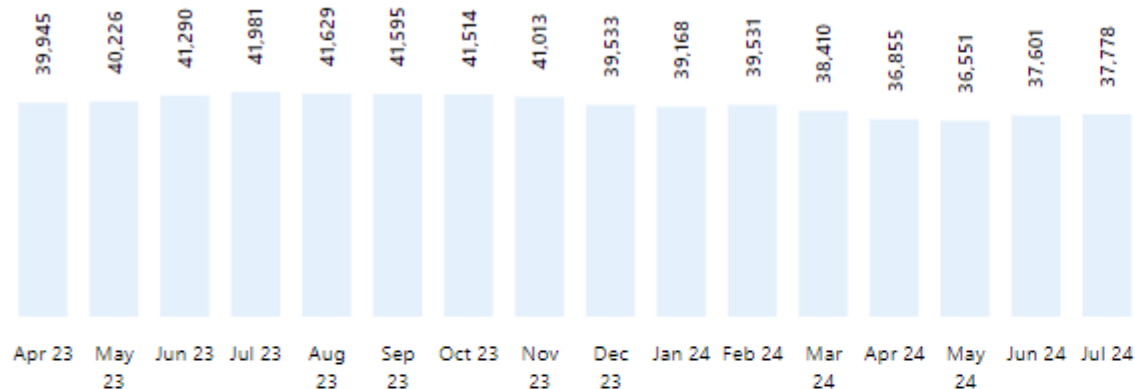
Referral to Treatment (RTT) Performance [Stage One]



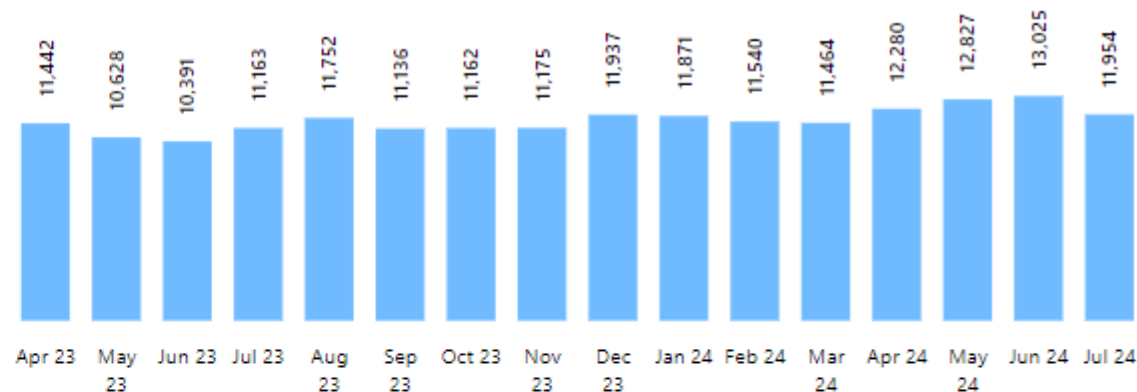
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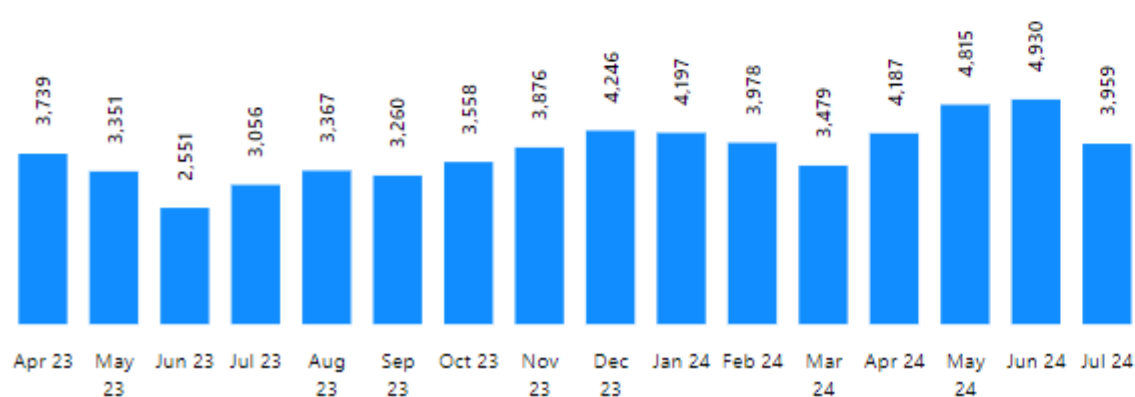
Patients waiting under 26 weeks



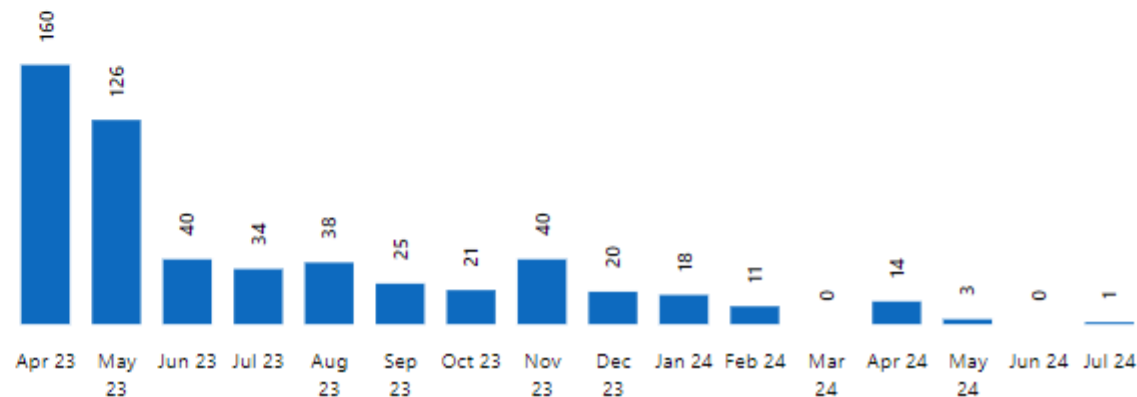
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



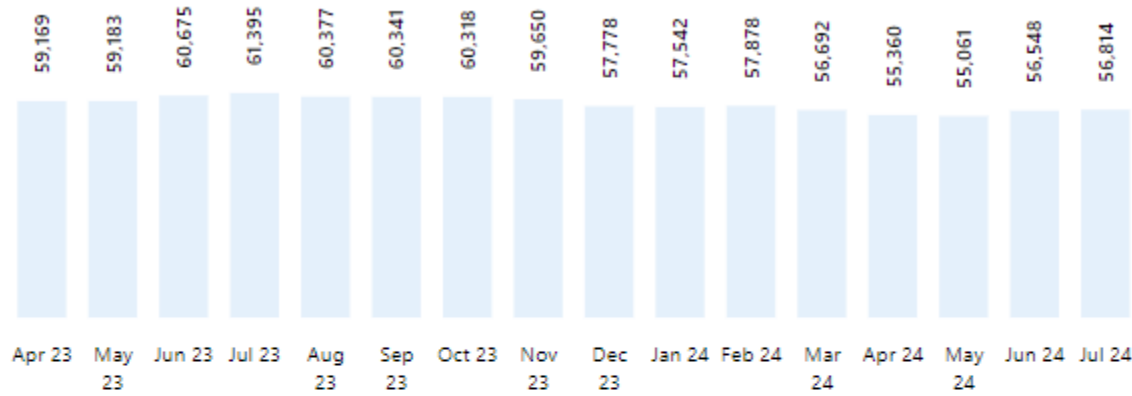
RTT Performance [All Stages]



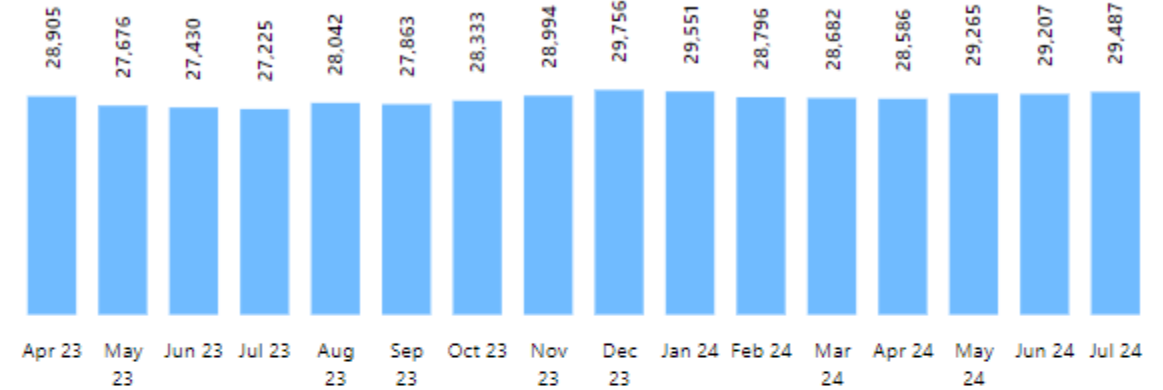
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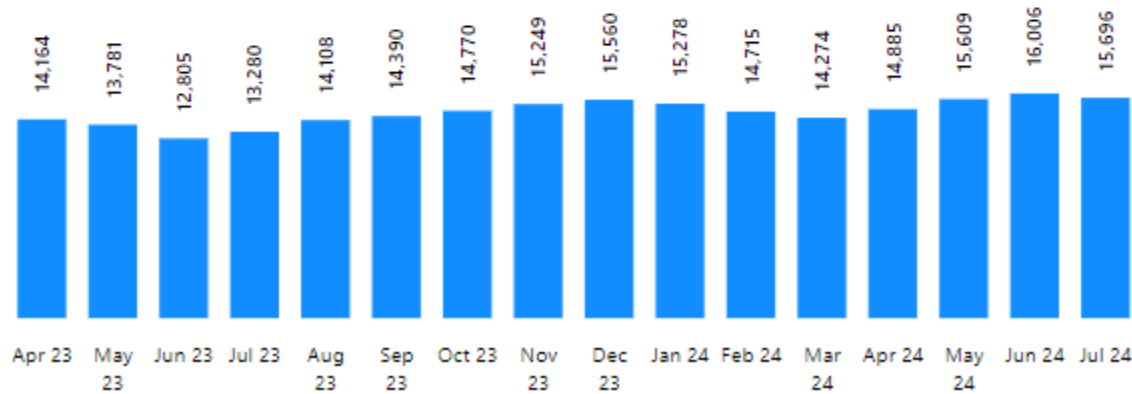
Patients waiting under 26 weeks



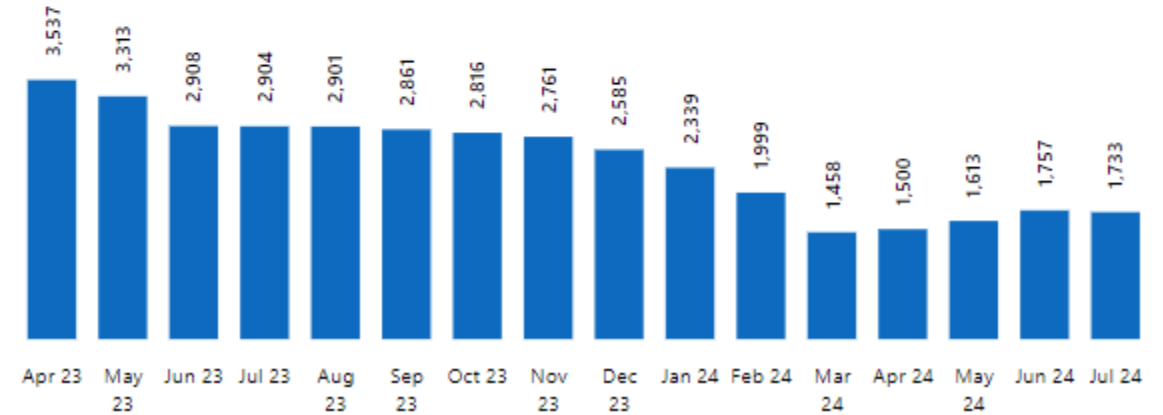
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



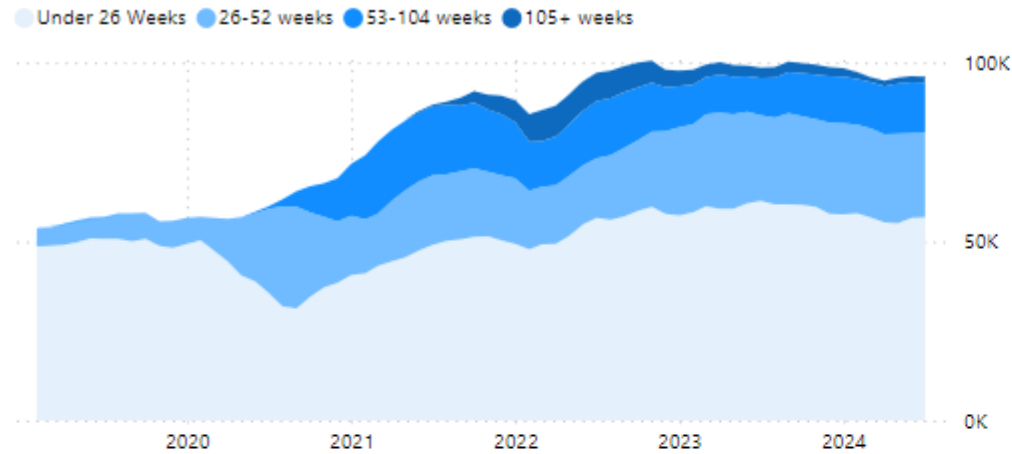
RTT Waiting List Volume



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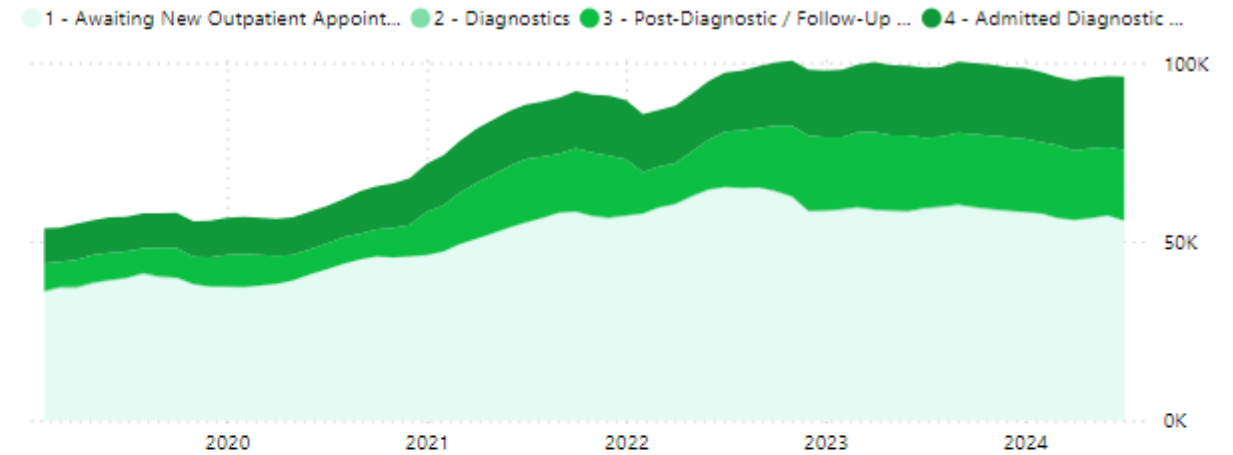
Total patients waiting by length of wait



Grouped waits with totals

Date	Under 26 Weeks	26-52 weeks	53-104 weeks	105+ weeks	Total
Jul 24	56,814	23,611	13,963	1,733	96,121
Jun 24	56,548	23,674	14,249	1,757	96,228
May 24	55,061	25,068	13,996	1,613	95,738
Apr 24	55,360	24,643	13,385	1,500	94,888
Mar 24	56,692	25,008	12,816	1,458	95,974
Feb 24	57,878	24,748	12,716	1,999	97,341
Jan 24	57,542	25,558	12,939	2,339	98,378
Dec 23	57,778	25,397	12,975	2,585	98,735

Total patients waiting by pathway stage



Pathway stage with totals

Date	1 - Awaiting New Outpatient Appointment	2 - Diagnostics	3 - Post-Diagnostic / Follow-Up / Unknown	4 - Admitted Diagnostic / Treatment	Total
Jul 24	55,625	323	19,502	20,671	96,121
Jun 24	56,990	330	19,083	19,825	96,228
May 24	56,324	318	19,463	19,633	95,738
Apr 24	55,760	310	19,231	19,587	94,888
Mar 24	56,286	333	20,210	19,145	95,974
Feb 24	57,540	351	19,826	19,624	97,341
Jan 24	57,951	380	20,372	19,675	98,378

Specialty Performance July 2024



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	July Actual [Source Submitted PTL]							
	36W ALL	52W S1	104W S1	104 S2/3	104W S4	104W All	156W ALL	4Y ALL
100 - General Surgery	632	2	0	1	0	1	0	0
101 - Urology	2895	648	0	17	193	210	19	0
103 - Breast	5	0	0	0	0	0	0	0
104 - Colorectal	1557	98	0	7	2	9	0	0
107 - Vascular	506	227	0	6	0	6	0	0
110 - Trauma & Orthopaedics	5155	0	0	35	1,046	1,081	65	0
120 - ENT	2584	1,155	0	24	93	117	1	0
130 - Ophthalmology	7672	932	1	6	302	309	0	0
191 - Pain Management	535	65	0	0	0	0	0	0
300 - General Medicine	304	63	0	0	0	0	0	0
301 - Gastroenterology	1068	0	0	0	0	0	0	0
302 - Endocrinology	11	0	0	0	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0	0	0	0
320 - Cardiology	241	3	0	0	0	0	0	0
328 - Stroke Medicine	13	0	0	0	0	0	0	0
330 - Dermatology	2550	220	0	0	0	0	0	0
340 - Respiratory Medicine	52	0	0	0	0	0	0	0
400 - Neurology	664	0	0	0	0	0	0	0
410 - Rheumatology	936	440	0	0	0	0	0	0
420 - Paediatrics	263	12	0	0	0	0	0	0
430 - Geriatric Medicine	276	94	0	0	0	0	0	0
502 - Gynaecology	1145	0	0	0	0	0	0	0
Other	151	0	0	0	0	0	0	0
	29,064	3,959	1	96	1,636	1,733	85	0

- No patients waiting over 4 years
- 85 patients waiting over 3 years



- Delivery Plans in Orthopaedics and Urology to eliminate 3-year breaches by August 2024.
- RTT 104 breach position reduction from 1,757 in June 2024 to 1,733 in July 2024.
- RTT 104 breach volume growth stemmed.
- 52 Outpatient Department (OPD) breach volume improvement from 4,930 to in June to 3,959 in July 2024.
- Cataract outsourcing began May 2024. Treatment began in June 2024.
- On track for 52-week OPD 40% reduction September 2024.
- Referrals increasing however no growth in waiting list due to robust triage.
- Health Pathways launched in December 2023
 - 53 live pathways
 - Clinically led implementation with dedicated project support
 - Ambition to achieve 80% compliance by October 2024

Performance and Trajectory Update: July 2024

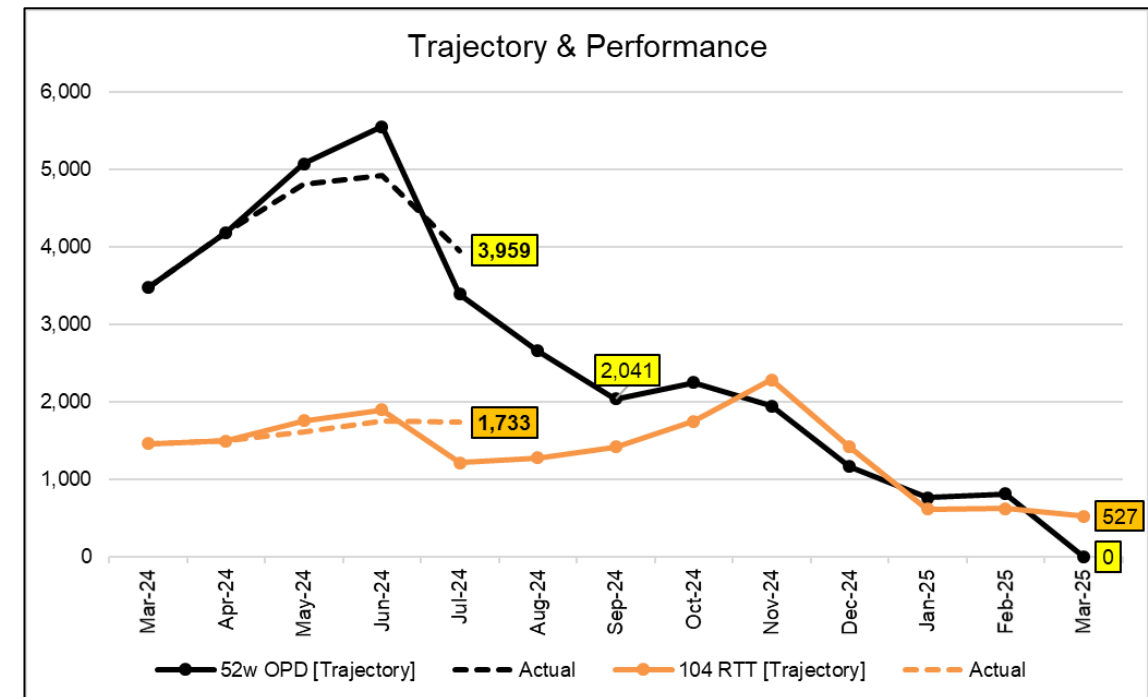


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Measure	TARGET	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
52w OPD [Trajectory]	40% reduction by end Zero by March 2025	3,479	4,187	5,075	5,557	3,394	2,658	2,041	2,254	1,949	1,163	760	815	0
Actual		3,479	4,187	4,815	4,930	3,959								
104 RTT [Trajectory]	Zero end of December 2024	1,458	1,500	1,756	1,897	1,218	1277	1417	1750	2284	1,417	618	620	527
Actual		1,458	1,500	1,613	1,757	1,733								

- The above table outlines the Health Board's trajectory position alongside actual performance.
- The graph demonstrates Health Board's stepped improvement plan to March 2025.
- All figures are aggregated from individual specialty and subspecialty specific delivery plans.



Delivery Plan Variance



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- **Urology** recovery funds prioritised Cancer over routine longest waiting patients. Delivery plan developed alongside clinical need/priority. Additional routine activity planned from September 2024.
- **Colorectal** experienced a higher than anticipated Unscheduled Care (USC) demand during July 2024 alongside bereavement and long-term sickness issues. Multi-pronged recovery plan implemented from August 2024 to recover by September 2024.
- **Vascular** have limited capacity during summer period due to summer leave within the regional team. Additional critical sickness from key clinicians has further impacted delivery. All issues have been escalated for appropriate action.
- **Ophthalmology** have had to cancel several clinics due to clinician sickness and unavailability. One Stop pathway implemented and outsourcing underway.
- **General Medicine and Geriatric** services have experienced increased consultant to consultant referrals. These are being investigated alongside mitigating recovery plans which include pooling waiting lists and additional clinical triage according to evidence based standard operating procedures.
- **Dermatology** delivery plan delayed due to additional insourcing checks and requirements including the need for a cooling off period. Service has high confidence to recover position through August and September 2024.
- **Rheumatology** impacted by critical clinician sickness. Recovery plans being developed.
- **Orthopaedics** priority focus through Quarter (Q) 1 has been recovery of 3- and 4-year breaches with improvements in 104 position expected through Q2.

Productive and Effective Elective Pathways: Progress



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- Positive progress achieved in reducing longest waits and the number of breach specialties but more to be achieved.
- No growth in Stage 1 26-week, 36-week AND 52-week breach volumes.
- Total Stage 1 waiting list is the lowest since July 2021.
- 98.4% of patients on total pathway wait < 104 weeks by March 2024.
- Health Board delivery commitment to reduce 104 week+ waits by March 2025 to one specialty only (Orthopaedics) with further regional opportunities being explored.
- Health Board delivery commitment to resolve 8-week+ diagnostic breaches by March 2025.
- Evidence of strong Health Board focus on effective waiting list management, **O**utpatient modernisation and commitment to theatre and diagnostic utilisation improvements.
- Further progress to improve productivity and effectiveness split into three areas:
 - Effective Waiting List Management
 - Outpatient/Pre-Operative Modernisation
 - Theatre Utilisation, High Volume Low Complexity (HVLC)/ Getting it Right First Time (GiRFT)

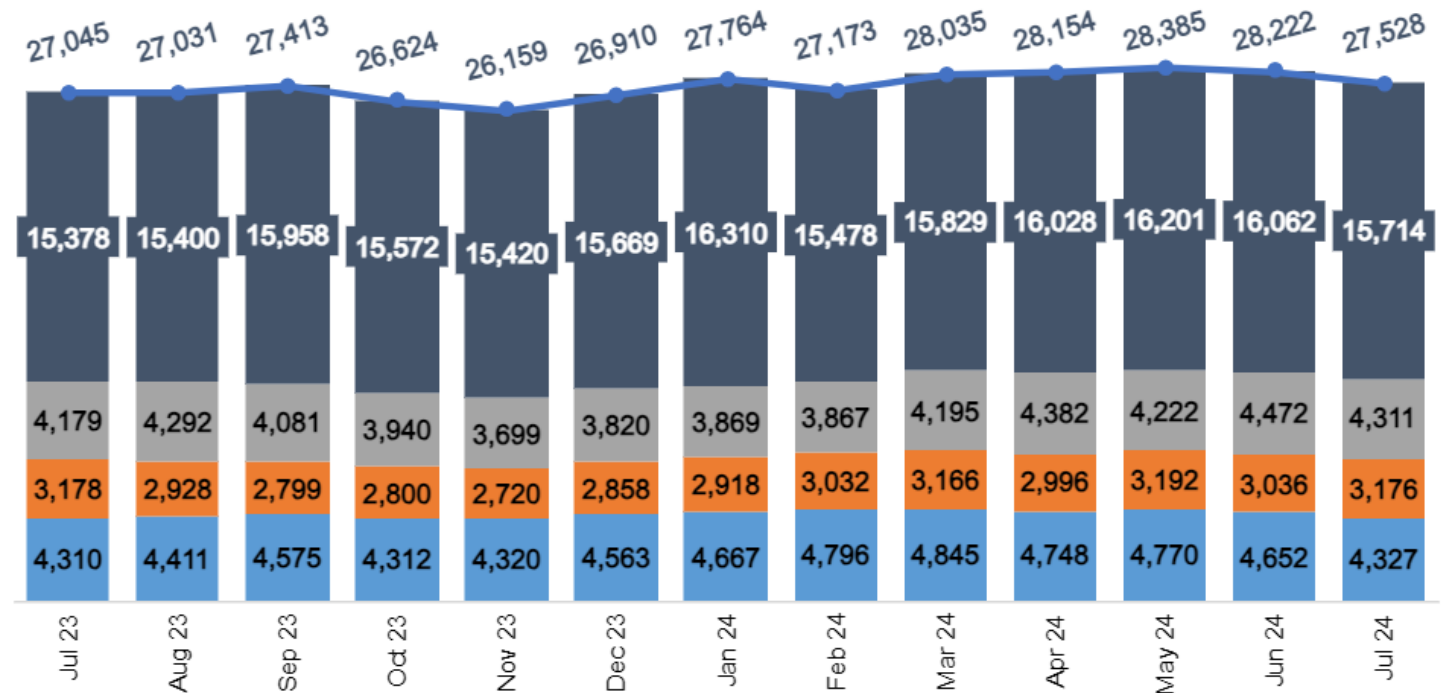
Delayed Follow Ups



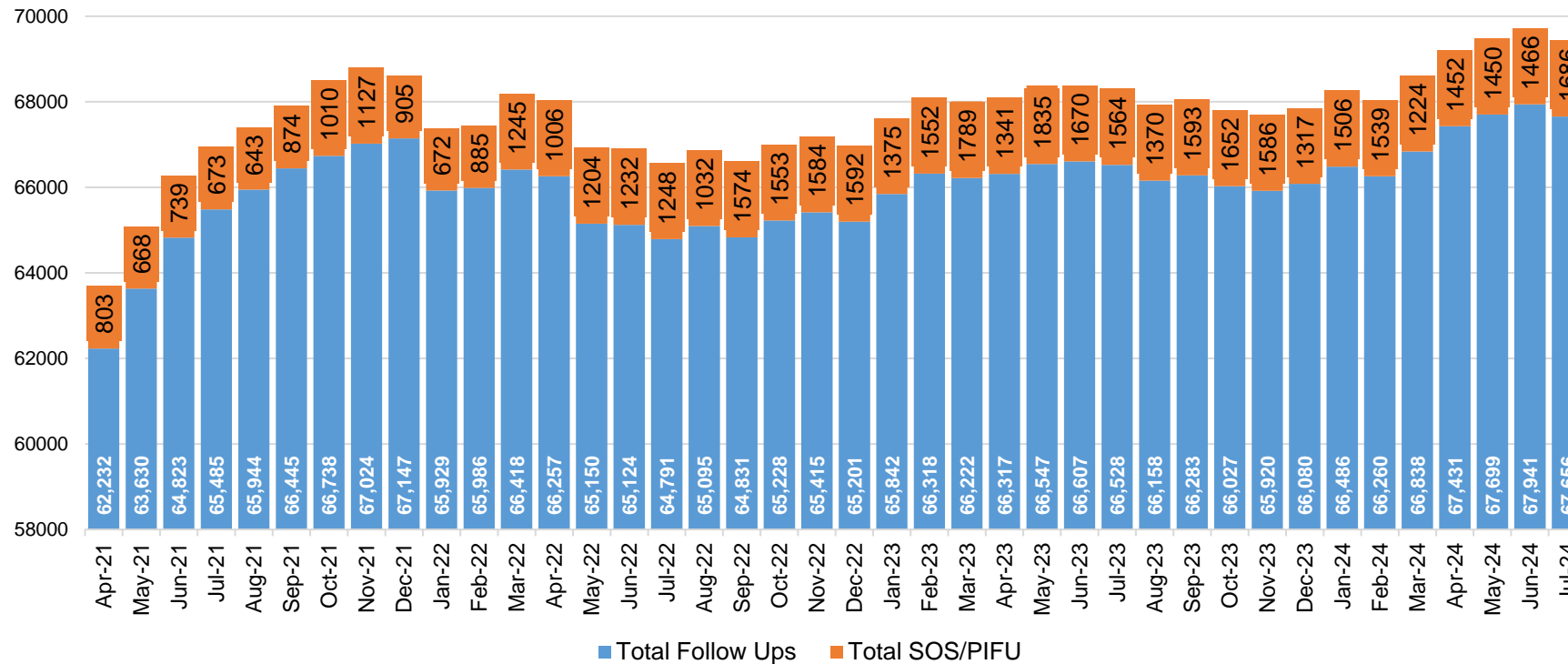
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- Delayed Follow Ups have plateaued over the last year.
- November 2023 has the lowest volume all year.
- See on Symptom (SoS)/Patient Initiated Follow-Up (PIFU) approaches are well embedded (next slide).
- Discharge rates post Outpatient (OP) assessment remain high, indicative of clear clinical decision making in accordance with specialty guidance.



Patients Waiting for a Follow Up & Number of SOS/PIFU



- Over **60k** patients on SOS/PIFU
- **37,306** x SOS
- **22,910** x PIFU
- **27** Specialties
- **212** Clinical conditions
- **305** Clinicians

New Patients Discharged / SOS or PIFU



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New patients in July 24	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
191 - Pain Management	4	18%	5	23%	13	59%	18	82%	22
104 - Colorectal	21	21%	8	8%	71	71%	79	79%	100
103 - Breast	63	22%	0	0%	226	78%	226	78%	289
107 - Vascular	9	23%	4	10%	27	68%	31	78%	40
100 - General Surgery	20	23%	14	16%	52	60%	66	77%	86
300 - General Medicine	26	25%	0	0%	78	75%	78	75%	104
502 - Gynaecology	203	36%	62	11%	292	52%	354	64%	557
330 - Dermatology	134	37%	46	13%	187	51%	233	63%	367
328 - Stroke Medicine	10	40%	0	0%	15	60%	15	60%	25
120 - ENT	190	40%	19	4%	264	56%	283	60%	473
400 - Neurology	58	42%	42	30%	39	28%	81	58%	139
301 - Gastroenterology	92	48%	13	7%	85	45%	98	52%	190
110 - Trauma & Orthopaedics	521	51%	315	31%	178	18%	493	49%	1,014
420 - Paediatrics	126	54%	13	6%	94	40%	107	46%	233
430 - Geriatric Medicine	26	54%	0	0%	22	46%	22	46%	48
320 - Cardiology	75	54%	25	18%	38	28%	63	46%	138
340 - Respiratory Medicine	80	56%	1	1%	62	43%	63	44%	143
410 - Rheumatology	58	59%	12	12%	28	29%	40	41%	98
130 - Ophthalmology	345	60%	34	6%	200	35%	234	40%	579
101 - Urology	85	66%	16	13%	27	21%	43	34%	128
302 - Endocrinology	40	71%	1	2%	15	27%	16	29%	56
303 - Clinical Haematology	42	82%	0	0%	9	18%	9	18%	51
307 - Diabetic Medicine	26	84%	1	3%	4	13%	5	16%	31
361 - Nephrology	32	89%	0	0%	4	11%	4	11%	36
Grand Total	2,254	46%	631	13%	2,026	41%	2,657	54%	4,911

Follow Up Patients Discharged / SOS or PIFU



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Return patients in July 24	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
328 - Stroke Medicine	1	4%	0	0%	23	96%	23	96%	24
104 - Colorectal	19	22%	15	17%	53	61%	68	78%	87
100 - General Surgery	8	22%	5	14%	23	64%	28	78%	36
107 - Vascular	21	36%	3	5%	35	59%	38	64%	59
400 - Neurology	87	45%	97	50%	11	6%	108	55%	195
110 - Trauma & Orthopaedics	930	53%	406	23%	420	24%	826	47%	1,756
430 - Geriatric Medicine	56	58%	2	2%	38	40%	40	42%	96
320 - Cardiology	101	58%	12	7%	60	35%	72	42%	173
502 - Gynaecology	369	67%	52	9%	130	24%	182	33%	551
300 - General Medicine	63	68%	1	1%	29	31%	30	32%	93
191 - Pain Management	36	71%	1	2%	14	27%	15	29%	51
301 - Gastroenterology	344	71%	40	8%	98	20%	138	29%	482
120 - ENT	480	75%	36	6%	120	19%	156	25%	636
340 - Respiratory Medicine	260	76%	20	6%	62	18%	82	24%	342
330 - Dermatology	378	76%	50	10%	67	14%	117	24%	495
420 - Paediatrics	326	77%	29	7%	71	17%	100	23%	426
103 - Breast	248	78%	9	3%	63	20%	72	23%	320
130 - Ophthalmology	874	82%	29	3%	165	15%	194	18%	1,068
302 - Endocrinology	180	85%	1	0%	30	14%	31	15%	211
101 - Urology	728	86%	48	6%	67	8%	115	14%	843
307 - Diabetic Medicine	184	92%	2	1%	15	7%	17	8%	201
410 - Rheumatology	492	92%	36	7%	6	1%	42	8%	534
303 - Clinical Haematology	949	98%	0	0%	22	2%	22	2%	971
361 - Nephrology	137	99%	0	0%	2	1%	2	1%	139
Grand Total	7,134	74%	894	9%	1,622	17%	2,516	26%	9,650

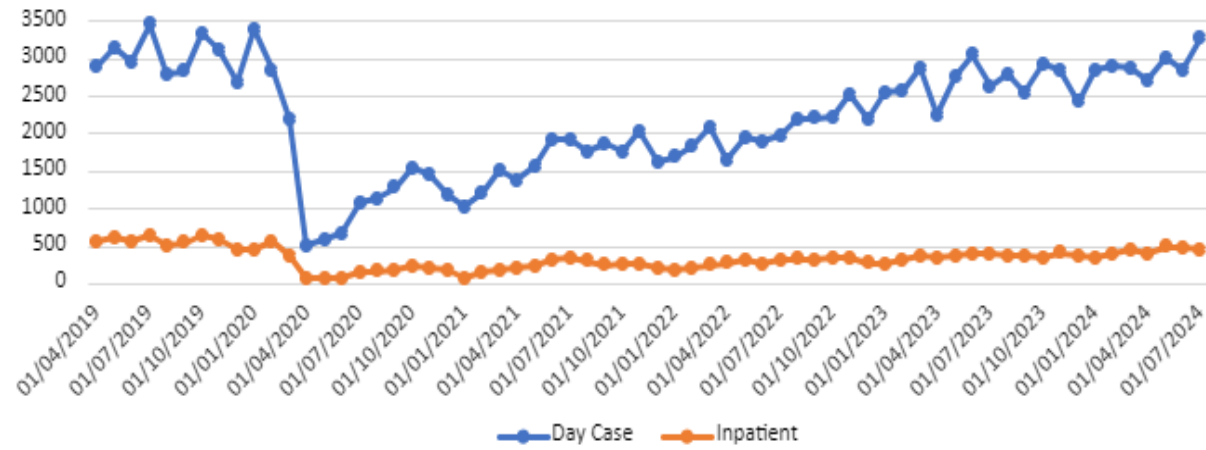
- Activity has increased from July 2023 to July 2024:
 - New OPD appointments have increased by 16%
 - Inpatient activity has increased by 19%
 - Day case activity has increased by 25%
- Inpatient (IP) Capacity is impacted by the following:
 - Key workforce challenges (Anaesthetics and Theatre staffing)
 - Reduced bed availability compared to pre-pandemic (Urgent and Emergency Care (UEC) capacity pressures)
 - Physical infrastructure challenges at Withybush Hospital (WGH) limiting overall volumes
- Any OPD activity previously affected by Reinforced Autoclaved Aerated Concrete (RAAC) has been resolved.

Monthly data as of July 2024– Source Integrated Performance Report (IPAR)

Monthly outpatient activity (all specialties): Apr 19 to Jul 24



Monthly inpatient & day case activity (all specialties): Apr 19 to Jul 24

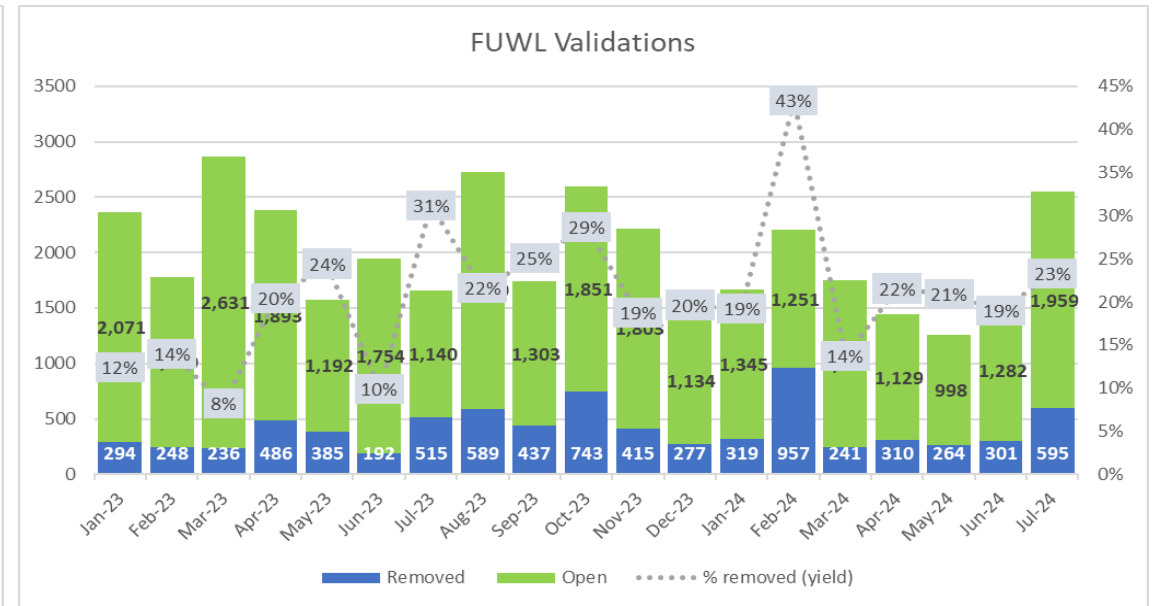
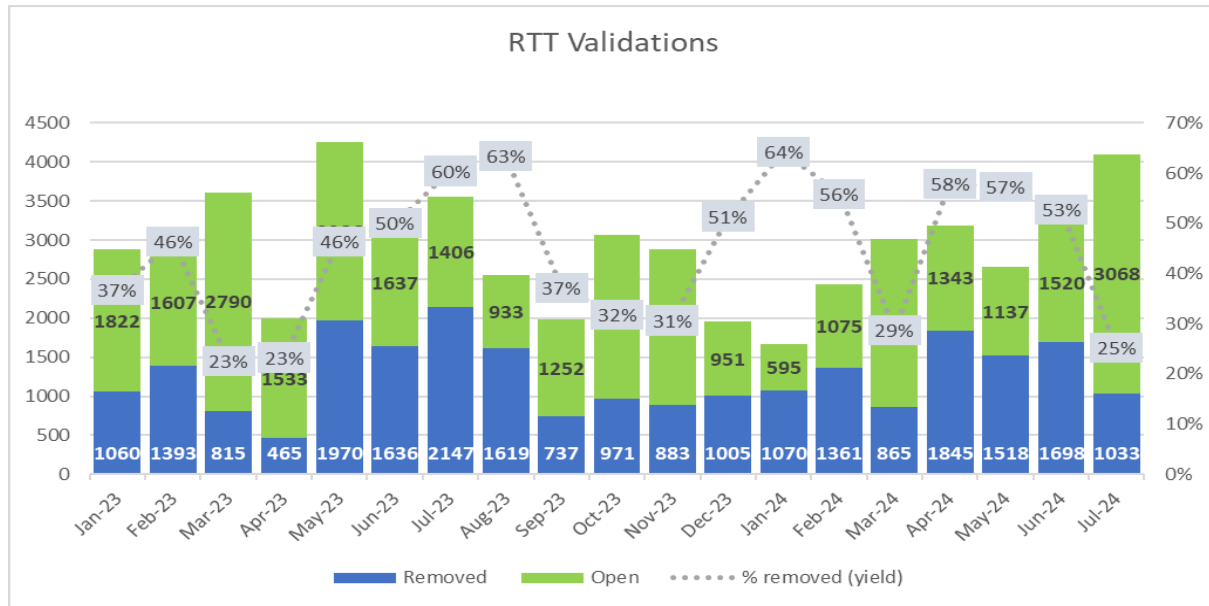


Planned Care activity: Jul 23 compared to Jul 24

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Jul 23	Jul 24	% change: Jul 23 to Jul 24	2019/20 avg.	Jul 23	Jul 24	% change: Jul 23 to Jul 24	2019/20 avg.	Jul 23	Jul 24	% change: Jul 23 to Jul 24
Breast	337	364	380	+4%	37	51	48	-6%	-	-	-	-
Colorectal	195	439	531	+21%	14	29	30	+3%	24	44	64	+45%
ENT	564	582	650	+12%	46	28	58	+107%	51	30	44	+47%
Gastroenterology	302	346	344	-1%	-	-	-	-	573	528	716	+36%
General Surgery	362	124	210	+69%	75	31	32	+3%	512	225	259	+15%
Gynaecology	712	720	875	+22%	43	55	46	-16%	133	93	122	+31%
Ophthalmology	673	364	361	-1%	-	-	-	-	327	183	260	+42%
Trauma & Orthopaedics	615	540	622	+15%	198	91	144	+58%	217	185	199	+8%
Urology	262	158	252	+59%	107	89	90	+1%	434	523	550	+5%
Selected surgical specialties total	4,022	3,637	4,225	+16%	520	374	448	+20%	2,271	1,811	2,214	+22%
All specialties grand total	6,745	5,989	6,967	+16%	547	393	469	+19%	2,985	2,645	3,298	+25%

2019/20 monthly average figures included for reference. Where data for a specialty is lower than 10, a dash (-) is shown, and the figure is included in the 'All specialties grand total' field.

Validation Summary (RTT and Follow Ups)



- Referral to Treatment (RTT): For the 12-month rolling period August 2023 to July 2024, 32,716 pathways have been validated with 14605 removals (removal rate of 45%).
- July 2024 focus: All Stages for Ministerial Targets.
 - Stage 1 is focused on ensuring the specialties that show over 52-week waits are clean or booking in line with the 40% reduction target from March 2024 position, which are due at end of September 2024. Administration validations on stage 1 for reassurance purposes in key risk specialties, which reflect this month's lower removal rates due to clean lists in these specialties.
 - Phone calls for Colorectal Stage 1 were conducted, resulting in 19 patients removed from a cohort of 112.
 - Stage 4 validations ensure that lists are clean for the end of August 2024 target of zero patients waiting over three years. Specific focus on those patients who may not be fit for treatment.
 - Stages 2 and 3 are ensuring that both longest waits and over 52-week waits are cleaned to ensure no further bookings are made unnecessarily for patients that have been given the all clear from diagnostic stage of the pathway.

- Follow up Waiting List (FUWL): For the 12-month rolling period August 2023 to July 2024, 23,155 pathways have been validated with 5448 removals (removal rate of 24%).
- July focus: Largest Clinical condition in each specialty already on SOS/PIFU applied to those over 100% delayed still on the Follow up waiting list, now completed.
 - Working with specialties who have engaged to clinically validate patients who have been highlighted as SOS/PIFU.
 - 749 patients in July identified as possible SOS/PIFU which are not included in removals and will be with specialties for review shortly.
 - If all of the 749 patients were put on SOS/PIFU post clinical validation, that would increase the removal rate for July to 53%.
 - Work commencing on follow up waiting list entries added last week to understand the nature of the latest additions onto the list, to be reported next month.

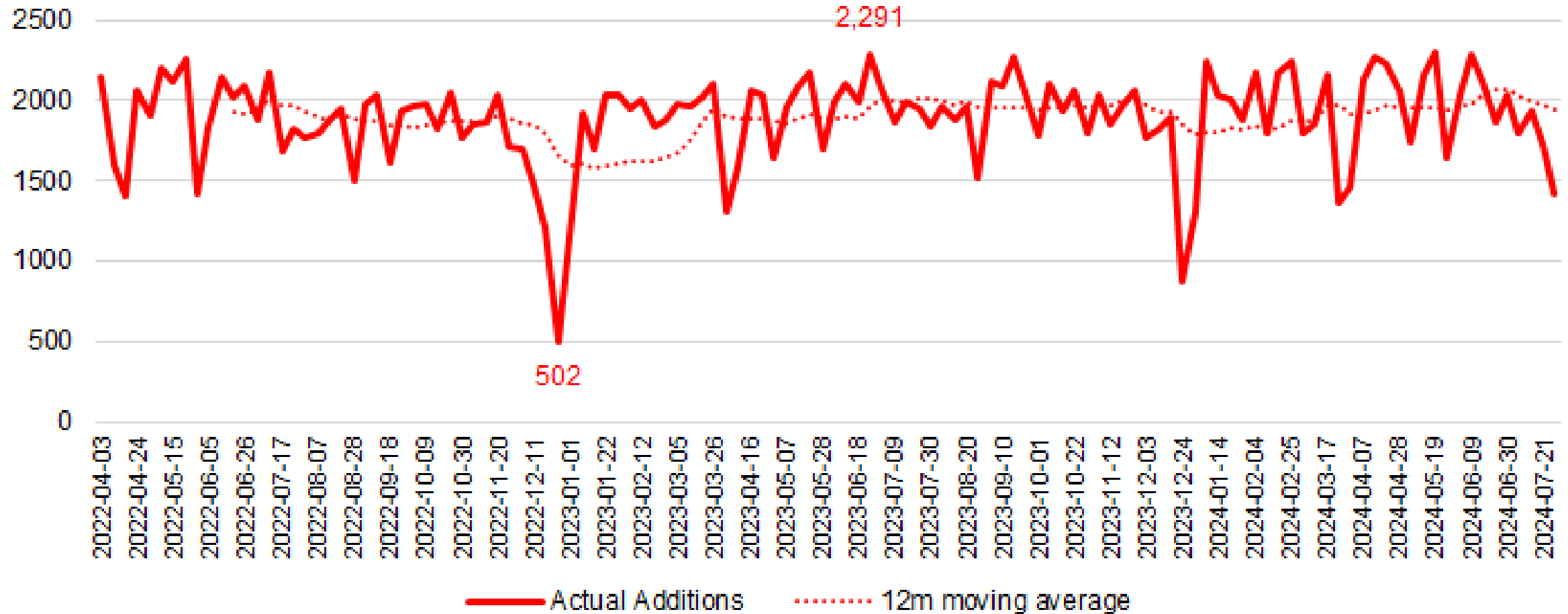
Waiting List Additions per week



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Actual Additions to Waiting List (Referral minus ROTT)



Referrals & ROTT



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Years	Month	ALL	ROTT	Actual Additions	% ROTT
2022	Apr	9539	2339	7200	25%
	May	11853	2463	9390	21%
	June	11023	2713	8310	25%
	July	11082	3251	7831	29%
	Aug	10992	2764	8228	25%
	Sept	11038	2819	8219	26%
	Oct	11733	3534	8199	30%
	Nov	11981	3605	8376	30%
	Dec	9054	3680	5374	41%
2023	Jan	11181	3453	7728	31%
	Feb	11042	3382	7660	31%
	Mar	13141	3998	9143	30%
	Apr	10459	3378	7081	32%
	May	12407	3658	8749	29%
	June	13184	4056	9128	31%
	July	11865	3580	8285	30%
	Aug	11985	3561	8424	30%
	Sept	12187	3314	8873	27%
	Oct	12279	3433	8846	28%
	Nov	12204	3740	8464	31%
	Dec	9560	2877	6683	30%
2024	Jan	12129	3509	8620	29%
	Feb	12076	3317	8759	27%
	Mar	11506	3838	7668	33%
	Apr	12363	3485	8878	28%
	May	12749	3658	9091	29%
	June	11508	3171	8337	28%
	July	12167	3836	8331	32%
Average		11582	3372	8210	29%
12m average		11893	3478	8405	29%
22-23 average		11138	3167	7972	29%

Over last 12 months an average of:

- **2,744** weekly referrals
- **802 (29%)** patients Removed Other than Treated (ROTT)
- **1,941** additions to the waiting list

Booking in Turn



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Directorate using **Booking in Turn** dashboard from NHS Executive to improve. Improvements witnessed in:

- Ear, Nose and Throat (ENT) improvement from 47% to 65% (March to June 2024), Breast from 20-50% to 70/80%, Dermatology up to 40/50% from March 2024, General surgery from 45% to 60%, Orthopaedics from 35% to above 50%, Pain consistently above 70% compared to previously and Urology consistently 45/50% compared to 25/30%.

Exceptions to Booking in Turn are due to:

- Periods of patient unavailability.
- Refusals of reasonable offers, Cannot Attend (CAN), Did Not Attend (DNA) and reset of waiting times.
- Clinical need, urgency and clinician expedites.
- Original pathways start date/referral date from Outpatient and Inpatient waiting lists.
- Service capacity to treat certain conditions.
- Ease of contacting patient, through letters, phone calls.
- Site of treatment.
- Filling any cancelled theatre slots with short notice recently pre-assessed patients.
- Urgent Suspected Cancer (USC) and Urgent demand.
- Current outsourcing capabilities and restrictions to treat more complex patients.
- Longer wait patients with complex co-morbidities that need additional tests and screening prior to dating.

2024 Priorities



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- Resolve all 156 week+ waits by end of August 2024.
- Reduce 52-week breaches by 40% of March 2024 outturn by the end of September 2024.
- Resolve all 52-week OPD breaches by the end of March 2025.
- Further progress towards resolving 104 week wait for total pathway, noting anticipated delivery challenges in Orthopaedics and Ophthalmology.
- Improved efficiency and productivity through specialty and clinical engagement with Elective Optimisation Programme (EOP) and learning from Orthopaedics Perfect Month initiative.
- Further progress OP transformation improvements (Inc. SoS/PIFU).
- Maximise regional pathway delivery opportunities in Orthopaedics and Ophthalmology.
- Re-establish High Volume Low Complexity (HVLC) elective pathway at WGH.
- Targeted application of 2024/2025 recovery resource.

Diagnostics & Therapies Overview



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Patients waiting 8 weeks and over		Jun-24	Jul-24	Diff	
ID 80	All Diagnostics	4,443	4,147	-296	↓

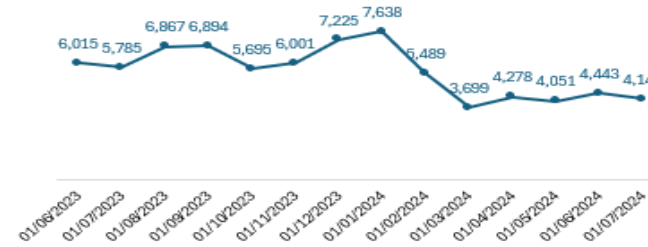
ID 259	Radiology	2,261	2,169	-92	↓
ID 255	Diagnostic Endoscopy	1,258	1,044	-214	↓
ID 254	Cardiology	515	581	66	↑
ID 257	Neurophysiology	322	282	-40	↓
ID 258	Physiological Measurement	25	36	11	↑
ID 256	Imaging	62	35	-27	↓

Patients waiting 14 weeks and over		Jun-24	Jul-24	Diff	
ID 545	All Therapies (Excluding Audiology)	2,065	2,117	52	↑

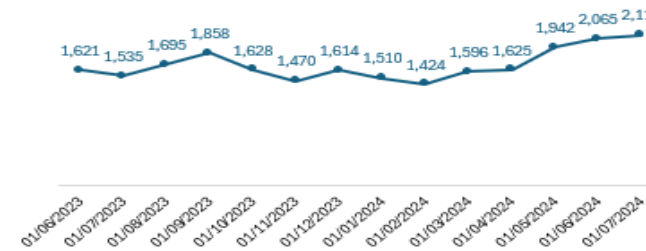
ID 106	Physiotherapy	1,203	1,246	43	↑
ID 104	Occupational Therapy	387	376	-11	↓
ID 108	Podiatry	334	348	14	↑
ID 547	Dietetics	70	86	16	↑
ID 227	Arts Therapies	49	42	-7	↓
ID 110	Speech Language	22	19	-3	↓

Patients waiting 14 weeks and over		Jun-24	Jul-24	Diff	
ID 100	Audiology (Adult hearing aids)	1,198	1,195	-3	↓

Number of patients waiting 8+ weeks for a specified diagnostic

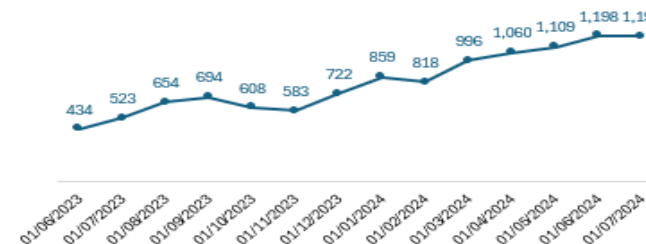


Number of patients waiting 14+ weeks for a specific therapy (excludes Audiology)*



*Data excludes Audiology and Weight Management Service waits within Dietetics

Number of patients waiting 14+ weeks for Audiology



Diagnostics:

- 6% improvement in month
- Endoscopy – higher confidence in recovery plan to zero despite recruitment and insource contract delays during Q1
- Cardiology – higher confidence in recovery plan to zero despite workforce gaps (sickness/absence) during Q1. Echo insource to commence September 2024.
- Radiology – medium confidence in recovery to zero due to workforce fragility, competing emergency/urgent and routine demand and absence of secured mobile Magnetic Resonance Imaging (MRI) solution

Therapies:

- Rate of growth slowing
- Recovery plan now agreed – predominantly recruitment based with interim reliance on agency (Physiotherapy and Dietetics)
- Medium confidence in recovery to zero for most pathways
- Further work required in Paediatric Occupational Therapy (OT) due to workforce challenges

Therapy RTT Recovery Plan 2024/25



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A Therapy 14-week RTT Recovery Plan has been developed for 2024/25.

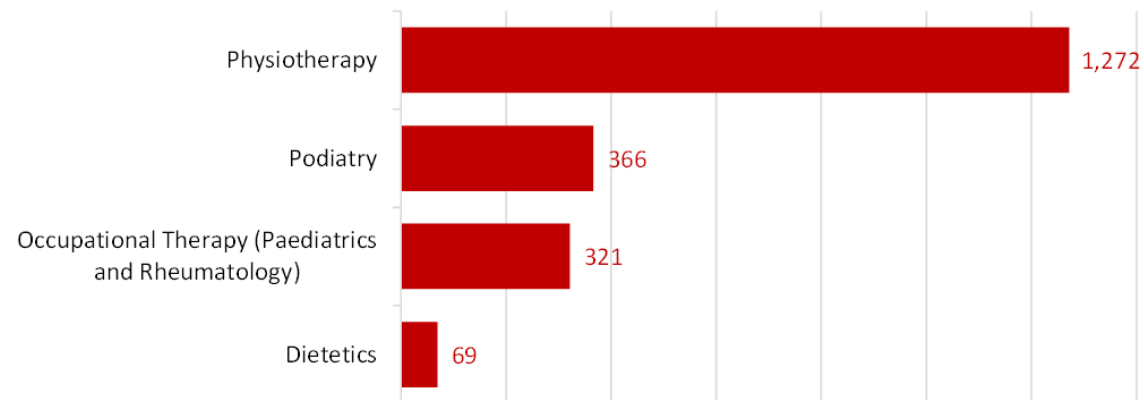
The plan is initially focusing on the services with the highest numbers of 14-week breaches.

Different scenarios are being considered for each area to determine what can be achieved within current resources.

Additional improvement actions are also being considered.

Therapy RTT patients waiting 14+ weeks: July 2024

Note: figures for July are provisional



Physiotherapy (Community and Musculoskeletal (MSK))



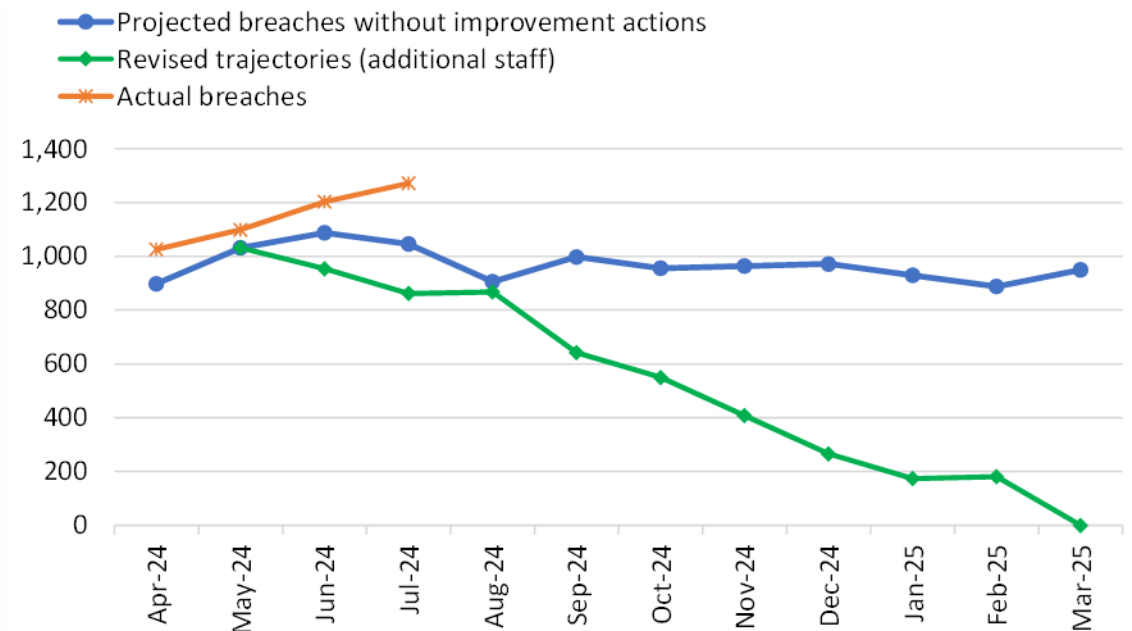
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Key improvement actions

- Decision made to initially employ five Band 6 agency staff whilst working through the recruitment process to appoint to six whole time equivalent (wte) new substantive Band 6 posts. Agency staff will be stood down as new substantive staff members start. This will be achieved within existing budget.
- Two agency members are in post.
- The six substantive posts are currently out to advert via TRAC.
- Continued support from Waiting List Support Service for patients.
- All additional hours including bank and fixed term are included within current capacity.

Progress to date and trajectories



Assumptions and points to note for the above trajectories:

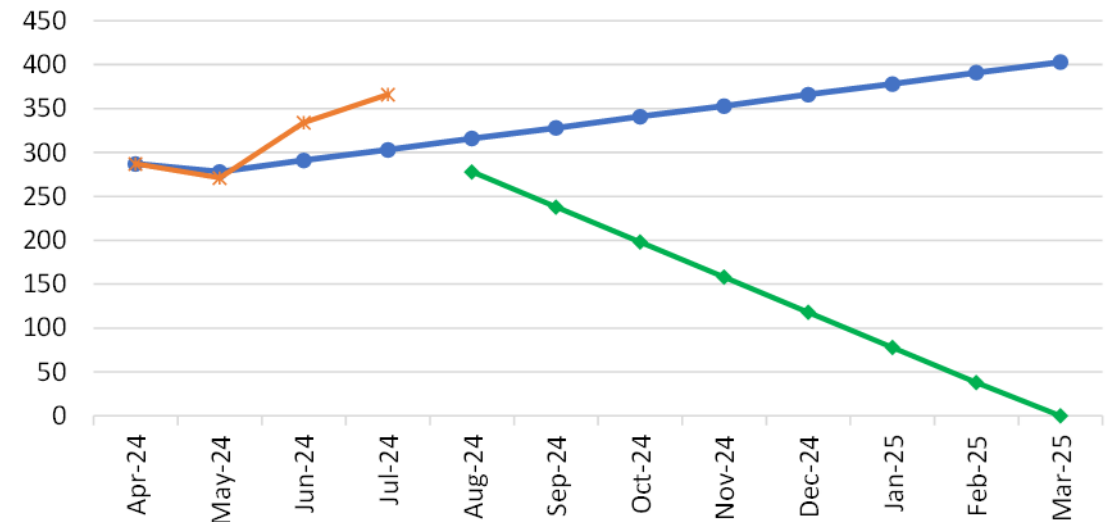
- MSK Clinician typically averages 42 NP per month
- Community Clinician typically averages 9 NP per month
- Market availability of Agency and Substantive B6 and B5 from Sept / Oct (New graduates)
- Forecast assumes stable workforce model across all speciality areas, and backfill recruitment of B5 for internal B6 candidates

Key improvement actions

- Decision made to initially employ one wte substantive Band 6 post. This will be achieved within existing budget. This post gives capacity for an additional 400 new patients per annum.
- Continue to utilise short term bank and additional hours.

Progress to date and trajectories

- Projected breaches without improvement actions
- Revised trajectories (additional staff)
- Actual breaches



Note: actual breaches for July 2024 are provisional

Assumptions and points to note for the above trajectories:

- No significant increase in open access ie walk ins for tissue viability

Occupational Therapy: Paediatrics



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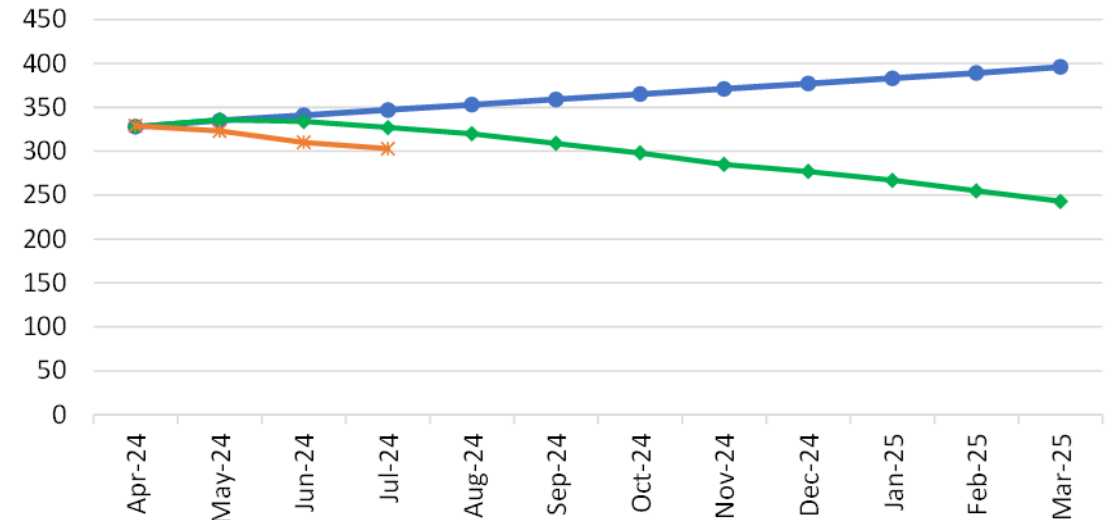
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Key improvement actions

- Decision made to initially employ three wte new substantive Band 6 posts. This will be achieved within existing budget.
- One additional wte Band 6 from a Service Level Agreement (SLA) with Carmarthenshire County Council.
- The three substantive posts are currently out to advert via TRAC.
- Continued support from Waiting List Support Service for patients.
- Review of job planning with an increase of active caseload number cap (from 28 to 35).
- Undertaking a full review of **administrative staff, operational systems and processes** to improve flow.
- Continue to utilise short term bank and additional hours.

Progress to date and trajectories

- Projected breaches without improvement actions
- Revised trajectories (additional staff)
- Actual breaches



Note: actual breaches for July 2024 are provisional

Assumptions and points to note for the above trajectories:

- Forecast assumptions are based on historical demand and continuation of current temporary and permanent capacity

Occupational Therapy: Rheumatology



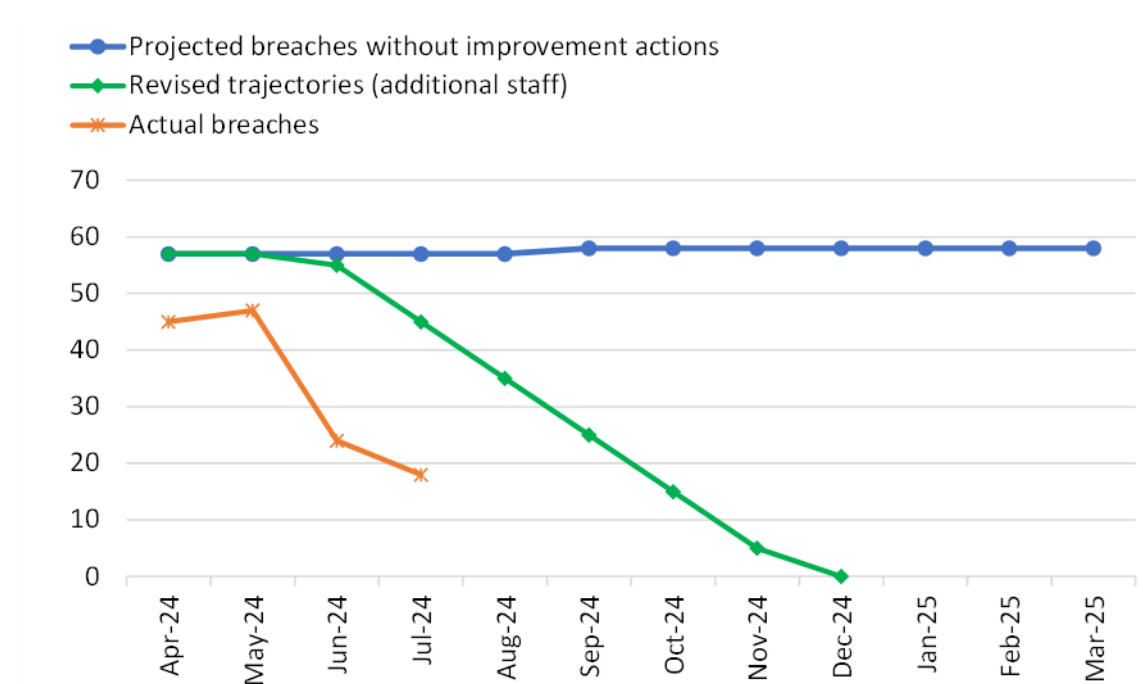
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Key improvement actions

- Overall position has stabilised.
- Created additional capacity by redeploying from existing resource: 0.5 wte Band 6, 0.2 wte Band 7 and 0.2 wte Band 4
- Continue to utilise short term bank and additional hours.

Progress to date and trajectories



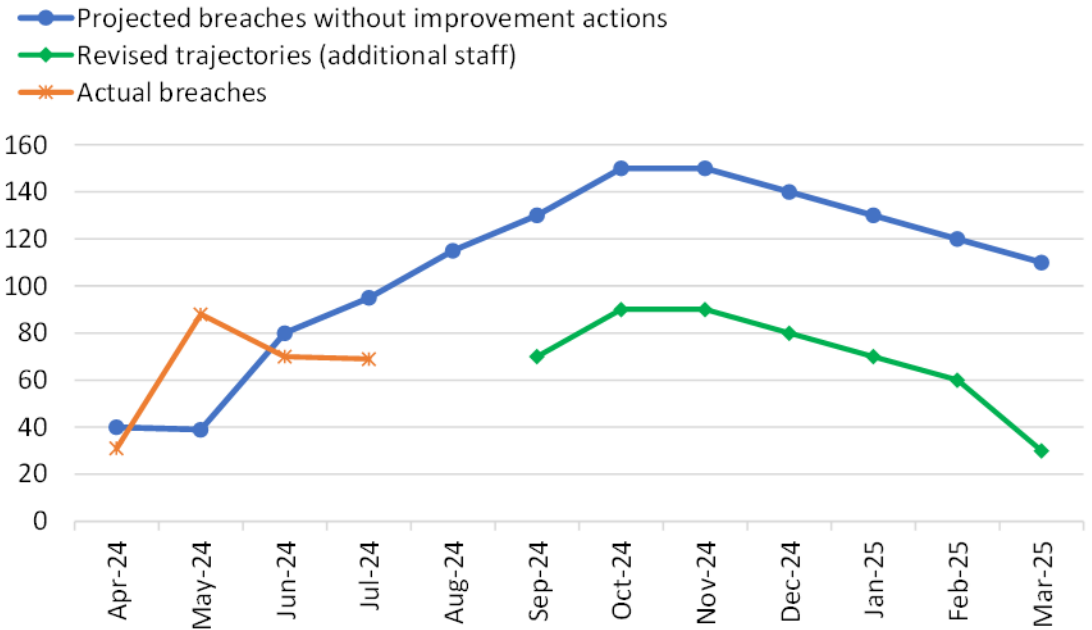
Assumptions and points to note for the above trajectories:

- Modelled on historical demand data and no increase in demand

Key improvement actions

- Overall position has stabilised.
- Two wte Band 6 agency appointed for six months to address the backlog. This will be achieved within existing budget.
- Weight management demand has been disaggregated.
- Continue to utilise short term bank and additional hours.

Progress to date and trajectories



Note: actual breaches for July 2024 are provisional

Assumptions and points to note for the above trajectories:

- Recovery position assumes planned recruitment is successful and retention of existing team capacity

£2.8M Recovery Plan [1 of 3]



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Stage 1	Notes	Agreed Patient No's	Initial Plan	Internal	Outsourced	Insourced	Total	Agreed	Date Agreed	Actual (Est.) Claims June	Actual (Est.) Claims July	Actual (Est.) Claims Aug	Total Claims to Date	Over / (Under) Spending
101 - Urology	76 sessions. NG 10 sessions not started 20.05.24 (10*£1,918)	100	19,180	19,180	-	-	19,180	Yes	03.06.24 KJ	-	-	-	-	-19,180
120 - ENT	65 sessions - Service arranging dates (£1,468*65) 24/06: revised to 72 sessions	455	105,696	105,696	-	-	105,696	Yes	01.07.24 KJ	817	14,205	18,259	33,281	-72,415
130 - Ophthalmology	9 sessions for new OP sessions.	100	15,000	15,000	-	-	15,000	Yes		1,130	1,133	-	2,263	-12,737
320 - Cardiology	32 sessions. KJ to review data from Paul Smith (cardiology) - awaiting confirmation from KJ (£1,639*32)		52,448	52,448	-	-	52,448	Yes	03.06.24 KJ	-		10,203	10,203	-42,245
410 - Rheumatology	Based on 93 sessions expected to only need half. Sessional rate based on 23/24. TBC by KJ. Likely to be H2. 01/07: NG to provide detail behind plan.	250	60,000	60,000	-	-	60,000	Yes	FCG approval	491		-	491	-59,509
Total Stage 1		905	252,324	252,324	-	-	252,324			2,439	15,337	28,461	46,238	-206,086

Stage 4	Notes	Agreed Patient No's	Initial Plan	Internal	Outsourced	Insourced	Total	Agreed	Date Agreed	Actual (Est.) Claims	Actual (Est.) Claims July	Actual (Est.) Claims Aug	Total Claims to Date	Over / (Under) Spend
101 - Urology	NG estimated 40 sessions at £3.5k per session. 24/06: Agreed to remove reference to Cancer work.	200	138,400	138,400	-	-	138,400	Yes	03.06.24 KJ	-	-	-	-	-138,400
110 - Orthopaedics	Regional Plan for funding? Emersons Green scope to doing 30 patients @ £8k		240,000	-	240,000	-	240,000	Not Approved				-	-	-240,000
110 - Orthopaedics	Internal WLI/Backfill sessions undertaken in Qtr1						-	Not Approved		50,593	74,528	17,172	142,293	142,293
Dermatology	18/06: Added to Tracker for review at OG on 18/06. 104 Week MOPS. KJ agreed to fund July sessions c.£12k Not starting until September. Reviewed with finance and revised cost is circa £40.5k	200	40,500	40,500			40,500	Yes				-	-	-40,500
120 - ENT	(237*£1,469=£348,153) Working on o/s plan. Need extended Day Surgery Hours. Based on Tonsilectomy o/s cost. Circa 80 lists. No confirmed dates 15.07.24	240	348,153	348,153	-	-	348,153	Yes	01.07.24 KJ			-	-	-348,153
130 - Ophthalmology Pre-assessment	Pre-assessment: Total Package = Outsourced? £1,132 per case based on 23/24 Spa Medica Cost) 309 patients identified to date. 48 pts in July, 120 had pre asses in July	0	868,108	-	868,108	-	868,108	Yes	03.06.24 KJ			-	-	-868,108
130 - Ophthalmology - Treatment	Treatment: Total Package = Outsourced? £1,132 per case based on 23/24 Spa Medica Cost) 309 patients identified to date. 48 pts in July, 120 had pre asses in July	767	-	-	-	-	-	Yes	03.06.24 KJ			1,821	1,821	1,821
Total Stage 4		1,407	1,635,161	527,053	1,108,108	-	1,635,161			50,593	74,528	18,993	144,113	-1,492,868

£2.8M Recovery Plan [2 of 3]



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Diagnosics	Notes	Agreed Patient No's	Initial Plan	Internal	Outsourced	Insourced	Total	Agreed	Date Agreed	Actual (Est.) Claims	Actual (Est.) Claims July	Actual (Est.) Claims Aug	Total Claims to Date	Over / (Under) Spend
Endoscopy	See template in folder. 24/06: potential for additional £64k non-pay.	120/month	280,416	280,416			280,416	Yes	19.04.24 KJ	2,356	10,208	9,423	21,986	-258,430
Endoscopy	24/06: Additional Funding / new SBAR with KJ re above investment. Relates to Aug & Sept to bridge gap until posts filled		70,000	70,000			70,000	Yes				-	-	-70,000
Radiology	Restarted Insourcing - detail required behind plan. Potential £60k slippage		450,000			450,000	450,000	Yes	03.06.24 KJ	28,029	179,582	37,945	245,557	-204,443
Radiology	Lower GI backlog	155	13,393	13,393			13,393	On hold				-	-	-13,393
Neurophysiology	12 consultant sessions. Check reduction in pay is sufficient to cover gap (1 session pw)		13,000	13,000			13,000	On hold				-	-	-13,000
Cardiology	Insourcing needs confirmation from KJ		50,000			50,000	50,000	Yes	29.07.24 KJ		1,072	-	1,072	-48,928
Physiotherapy	Source TBC Hannah Thomas. See Sadie North. £5k removed		-	-			-	Yes	19.04.24 KJ			-	-	0
Radiographer Locum	Faith Whitecross at WGH - detail required behind plan.		55,475	55,475			55,475	Yes	01.07.24 KJ	16,134		-	16,134	-39,341
Total Diagnosics		155	932,284	432,284	-	500,000	932,284			46,519	190,862	47,368	284,749	-647,535
Other	Notes	Agreed Patient No's	Initial Plan	Internal	Outsourced	Insourced	Total	Agreed	Date Agreed	Actual (Est.) Claims	Actual (Est.) Claims	Actual (Est.) Claims Aug	Total Claims to Date	Over / (Under) Spend
Medical Records	Source TBC		-	-			-	Not Approved		-		-	-	0
Pre Assessment	Source TBC			-			-			-		-	-	0
Anaesthetic Pre Asses	Notes over and above job plan awaiting Anaes Review			-			-			-		-	-	0
Orthopaedic programm	Anaesthetic Notes review regional working Ortho (Suitable for NPT?) retrospective review. 3.5 sessions claimed to date and paid in July. 1 session claimed last week not yet paid .		7,000	7,000			7,000	Yes	10.06.24 KJ	-	2,748	-	2,748	-4,252
Dermatology USC	£12k July 18 Sessions to see 100 Patients, £4k (4 sessions) August to see remaining 20 patients	120	16,000	16,000			16,000	Yes			1,576	16,481	18,058	2,058
Urology Cancer Diagnos	NG to provide detail. Original Plan £230k, NG revised estimate £120k. 24/06: Plan revised to £180k and based on 60 additional sessions between May and July.	237	170,000	170,000			170,000	Yes		62,000	66,132	91,182	219,314	49,314
Total Other		357	193,000	193,000	-	-	193,000			62,000	70,456	107,664	240,120	47,120

£2.8M Recovery Plan [3 of 3]



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Stage 1	Notes	Agreed Patient No's	Initial Plan	Internal	Outsourced	Insourced	Total	Agreed	Date Agreed	Actual (Est.) Claims June	Actual (Est.) Claims July	Actual (Est.) Claims Aug	Total Claims to Date	Over / (Under) Spending
Dermatology USC	£12k July 18 Sessions to see 100 Patients, £4k (4 sessions) August to see remaining 20 patients	120	16,000	16,000			16,000	Yes			1,576	16,481	18,058	2,058
Urology Cancer Diagnosis	NG to provide detail. Original Plan £230k, NG revised estimate £120k. 24/06: Plan revised to £180k and based on 60 additional sessions between May and July.	237	170,000	170,000			170,000	Yes		62,000	66,132	91,182	219,314	49,314
Total Other		357	193,000	193,000	-	-	193,000			62,000	70,456	107,664	240,120	47,120
Report Total			3,012,769	1,404,661	1,108,108	500,000	3,012,769			161,551	351,183	202,486	715,220	-2,299,370

To clarify

Approval Status	£
Yes	2,746,376
On Hold	26,393
Not Approved	240,000
Total	3,012,769
Total excluding proposals	2,772,769
Internal T&O WLI to date	142,293
Estimated T&O WLI August	40,000
T&O outsourcing	120,000
Urology USC cost pressure	49,314
Total Forecast	3,124,376
Chk=0	-
Overcommitment against £	324,376

Estimate needs to be agreed (£72k T&O to be paid in July 24 for previous sessions), please note based on claims presented to date - sessions booked for July & August not July 3 consenting clinics/1 theatre session/August 3 consenting clinics/9 session/August 3 consenting clinics/9
Estimate pending final patient numbers and unit cost, 12 patients at £10k per case, Lianne to confirm position

chk

-

2,297,549

Recommendation

The Strategic Development and Operational Delivery Committee is requested to **NOTE** the PO4: Planned Care, Diagnostics and Therapies Performance) Update report.

PO4: Planned Care (Cancer, Diagnostics and Therapies Performance)

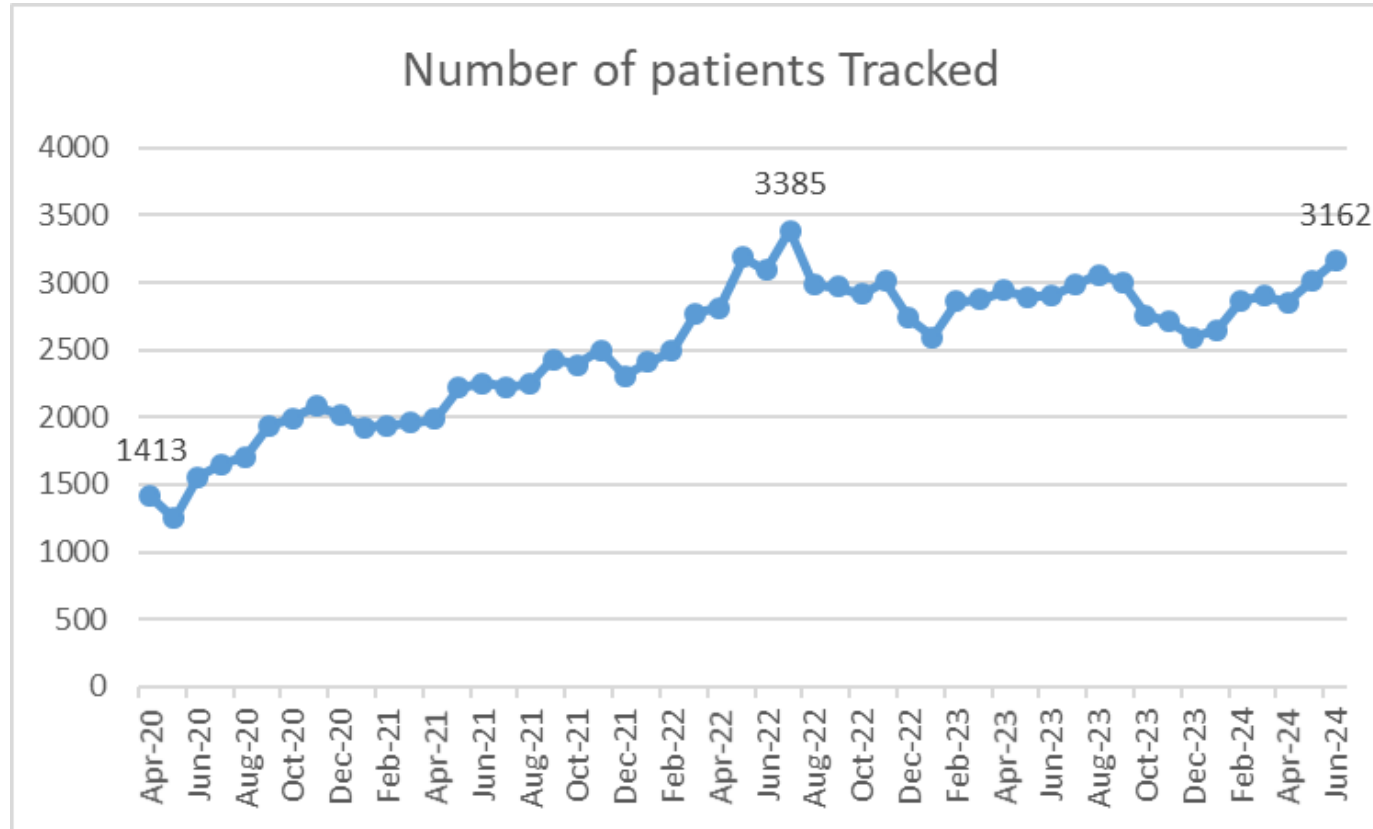
July 2024

Overview

Quarter 2 Improvement Plan

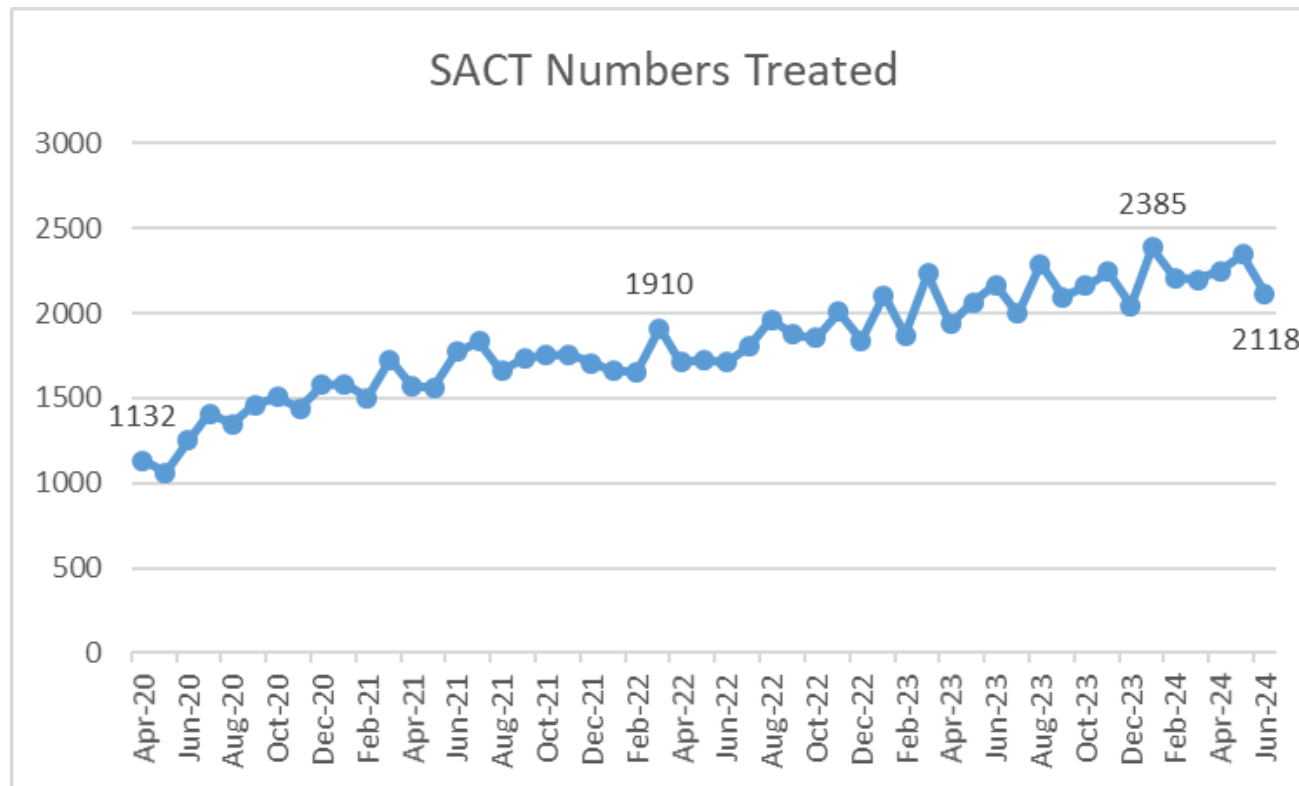
- Continue with the Urology Diagnostic Recovery Plan to eliminate patient waits in excess of 28 days in the Urology diagnostic Pathway.
- Lower gastrointestinal (LGI) 28 days diagnostic Pathway – review Faecal Immunochemical Test (FIT) pathway aim to be in line with the National Operating Procedure (NOP).
- Rollout the Post-Menopausal Bleeding, One Stop Hysteroscopy clinics across the other hospital sites by end of Quarter 2.
- Continue with Breast Recovery Plan.
- Increase treatment capacity in Skin to reduce overall waiting list volumes to a sustainable level.
- Upper gastrointestinal (UGI) develop a plan to eliminate patients waiting over 28 days in the diagnostic phase.
- Assess the impact of Outpatient Appointment (OPA) Laryngeal biopsy by end of Quarter 2.
- Impact assessment of Lung Radial Endobronchial ultrasound scan and biopsy (EBUS)
- Maintain a focus on backlog to achieve 20% reduction.
- Improvement and trajectory plans which focus on component waits in place for every tumour site.

Number of Patients on Pathway April 2020 – June 2024



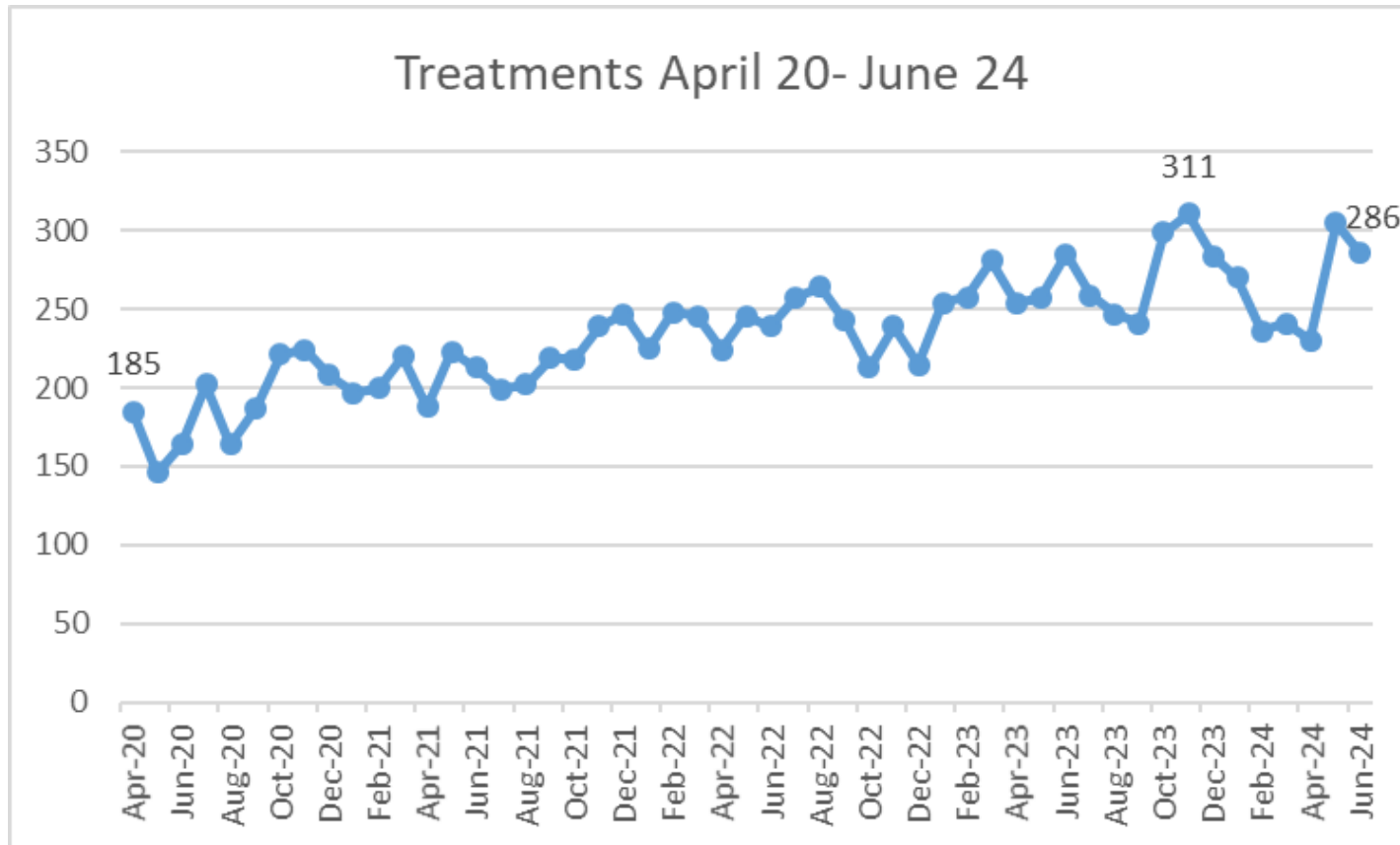
This chart demonstrates an increasing trend in patients tracked on an Urgent Suspected Cancer (USC) pathway in 2024. Influenced by increasing seasonal demand in skin and increased demand in LGI (FIT Pathway recording).

Overall Systematic Anti-Cancer Therapy (SACT) Activity April 2020 – June 2024



This chart demonstrates increasing trend within SACT activity in response to growing demand since April 2020.

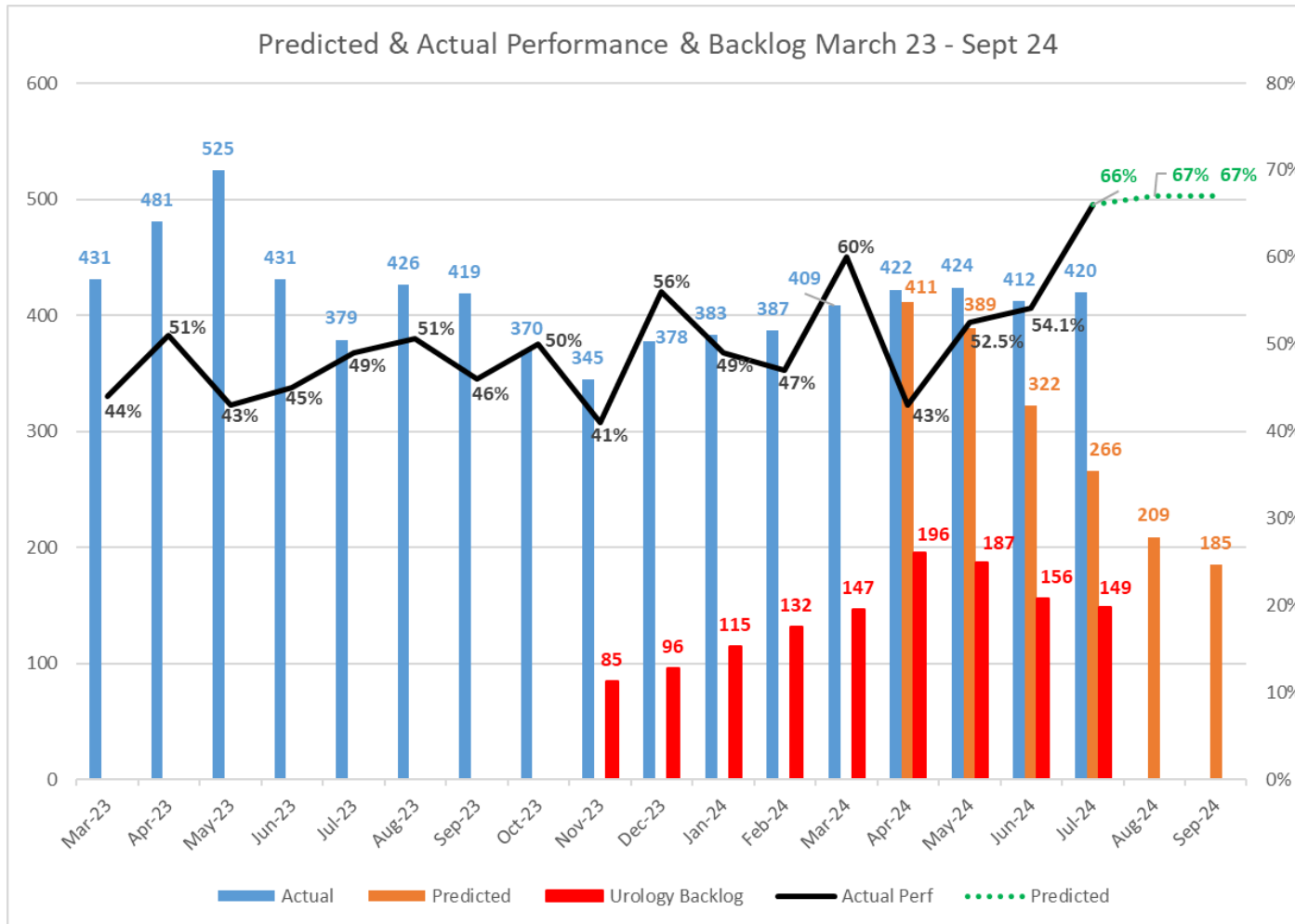
First Definitive Treatment April 2020 – June 2024



Treatment volumes increased due to additional activity in the Skin, Urology and Breast pathways.

Backlog and Performance

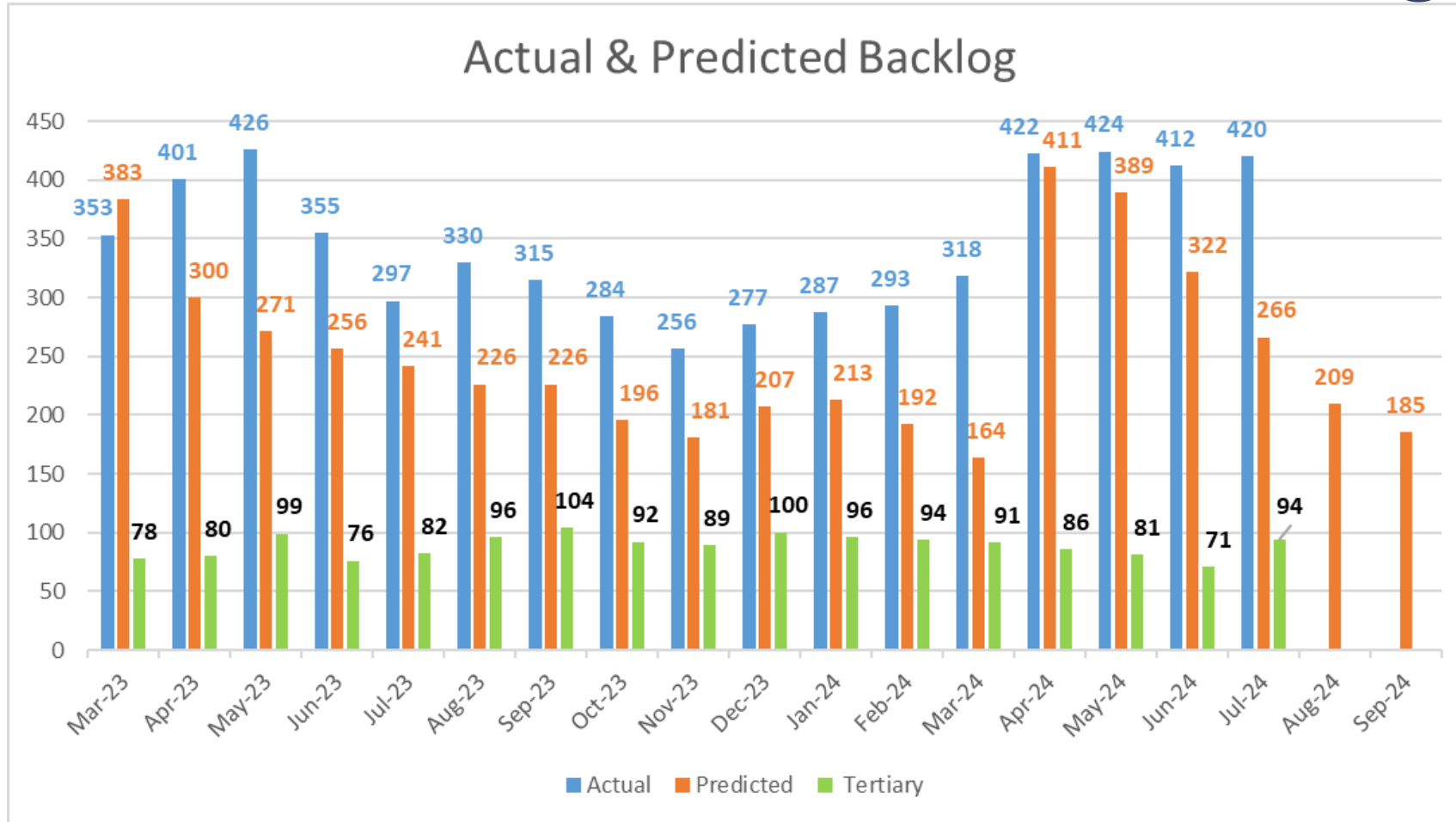
March 2023 – September 2024



June 2024 performance has improved to 54.1%.

Recovery plans in place to reduce component waits within Skin, Urology, LGI and Gynaecology which will have a positive effect on the overall backlog. Backlog reduction plan for Urology is making progress.

Overall Predicted and Actual Backlog



Snapshot Component Waits

Quarter 2, 2024 – 2025

Suspected Cancer Pathway Waiting List: Quarterly Performance Summary - HD UHB, Q2 2024/25

			Brain/CNS	Breast	Gynaecological	Haematological	Head & Neck	Lower Gastrointestinal	Lung	Other	Sarcoma	Skin	Upper Gastrointestinal	Urological	Childhood Cancer
NEW OUTPATIENT	Prev Quarter End (30/06/2024)	Total Waiting List	5	101	49	9	92	57	23	34	-	177	49	56	-
		Total Waiting Over Component (> 14 Days)	2	30	13	2	37	24	2	5	-	63	20	25	-
	Quarter End (28/07/2024)	Total Waiting List	4	79	59	3	71	46	11	27	-	174	39	58	-
		Total Waiting Over Component (> 14 Days)	2	15	11	-	17	14	4	6	-	33	8	21	-
	Variance in Period - Total Waiting List		-1	-22	10	-6	-21	-11	-12	-7		-3	-10	2	
	Variance in Period - Over Component		-	-15	-2	-2	-20	-10	2	1		-30	-12	-4	
DIAGNOSTICS	Prev Quarter End (30/06/2024)	Total Waiting List	10	9	191	19	42	405	86	11	3	56	187	416	-
		Total Waiting Over Component (> 28 Days)	3	6	81	11	28	284	46	8	3	37	77	214	-
	Quarter End (28/07/2024)	Total Waiting List	6	28	197	12	55	627	86	9	5	50	225	441	-
		Total Waiting Over Component (> 28 Days)	4	12	78	7	34	358	57	6	4	35	76	248	-
	Variance in Period - Total Waiting List		-4	19	6	-7	13	222	-	-2	2	-6	38	25	
	Variance in Period - Over Component		1	6	-3	-4	6	74	11	-2	1	-2	-1	34	
TREATMENT	Prev Quarter End (30/06/2024)	Total Waiting List	2	27	22	11	10	26	19	2	1	240	9	67	-
		Total Waiting Over Component (> 62 Days)	1	5	16	9	5	22	15	2	1	10	5	64	-
	Quarter End (28/07/2024)	Total Waiting List	-	24	31	5	11	22	25	3	-	220	7	62	-
		Total Waiting Over Component (> 62 Days)	-	5	25	3	8	16	18	2	-	15	2	53	-
	Variance in Period - Total Waiting List		-2	-3	9	-6	1	-4	6	1	-1	-20	-2	-5	
	Variance in Period - Over Component		-1	-	9	-6	3	-6	3	-	-1	5	-3	-11	

Outpatient Appointments (OPA)

Reduction in patient volumes for majority of pathways.

Significant reduction noted within LGI.

Increase in overall waiting lists and component waits within Dermatology due to increased demand and unplanned loss of capacity now recovering.

Diagnostic

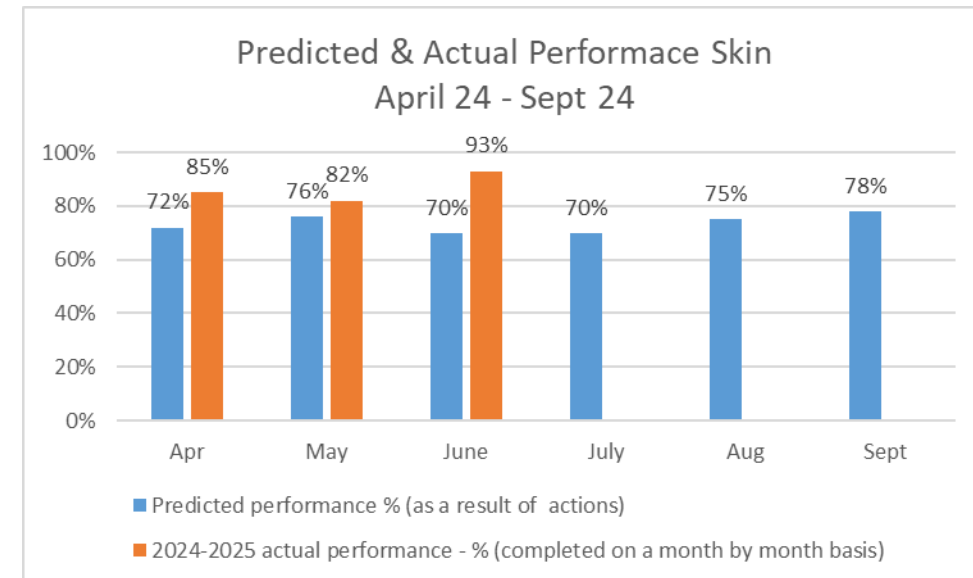
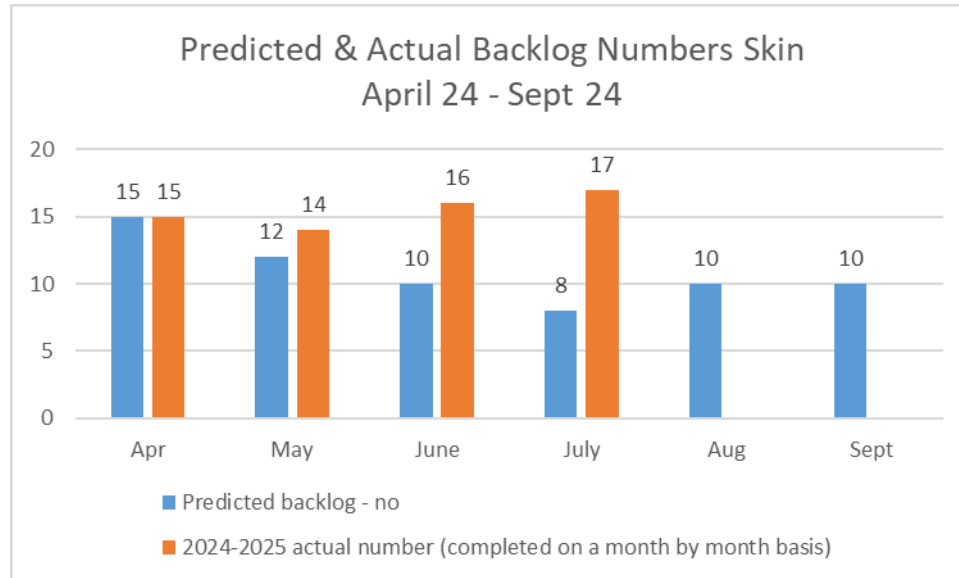
LGI increase in patient waits due to increased demand in Radiology causing delays in radiology reporting. Large increase in volume due to recording of patients waiting for FIT now being addressed. FIT pathway review in progress.

Diagnostic escalation group established.

Treatment

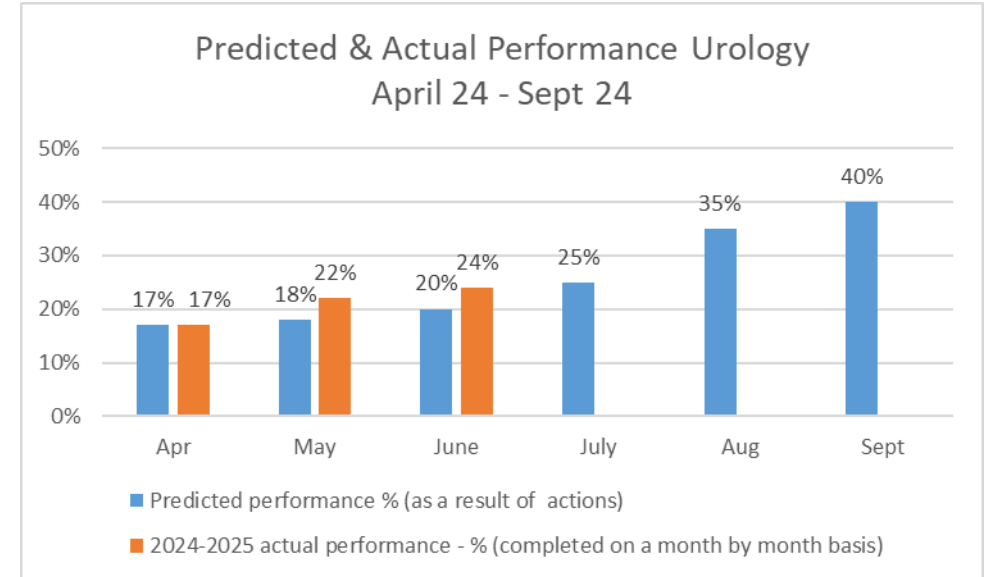
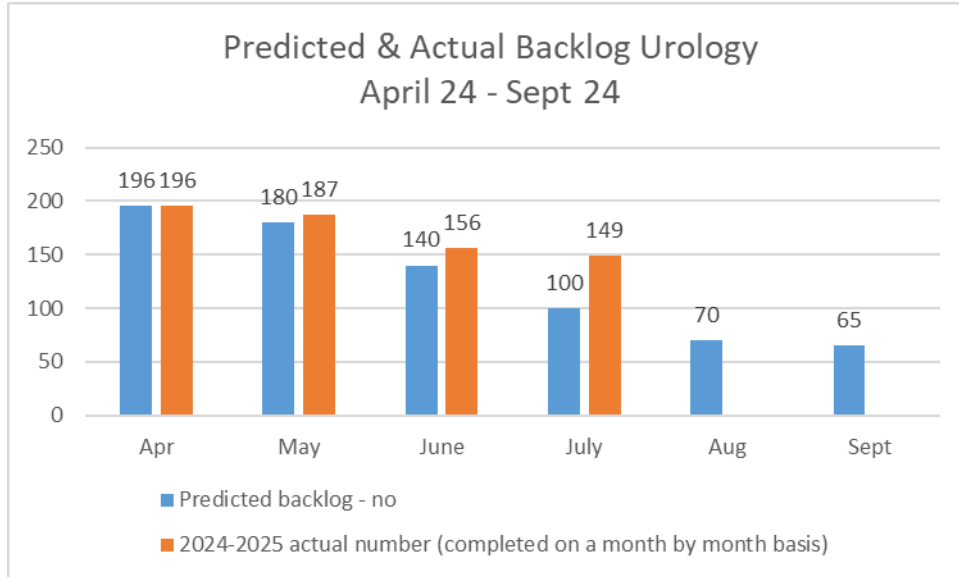
Plans in place to address growth within Breast, Skin and Urology (to note tertiary element within Gynaecology and Urology).

Predicted and Actual Performance and Backlog: Skin



- Higher referral rates and reduction in capacity has caused growth at first OPA in the first five weeks of Quarter 1 - Additional 20 slots each week now in place which will be maintained during Quarter 2.
- Short term insourcing capacity during April 2024 caused growth in patient waits at treatments stage, mitigated from June 2024 with temporary insourcing arrangement up until three year insourcing contract commences in August 2024. Additional activity planned for July and August 2024 (200 patients).
- Despite challenges within the Skin pathway, performance has been maintained above 70%.

Predicted and Actual Performance and Backlog: Urology



- Outpatient Department (OPD) waiting list volumes reducing.
- Diagnostic reduction plan with associated resource agreed as priority by the Health Board as the greatest risk to overall delivery of the Single Cancer Pathway (SCP) Target. Plan to eliminate patients waiting more than 28 days for a diagnostic procedure to be clear within three months (Circa 290 patients) commencing 11 May 2024.
- Active tracking of diagnostic backlog improvement plan in place. Monitored via quarterly planning and monitoring tool.
- Additional treatment capacity planned for July and August 2024 to address growth incurred as a consequence of the diagnostic plan.

Performance – Focus on Urology backlog

Eliminate diagnostic backlog (patients waiting in excess of 28 days) within Urology

30% of patients treated in excess of 62 days (breaches) in the previous 12 months within the Health Board are in the Urology pathway and therefore remain the greatest risk to the organisation of reaching the SCP targets of 75% by 2025 and 80% by 2026.

There are 650 patients on the SCP pathway, 80% of which (400) are in the diagnostic phase of the pathway. 290 of the 400 patients waiting in the diagnostic phase are waiting in excess of 28 days with a proportion of them waiting in excess of 62 days.

As a result of an increase in capacity in 2023/2024 there is sufficient capacity to meet current demand.

Additional Resource Allocated from Recovery Money to reduce the 290 patient waiting above 28 days to 0

This plan would need to run for three months to reduce the overall backlog to zero in the stages below:

- Month one eliminates patients waiting more than 62 days for diagnostics.
- Month two eliminates patients waiting more than the 28 day for diagnostics.
- Month three reduces the overall diagnostic waits to a level (circa 100) to achieve sustainability and allows for variation in referral rates.

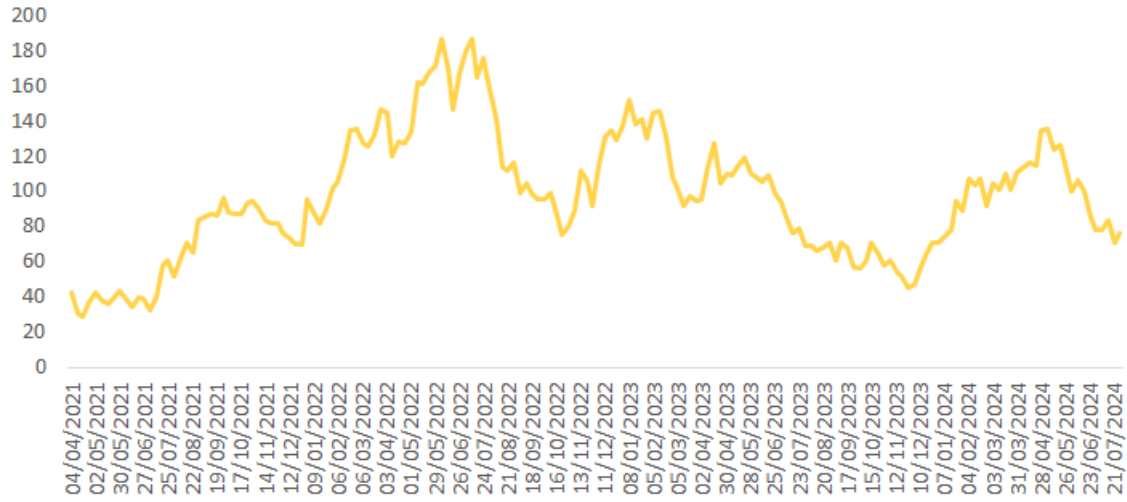
Implementation and delivery of this plan will be monitored via a weekly Urology diagnostic meeting chaired by the General Manager (GM) for Cancer and will include detailed planned capacity against actual activity.

Progress Update

- Total patients in Flexi Cyst, Rigid Cyst, Trans Urethral Removal of Bladder Tumour (TURBT) and Local Anaesthetic Transperineal Prostate Biopsy (LAMP)/ Transrectal Ultrasound (TRUS) pathways has been reduced from 248 to 197 in 13 weeks.
- Patients awaiting the same procedures over 62 days has fallen from 62 to 26 in 13 weeks.
- Planned removal of all diagnostics over 28 days behind schedule due to Radiology position. Plan being developed to address Radiology delays.
- Flexi capacity is now at the point of offering all patients a slot within seven days.

Diagnostic Stage Progress

Total Active Waits Greater than 62 Days



28/07/2024

Total Active Patients
441

Wait More than 62 Days
76

Wait 104 Days or More
26

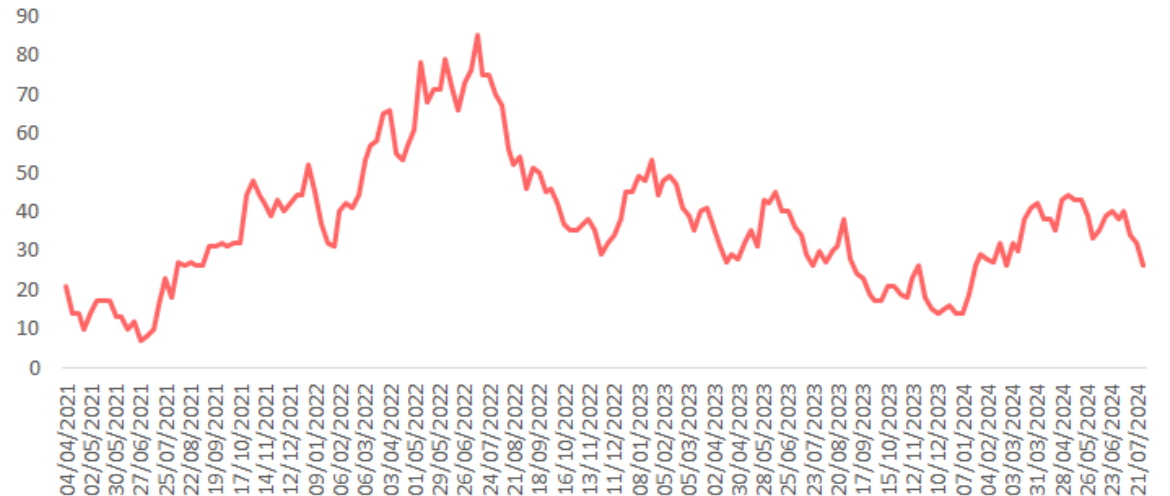
30/07/2023

Total Active Patients
289

Wait More than 62 Days
69

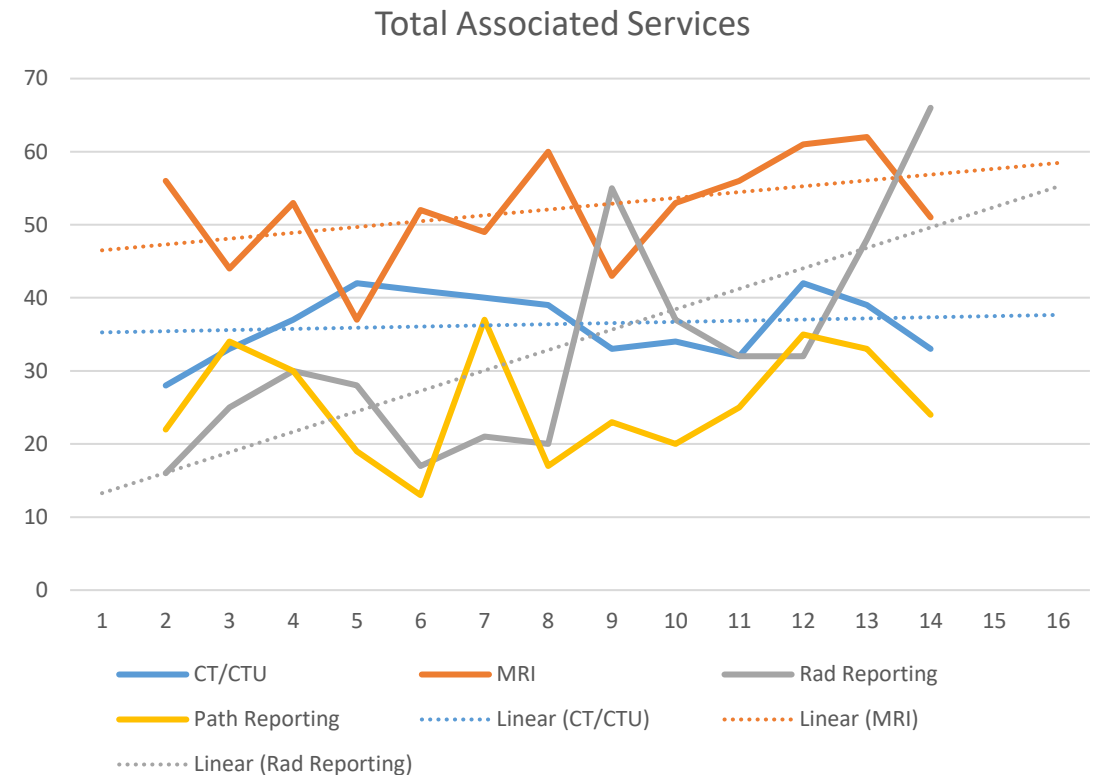
Wait 104 Days or More
30

Total Active Waits of 104 Days or More

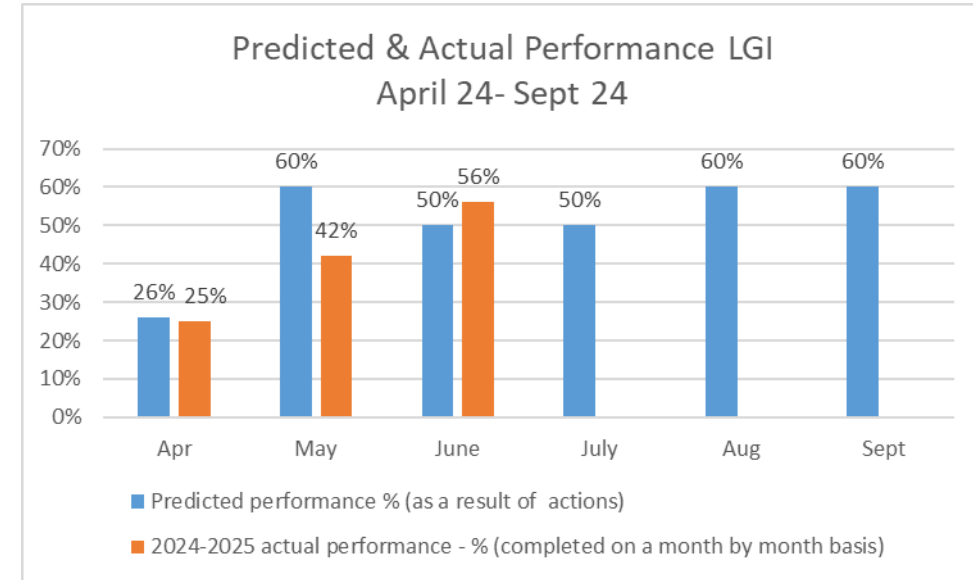
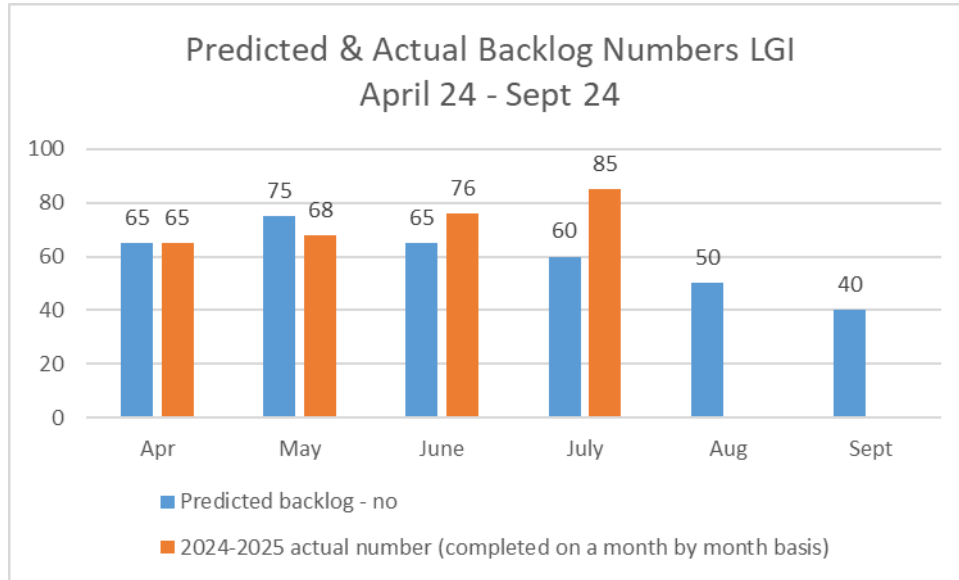


Next Steps

- Focus on Radiology and to a lesser extent Pathology reporting.
- Over the 13-week period of the plan, Radiology reporting delays over 28 days have risen from 16 to 66.
- Magnetic Resonance Imaging (MRI) scans waiting over 28 days peaked at 62 from a low of 37.

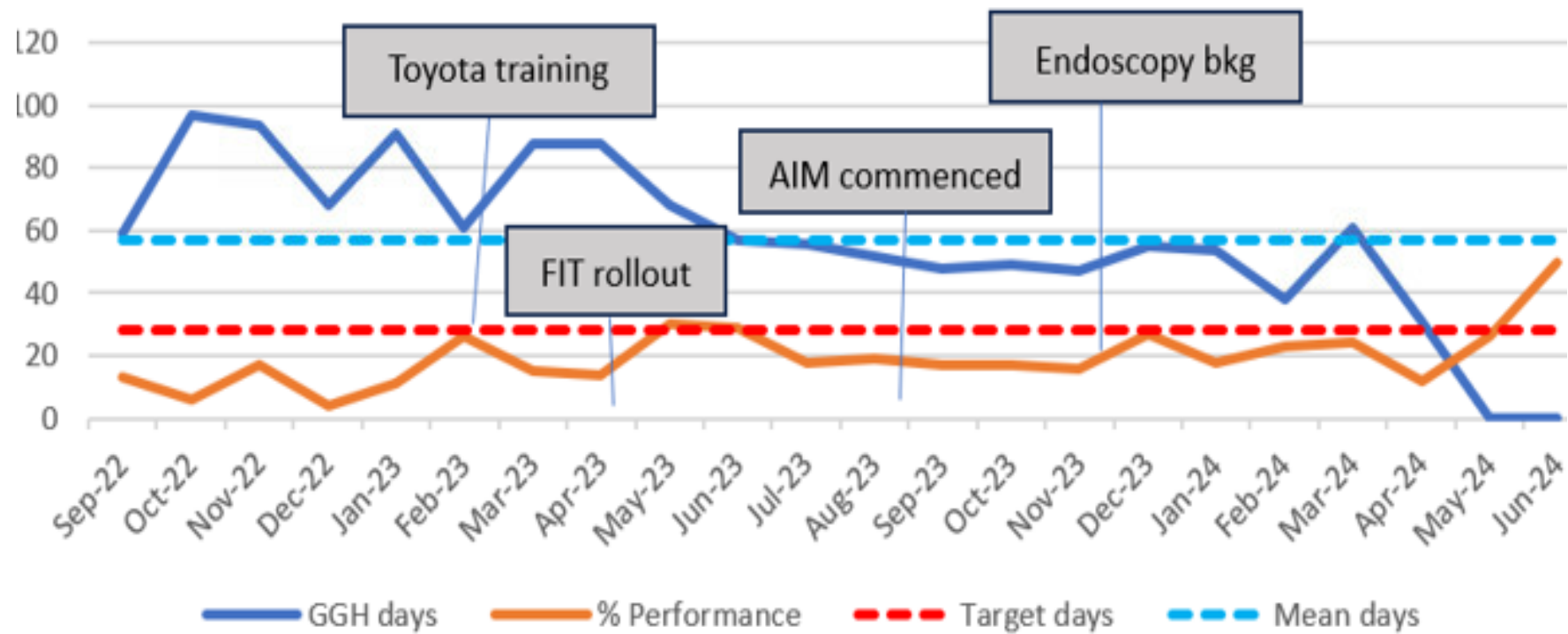


Predicted and Actual Performance and Backlog: LGI

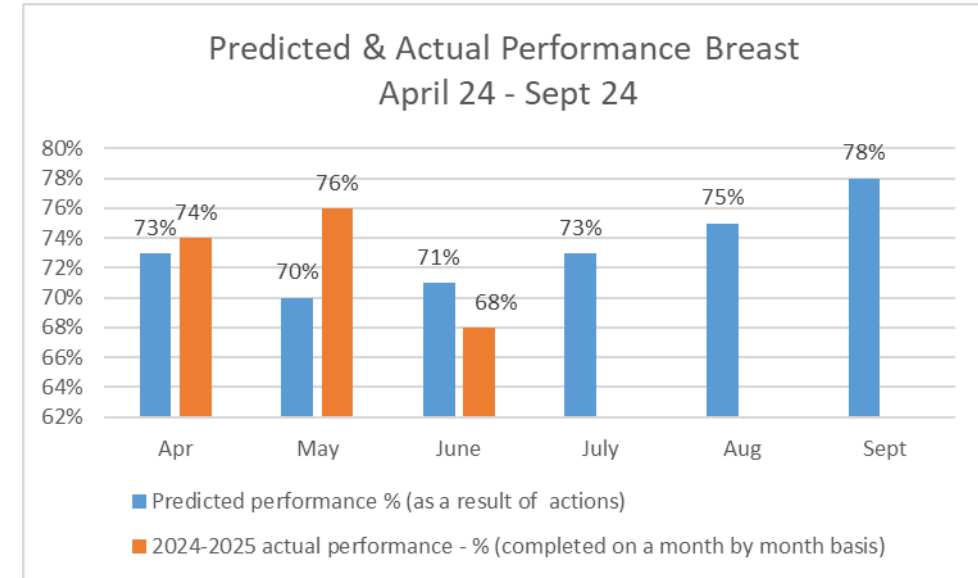
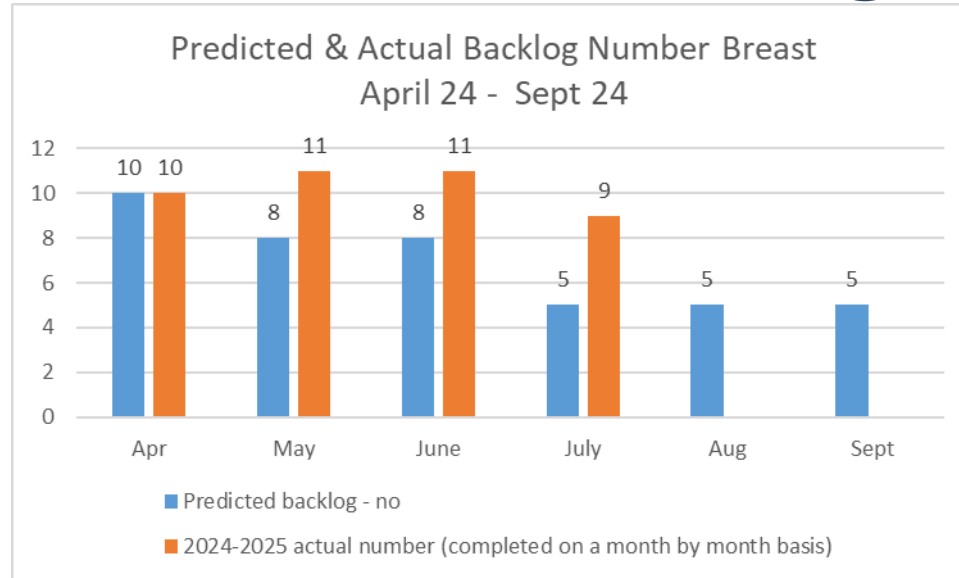


- Reduction in volume of patients waiting more that 14 days for first OPA continue as planned.
- LGI increase in patient waits due to increased demand in Radiology causing delays in Radiology reporting.
- Large increase in volume at diagnostic stage due to recording of patients waiting for FIT now being addressed. FIT pathway review in progress.
- Diagnostic escalation group established to focus on recovery.

GGH LGI performance against 28 day target compared including HDUHB % performance

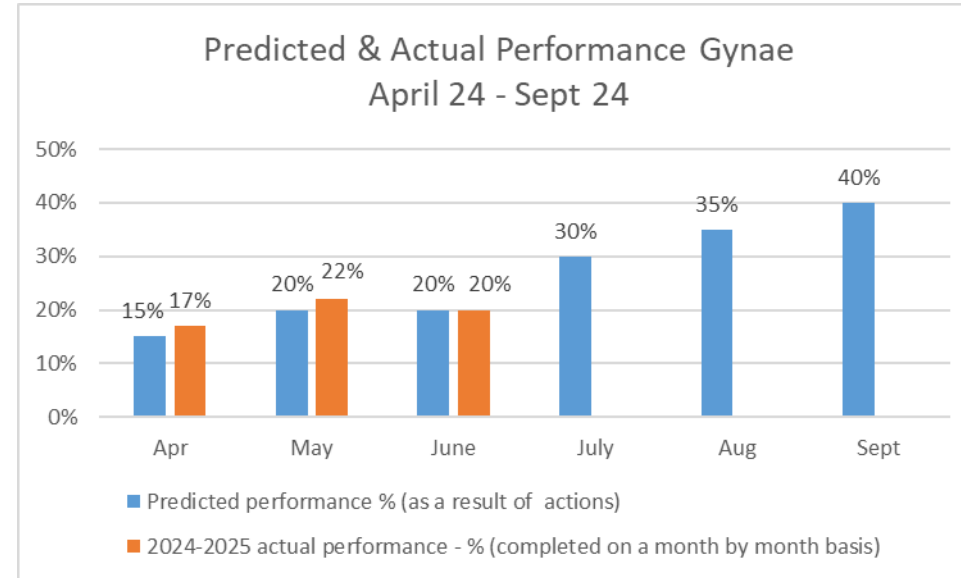
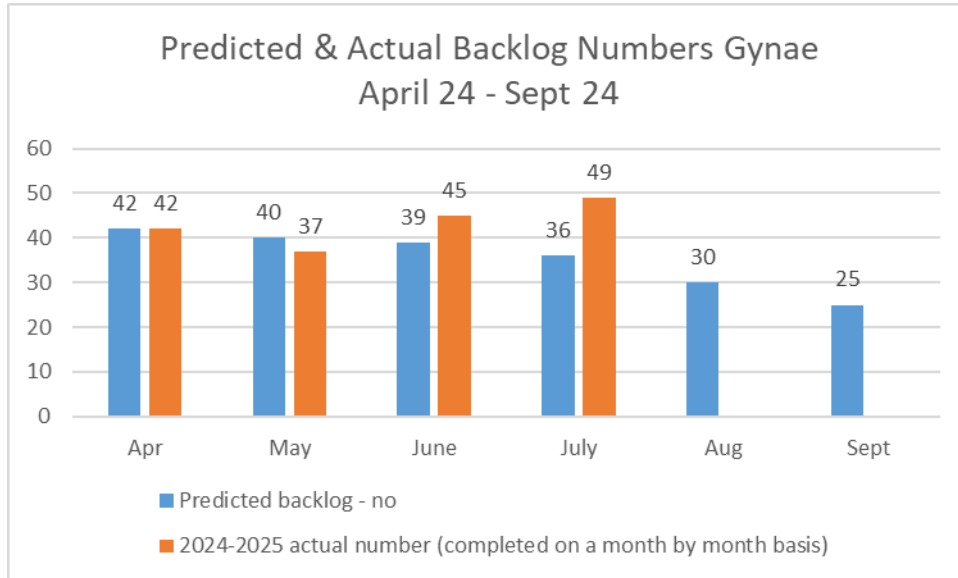


Predicted and Actual Performance and Backlog: Breast



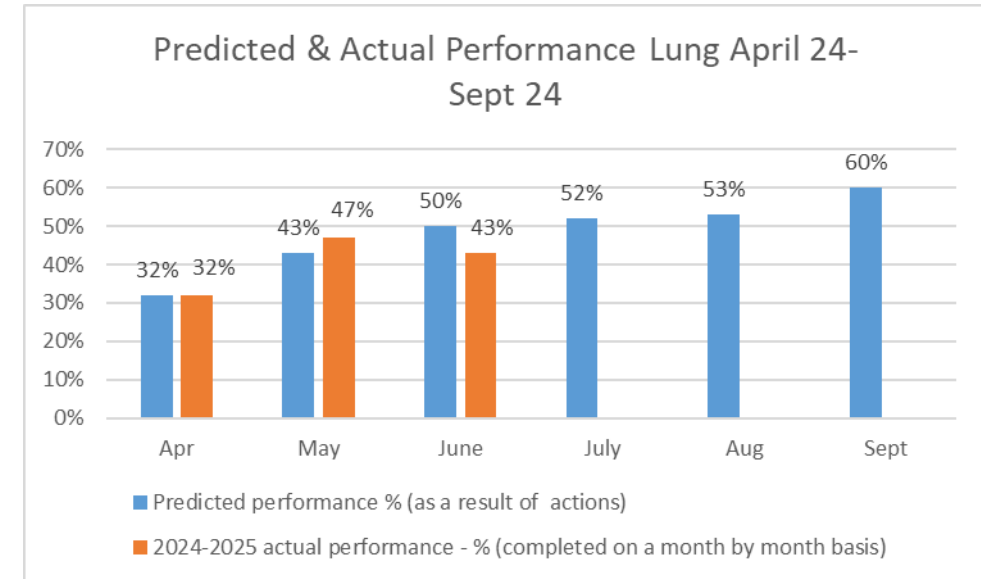
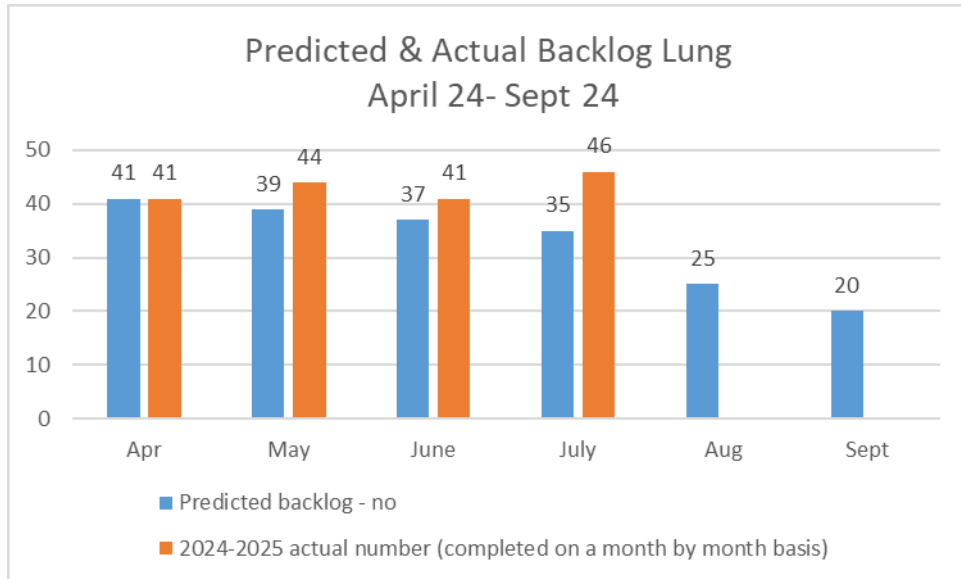
- Temporary relocation of the Withybush Hospital (WGH) Breast pathway to Prince Philip (PPH) and Bronglais Hospitals (BGH), with increased capacity to absorb associated growth in Quarter 4 2023/2024 has successfully reduced patients waiting overall and more than 14 days back to sustainable levels.
- Additional treatment capacity now in place to absorb the additional activity at OPA and diagnostic stage.
- Residual backlog increased due to complexity and access to tertiary diagnostics.

Predicted and Actual Performance and Backlog: Gynaecology



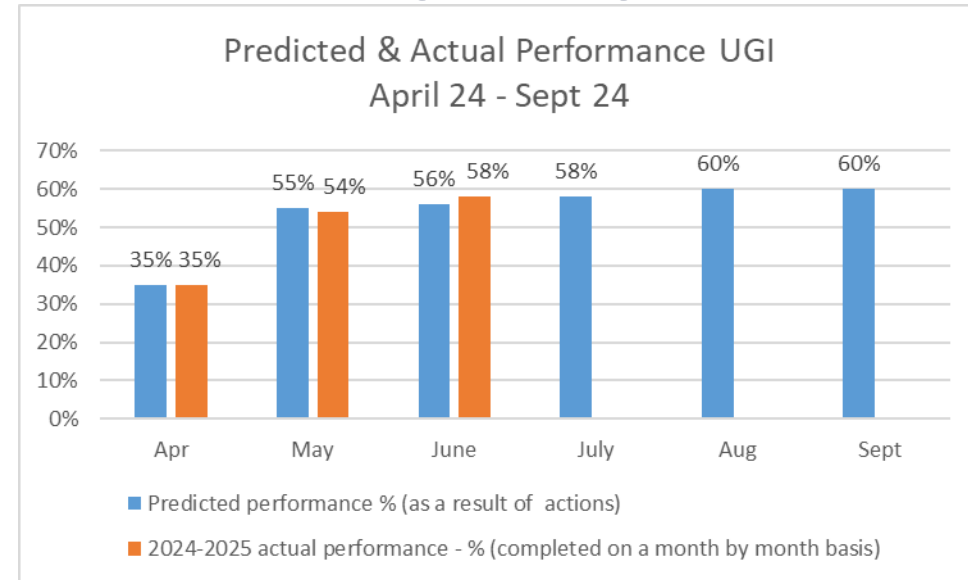
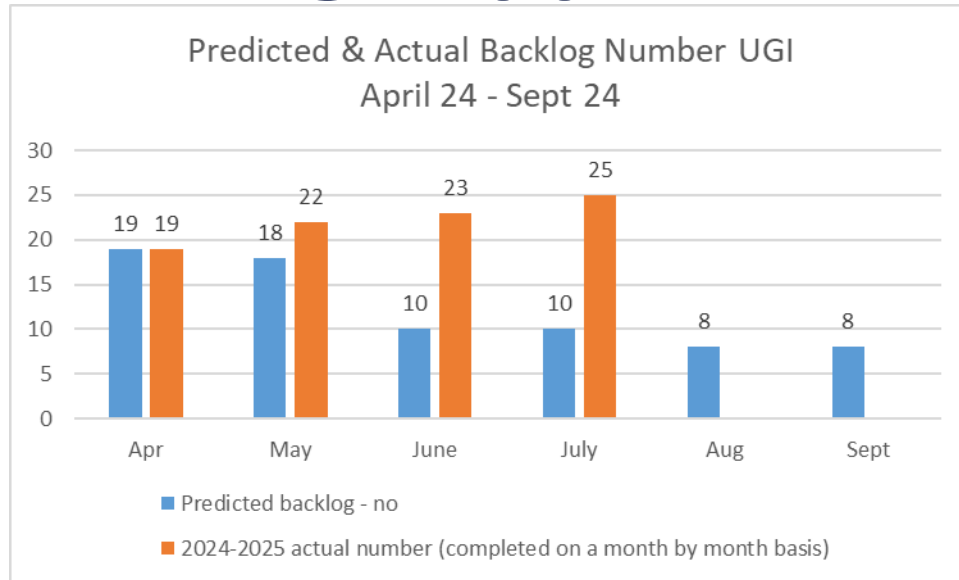
- Overall waiting list volume and patients waiting more than 14 days for OPA continues to reduce.
- Increased hysteroscopy in place at WGH from 20 May 2024.
- One Stop Hysteroscopy implemented at Bronglais Hospital (BGH) from 16 May 2024. To be rolled out to Glangwili Hospital (GGH) 5 August 2024.

Predicted and Actual Performance and Backlog: Lung



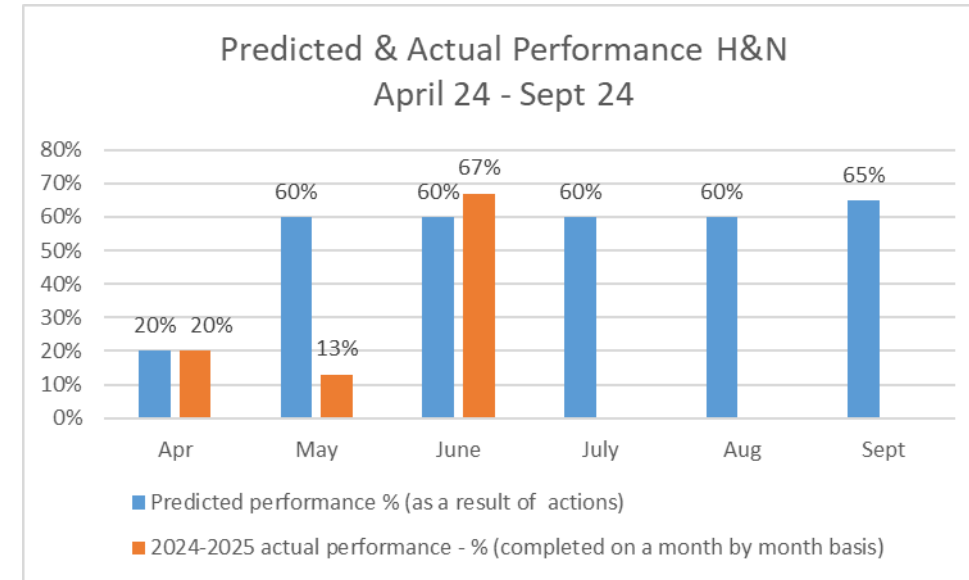
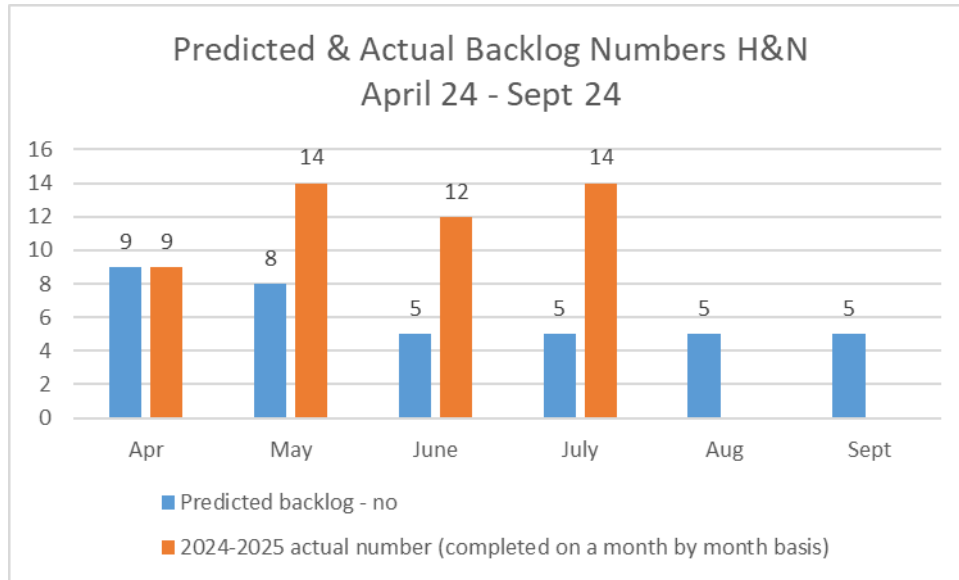
- OPA capacity meets demand.
- Deep Dive into complex diagnostic pathway in place. To include NHS Executive colleagues.
- Purchase of radial Ebus via charitable funds to reduce reliance on Computerised Tomography (CT) guided biopsy and improve patient experience now agreed.
- Treatments provided within Hywel Dda University Board (HDdUHB) in balance.
- Residual backlog accounts for tertiary capacity risks (surgery and radiotherapy and Positron Emission Tomography (PET)).

Predicted and Actual Performance and Backlog: Upper Gastrointestinal (UGI)



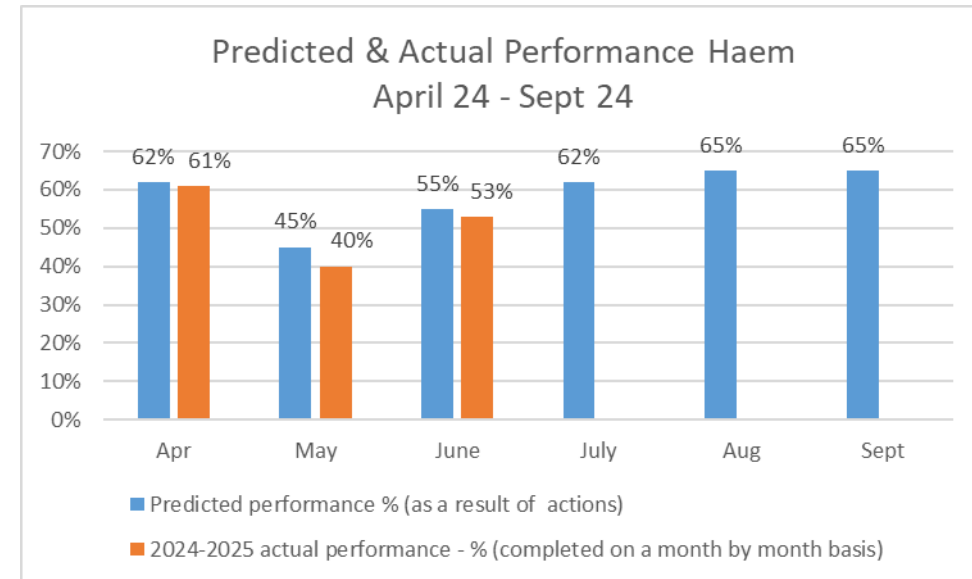
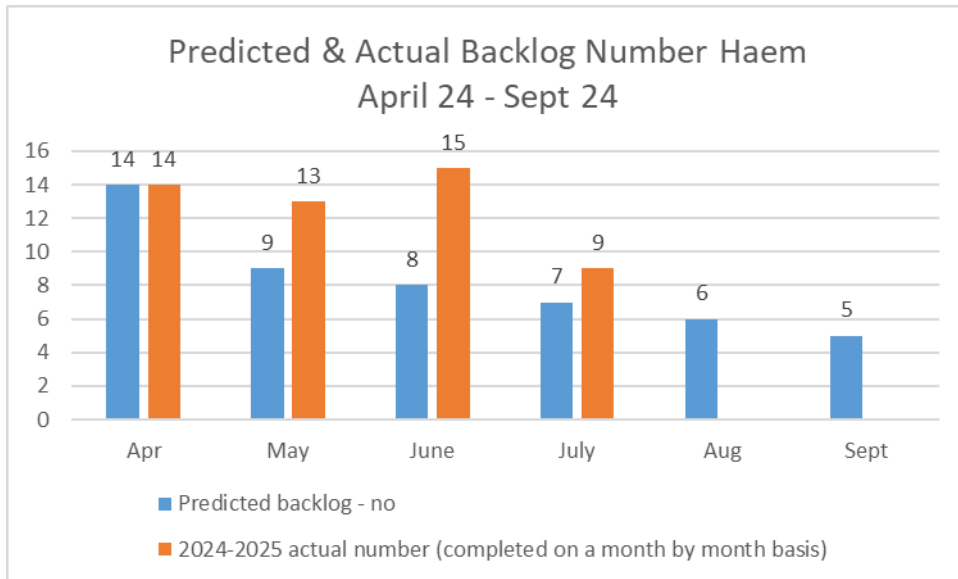
- Volumes of patients waiting for first OPA continue to reduce.
- Volumes of patients waiting a diagnostic procedure more than 28 days continue to reduce.
- Working on plan to reduce patients waiting in excess of 28 days (100 patients).

Predicted and Actual Performance and Backlog: Head and Neck (H&N)



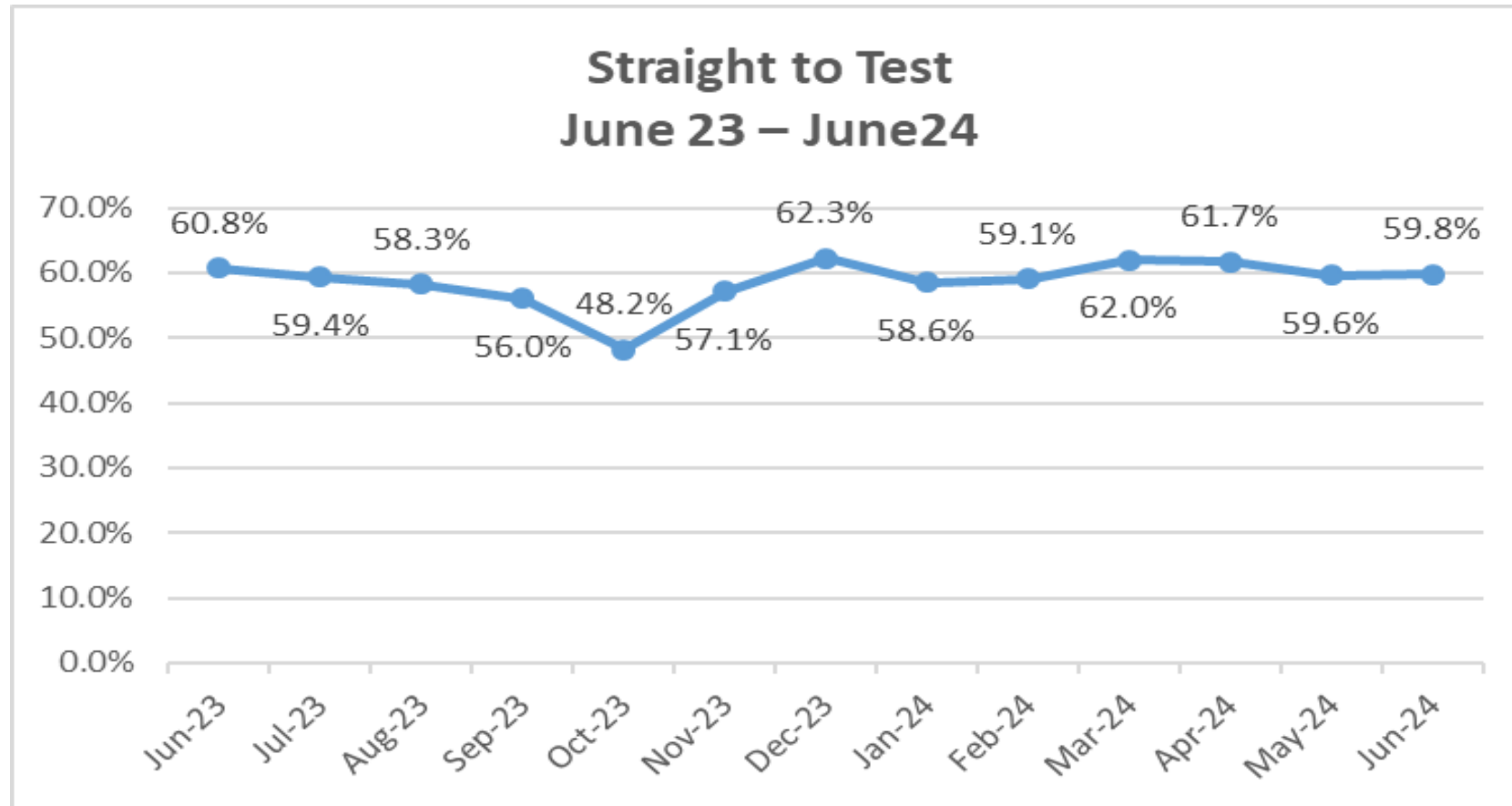
- Small treatment numbers which influence large swings in performance between months.
- Planned pathway enhancement - endoscopic laryngeal biopsy via Outpatients.
- Residual backlog due to complexity.

Predicted and Actual Performance and Backlog: Haematology (Haem)



- Backlog volumes influenced by complexity of patients who have been through other tumour sites.
- Backlog recovery plan in place.
- All Wales Geonomics service impacting on patient's pathway escalated to NHS England (NHSE).

Straight to Test June 2023 – June 2024



National Optimal Pathways (NOPs) – Mapping Undertaken as of 17 July 2024

Mapped a total of 22 out of the 26 NOPs - 85% mapped

P	Undertaken by HDUHB	Undertaken by WCN SCP	Date for completion	Notes
Brain	✓			
Breast (primary)	✓			
Colorectal		✓		
Endometrial	✓			
Ovarian	✓			
Vulva	✓			
Cervical	✓			
Head & Neck Mucosal		✓		
Head & Neck Lump		✓		
Lung		✓		
Neuro-endocrine	✓			
Sarcoma	✓			
UGI Oesophageal		✓		
UGI Gastric		✓		
UGI Hepatocellular	✓			
UGI Pancreatic	✓			
Vague symptoms			6.8.24	
Urology Bladder	✓			
Urology Prostate		✓		
Urology Renal	✓			
Urology Penile	✓			
Urology Testicular	✓			
TYA			TBC	
Children (3)	✓			Very low numbers (therefore grouped together)
FIT			TBC	
MUO/CUP			TBC	

Support for Patients on Pathway

- Cancer Helpline housed within the Cancer Information and Support service for concerned patients, relatives, members of the public or healthcare professionals (Monday - Friday 10-12pm and 2-4pm).
- Cancer Information and Support Service also provides email access support, call back, outreach and onsite hubs in acute hospital sites.
- A Key Worker policy ensures that the expectations of the Key Worker role are clear and consistent for all patients on a Cancer pathway across the Health Board.
- Support Worker roles in all main tumour site teams enhance patient key contact support and Person-Centred care.
- Welfare benefits advice and support.
- 24/7 Triage line for patients on treatment.

Cancer Workforce

- Clinical and Medical Oncologists, Medical Physics and Therapeutic Radiographers are all employed by the South West Wales Cancer Centre and provide services to Hywel Dda University Health Board (HDdUHB).
- HDdUHB have developed a strong non-medical team of Oncology Clinical Nurse Specialists, and Cancer Pharmacists to provide local, consistent support to the Oncology Service and to the Hywel Dda population.
- HDdUHB has a Cancer Key Worker Policy, that supports consistency in the roles of the Clinical Nurse Specialist across tumour sites.
- Strong leadership for the cancer nursing teams is provided by a Lead Cancer Nurse and several Senior Nurse Managers.
- HDdUHB Cancer Nurses are represented at an All Wales Level.
- HDdUHB has a therapies lead for Cancer which is a substantive post.

Recommendation

The Strategic Development and Operational Delivery Committee is requested to **NOTE** the PO4: Planned Care (Cancer) Update report.