



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 October 2021
<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 of Secondary 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 29<sup>th</sup> July 2021, the Health Board requested a report be presented to the Strategic Development and Operational Delivery Committee outlining modelling data/information relating to Planned Care (including patients waiting >36 weeks for treatments) and the impact of outsourcing certain services.

#### Cefndir / Background

Recovery priorities for 2021/22 are reflected in the Hywel Dda University Health Board (HDdUHB) Annual Recovery Plan for 2021/22. This anticipates 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 significant and sustained staffing challenge.

Planned care recovery during 2021/22 focuses on the following priority areas:

- Outpatient transformation and improvement
- Maximising theatre capacity
- Utilisation of the independent sector through non-recurrent resource support provided by Welsh Government (WG)
- Progress towards sustainable medium term expansion of day surgical capacity via a demountable facility solution
- Phased progress towards a sustainable, regional recovery plan for cataract surgery in partnership with Swansea Bay University Health Board (SBUHB)
- Maximising endoscopy capacity
- Maximising therapy capacity
- Maintenance and further improvement of essential cancer pathways

#### **WG Recovery Funding**

In May 2021, WG approved HDdUHB's activity recovery proposals in respect of the Phase 1 Recovery funding allocation made available to NHS Wales. These proposals reflected an initial

scoping of potential outsource capacity available via the independent sector, in addition to separate plans to progress a medium term demountable solution for the Prince Philip Hospital (PPH) site to enable the provision of two additional day case theatres. The planned outsource activity, to be delivered via the independent sector, is profiled below.

### Phase 1 Outsource Activity

Portfolio	Service	Provider	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Tot
<b><i>Outsourcing / Insourcing</i></b>															
Ophthalmology	Cataracts	Various	130	125	140	131	150	50	300	400	350	400	400	500	3076
General Surgery	Stage 4	Various						18	22	98	98	91	91	91	509
ENT	Stage 4	Sancta Maria						0	2	5	5				12
Urology	Stage 4	Various						3	9	16	16	4	4	4	56
T&O	Stage 4	Various						11	25	50	50	55	55	55	301
Dermatology	Lesions	Werndale						213	250	250	250	200	200	200	1563
Dermatology	Insourcing	YMS							438	438	438	438	438	438	2625
<b>Total</b>			<b>130</b>	<b>125</b>	<b>140</b>	<b>131</b>	<b>150</b>	<b>295</b>	<b>1046</b>	<b>1257</b>	<b>1207</b>	<b>1188</b>	<b>1188</b>	<b>1288</b>	<b>8142</b>

In addition to the above, the Phase 1 allocation also supported modest investments in additional internal activity across cardiology diagnostic, Bowel Screening Wales and pathology activity.

Due to the timelines associated with the NHS Wales Shared Service Partnership (NWSSP) tender & commissioning framework, and operational challenges faced by providers in scaling up capacity to meet the needs of commissioning Health Boards, the majority of commissioned activity is scheduled to be delivered during Q3 & Q4 2021/22.

Planning and delivery of outsourced activity via the independent sector is being tracked and monitored on a weekly basis.

In September 2021, WG approved HDdUHB's further recovery proposals in respect of the Phase 2 Recovery funding allocation made available to NHS Wales. These proposals reflected an initial scoping of potential additional outsource capacity available via the independent sector in addition to plans to increase internally delivered activity across diagnostic and outpatient pathways. The planned additional activity, to be delivered via a combination of the independent sector and additional internal capacity, is profiled below. Planned outsource activity is currently being tendered in accordance with the All Wales Framework and confirmation of final commissioned volumes is awaited.

### Phase 2 Outsource / Internal Activity

Portfolio	Service	Provider	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b><i>Outsourcing / Insourcing</i></b>															
General Surgery	Stage 1&4	Various										60	60	60	180
Urology	Stage 1&4	Various										29	29	29	87
Colorectal	Stage 1&4	Spire Bristol										7	7	7	21
T&O	Stage 1&4	Various								24	24	76	76	76	276
ENT	Stage 1	Spire Bristol										15	15	15	45
Ophthalmology	Stage 1&4	Spa Medica										420	420	940	1,780
Pain	Stage 1&4	Spire Bristol										5	5	5	15
Gynae	Stage 1&4	Spire Bristol										25	25	25	75
Endoscopy	Stage 1 4	Various								300	300	340	340	340	1,620

Radiology/ Diagnostics		Various										340	340	340	1,020
<b>Sub Total</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>324</b>	<b>324</b>	<b>1,317</b>	<b>1,317</b>	<b>1,837</b>	<b>5,119</b>
<b>Internal</b>															
Cardiology WLI		Internal							80	80	80	80	80	80	480
Pathology		Internal							22	22	22	22	22	22	130
Neurology (Ins)		Internal							54	54	54	54	54	54	324
Q4 Extra Clinics		Internal										299	299	299	896
<b>Sub Total</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>156</b>	<b>156</b>	<b>156</b>	<b>454</b>	<b>454</b>	<b>454</b>	<b>1,830</b>
<b>Total</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>156</b>	<b>480</b>	<b>480</b>	<b>1,771</b>	<b>1,771</b>	<b>2,291</b>	<b>6,949</b>

As this additional funding was not released to HBs until late September 2021, the majority of this additional outsource and activity is not expected to be delivered until Q4 2021/22.

During October 2021, WG has advised HBs of the planned recurrent revenue funding allocation available from 2022/23 onwards to support Planned Care Recovery. £21.7m will be available to HDdUHB. In developing plans for application of this recurrent funding, HBs are required to ensure the following national priorities are addressed:

- Implementation of the recommendations of the National Endoscopy Programme which the Minister has now formally agreed.
- Regional Cataract services in line with advice from the Planned Care Programme.
- Regional plans for aspects of Orthopaedic services based on the clinical strategy work currently underway and due to report in February 2022.
- Strengthened Diagnostic & Imaging services based on advice to be commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.

## Asesiad / Assessment

### **Delivery Progress Q1 2021/22**

Progress in respect of HDdUHB's activity delivery against the Annual Recovery Plan and supporting funding is reported to WG on a quarterly basis. The table below summarises reported progress during Q1 2021/22. Activity delivered during Q1 was ahead of planned levels in the majority of categories with the exception of NOUS (ultrasound) and endoscopy activity.

Planned Care Recovery Delivery Plan Progress 2021/22			2021/22	
			Q1	Q1
			Projected	Actual
Elective Inpatient Activity		Total Activity	613	758
Elective Day Case Activity		Total Activity	1,773	4,910
New Outpatients	Face to face	Total Activity	15,302	15,689
	Virtual	Total Activity	7,273	7,229
Follow Up Outpatients	Face to face	Total Activity	23,768	28,374

	Virtual	Total Activity	13,197	13,204
Diagnostics	CT	Total Activity	10,500	12,012
	MRI	Total Activity	3,700	4,522
	NOUS	Total Activity	10,500	9,911
	Endoscopy	Total Activity	3,608	3,272

A Q2 progress report will be submitted to WG in November 2021.

There are several risks to full delivery of the planned outsource volumes which the Planned Care team are seeking to manage. These include:

- Challenges in securing the full capacity outlined by March 2022 due to the late approval of recovery funding and the consequent impact on tendering and commissioning timescales
- Competition from other HBs and NHS Trusts across the UK for independent sector capacity
- Variable levels of patient acceptance to travel to independent sector providers outside of HDdUHB's geographical boundaries
- Staffing and recruitment challenges advised by Phase 1 providers which have delayed commencement of planned volumes to the levels agreed
- Recruitment of additional internal administrative capacity to support the tendering processes required and administration of the volume of patients to be placed with various providers

### Impact on Performance

Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures in addition to the current emergency pressures being faced on each site which has impacted upon Planned Care.

Whilst Planned Care teams have worked hard to increase the volume of core internal activity delivered beyond the levels outlined in the Annual Recovery Plan, the impact on the overall number of patients waiting longer than target 26 week and 36 week time thresholds has remained relatively static in the most recent reporting period as these gains have been mitigated by:

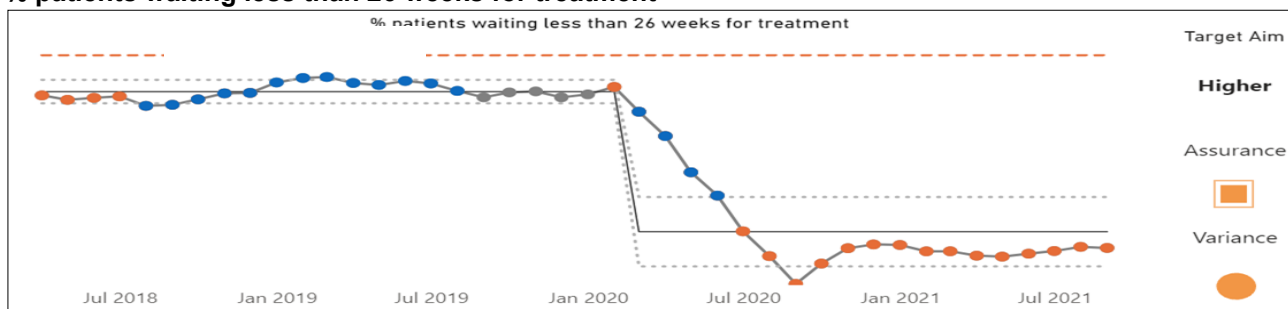
- increasing rates of referral as lockdown restrictions eased, and
- the selection of patients according to their stratified risk of clinical harm rather than chronological length of wait

In September 2021, 56.2% of patients were waiting less than 26 weeks for treatment, with a total of 31,039 patients waiting more than 36 weeks.

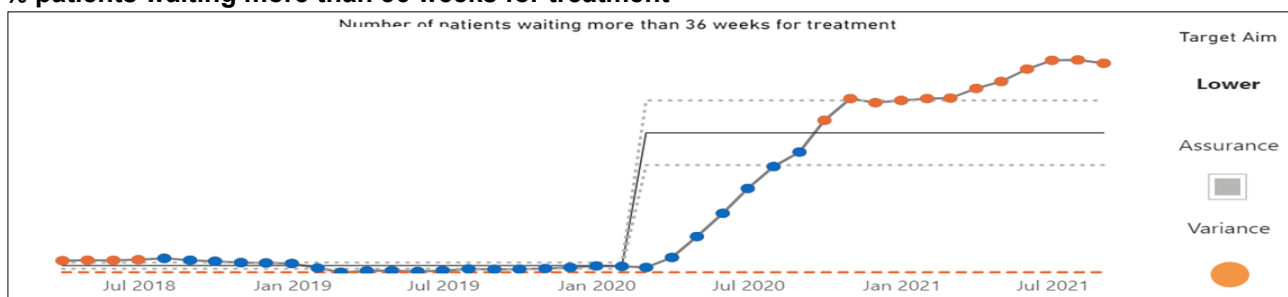
Theatre utilisation has been constricted by emergency pressures on the Worthybush General Hospital (WGH) site which has extended to Glangwili General Hospital (GGH) and PPH and continues to impact into October 2021. HDdUHB continues to experience exceptional levels of urgent pressure and Orthopaedic inpatient surgery is currently suspended at both the WGH and PPH sites.

Work is ongoing with clinical teams to regularly risk stratify waiting lists, and validation of these continues. A communication exercise with patients undertaken in September 2021 is now complete and all patients waiting more than 52 weeks have been contacted. Whilst this has had some impact on the waiting list numbers, further large scale validation is planned. Additionally, the Waiting List Support Service (WLSS) is currently planning the contact of all stage 4 patients in a structured process which has been clinically approved.

### % patients waiting less than 26 weeks for treatment



### % patients waiting more than 36 weeks for treatment



## Forecast Waiting List Impact

Supported by the Modelling Cell, the Planned Care team have reviewed planned activity levels for the remainder of the year together with current trends in demand and ROTT rates (removals from a waiting lists for reasons other than treatment) to forecast the expected impact on total waiting list volumes by March 2022. This is summarised below, and specialty specific details are shown in Appendix 1.

Specialty	Outpatients (Stage 1)					IP/DC Treatments (Stage 4)				
	March 2019 Waiting List	March 2020 Waiting List	March 2021 Waiting List	Sept 2021 Waiting List	March 2022 Forecast OPD Waiting List Volume	March 2019 Waiting List	March 2020 Waiting List	March 2021 Waiting List	Sept 2021 Waiting List	March 2022 Forecast IP Waiting List Volume
Totals	27,769	29,137	39,746	44,825	34,597	8,442	9,283	13,298	13,804	11,827

### Stage 1:

Following a 12.7% increase in the total Stage 1 (Outpatient) waiting list volume in the first 6 months of 2021/22, the forecast Stage 1 waiting list size is expected to reduce from 44,825 at September 2021 to 34,597 at March 2022. This would represent a 22.8% forecast reduction in the total volume of patients waiting at Stage 1 over the next 6 months.

In previous years, HDdUHB has achieved a zero 36 week breach performance level with a year-end Stage 1 waiting list range of 27,769 to 29,137 patients. This suggests HDdUHB will need to secure additional capacity, above current planned levels, for approximately 6000 to 7000 patients during 2022/23 in order to recover the Stage 1 waiting list volume to pre-pandemic levels by March 2023.

#### **Stage 4:**

Following a 3.8% increase in the total Stage 4 (treatment) waiting list volume in the first 6 months of 2021/22, the forecast Stage 4 waiting list size is expected to reduce from 13,804 as at September 2021 to 11,827 by March 2022. This would represent a 13.4% forecast reduction in the total volume of patients waiting at Stage 1 over the next 6 months.

In previous years, HDdUHB has achieved a zero 36 week breach performance level with a year-end Stage 4 waiting list range of 8,442 to 9,283 patients. Taking into account a planning assumption of a 30% conversion factor from patients waiting at Stage 1 to Stage 4, this indicates that HDdUHB will need to secure additional capacity, above current planned levels, for approximately 5000 to 6000 patients during 2022/23 onwards in order to recover the Stage 4 waiting list volume to pre-pandemic levels.

#### **Forecast 26 Week and 36 Week Position**

As indicated above, accurate forecasting of the impact of the delivery plan on the number of patients waiting in excess of 26 and 36 weeks is difficult due to the following factors:

- Patients are being prioritised for treatment based on their clinical assessed risk of harm rather than length of chronological wait
- The order in which patients accept treatment opportunities at independent sector providers may not necessarily reflect their chronological wait but rather a range of alternative factors including preparedness to travel, clinical suitability and sub-specialty condition.

Forecasting undertaken by the Performance team suggests:

- 26 week waits - expected performance is between 52% and 66%
- 36 week waits - expected performance is between 15,910 and 25,517 breaches

#### **Recovery Planning 2022/23 Onwards**

To support recovery planning for 2022/23 onwards, a proposed Reset and Recovery Programme is currently being considered by the Operational Planning and Delivery Programme (Tactical) Group. This is centred around the National Planned Care Strategy's 5 Planned Care Goals which provide a roadmap for NHS organisations to follow when rebuilding and transforming services, whilst building on the learning from the pandemic and evidence based models:

1. **Effective referral:** Ensure that referral guidance and thresholds are in place to ensure that those most in clinical need are referred to the appropriate setting.
2. **Advice and guidance:** Develop access to high quality advice and guidance to enable informed decision making for individuals as well as primary and secondary care clinicians.
3. **Treat accordingly:** Access to appropriate care at the right time at the right place.
4. **Follow up prudently:** Giving individuals more choice and control over their care.
5. **Measure what's important:** Transforming care to better meet the clinical need of the patient.

## Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to consider:

- The modelling data/information relating to Planned Care (including patients waiting >36 weeks for treatments) and the impact of outsourcing certain services.

### **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 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.  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.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 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
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

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

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Referenced in the report
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Adverse quality and/or patient care outcomes/impacts of delayed treatment and access to care
<b>Gweithlu:</b> <b>Workforce:</b>	No direct impact although delivery plans in part will necessitate supporting recruitment.
<b>Risg:</b> <b>Risk:</b>	Risk 1048 - Risk to the delivery of planned care services set out in the Annual Recovery Plan 2021/22
<b>Cyfreithiol:</b> <b>Legal:</b>	All outsourcing activity is commissioned in accordance with the NWSSP Commissioning Framework.
<b>Enw Da:</b> <b>Reputational:</b>	Potential for political or media concern in the event of extended waits for access to care.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A



**Cydraddoldeb:  
Equality:**

Patients are prioritised according to clinically assessed risk of harm.

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