



AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ELECTIVE CARE RECOVERY PORTFOLIO

Date of meeting

22/02/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Nicky Croxon, Interim Director Elective Care Recovery

Presented by

Gareth Robinson, COO

Approving Executive Sponsor

Chief Operating Officer (COO, DPCMH)

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

CTM

Cwm Taf Morgannwg

PCH

Prince Charles Hospital

RGH

Royal Glamorgan Hospital

PHW

Public Health Wales

OPD

Out Patients Department

OMFS

Oral and Maxillofacial Surgery

FIT

Faecal Immunochemistry Test



SOS	See On Symptoms
PIFU	Patient Initiated Follow Up
WCP	Welsh Clinical Portal
DNA	Did Not Attend
AHP	Allied Health Professional

1. SITUATION/BACKGROUND

- 1.1 This paper will provide an update on the overall progress, challenges, risks and issues in relation to the Elective Recovery Portfolio of work.
- 1.2 It is important to consider the progress of our elective recovery position in the context of all of Wales and therefore please see below some graphs showing CTM compared to other Health Boards. The CTM figures correlate to some of the updates provided in the updates below.

All Wales Total Waiting List Growth

Overview	Feb-20	Nov-21	COVID Growth
Total waiting list	461,809	682,279	220,470
>36 wks	25,634	241,667	216,033
>18 months	1,347	111,261	109,914
> 2 years	240	42,525	42,285
Stage 1 >26wks	28,914	185,465	156,551

All Wales Total Waiting List growth, by Health Board by Specialty



COVID WL Growth (Feb20 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	Wales
Aggregate Other	8%	31%	23%	74%	34%	-2%	50%	32%
Cardiology	7%	7%	49%	62%	48%	-23%	25%	32%
Cardiothoracic Surgery			-35%				-7%	-24%
Dermatology	-1%	38%	0%	48%	38%	-51%	-13%	18%
Ear, Nose and Throat	58%	59%	32%	69%	54%	-24%	64%	54%
General Surgery	33%	67%	74%	78%	115%	6%	107%	75%
Gynaecology	23%	65%	21%	63%	102%	29%	149%	63%
Ophthalmology	71%	66%	56%	105%	80%	34%	45%	68%
Oral Surgery	15%	30%	50%	22%		30%	84%	40%
Trauma and Orthopaedics	86%	40%	25%	51%	47%	-1%	47%	51%
Urology	88%	58%	47%	77%	97%	9%	50%	69%
Total	38%	45%	33%	69%	60%	2%	58%	48%

All Wales Outpatient Activity, by Health Board, by Specialty **note data range*

Outpatient Activity (Ave Apr19 to Feb20 vs Ave Sep21 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	VUNHST	Wales
Aggregate Other	121%	99%	88%	139%	85%	61%	111%	90%	107%
Cardiology	79%	85%	93%	115%	94%	120%	121%		98%
Cardiothoracic Surgery		65%	88%				77%		81%
Dermatology	88%	75%	73%	123%	180%	28%	90%		99%
Ear, Nose and Throat	62%	42%	54%	60%	81%	58%	58%		58%
General Surgery	94%	75%	84%	92%	83%	50%	97%		86%
Gynaecology	115%	91%	68%	104%	72%	84%	121%		95%
Ophthalmology	106%	72%	73%	65%	71%	83%	72%		77%
Oral Surgery	87%	59%	72%	86%		101%	57%		72%
Trauma and Orthopaedics	78%	81%	75%	78%	78%	111%	92%		81%
Urology	77%	65%	73%	75%	51%	85%	85%		72%
Total	99%	80%	77%	102%	85%	72%	99%	90%	90%

All Wales IPDC (inpatient and day case) activity, by Health Board, by Specialty



IPDC Activity (Ave Apr19 to Feb20 vs Ave Sep21 to Nov21)	ABUHB	BCUHB	CVUHB	CTMUHB	HDUHB	PTHB	SBUHB	VUNHST	Wales
Aggregate Other	105%	78%	76%	73%	69%	58%	79%	116%	83%
Cardiology	71%	86%	69%	81%	86%		85%		79%
Cardiothoracic Surgery			70%				69%		70%
Dermatology	104%		86%	6%	25%		33%		85%
Ear, Nose and Throat	55%	63%	54%	37%	56%	204%	38%		51%
General Surgery	61%	74%	84%	49%	45%	73%	65%		62%
Gynaecology	54%	82%	76%	51%	42%	56%	89%		66%
Ophthalmology	64%	71%	64%	56%	61%	94%	71%		65%
Oral Surgery	74%	83%	57%	34%		53%	44%		63%
Trauma and Orthopaedics	61%	33%	47%	39%	35%	102%	51%		46%
Urology	65%	85%	72%	68%	61%	26%	81%		72%
Total	77%	73%	71%	57%	58%	67%	73%	116%	70%

- 1.3 From the four tables it is clear to see that waiting lists generally across Wales have considerably increased as a result of the Covid pandemic and more recently the Omicron variant.
- 1.4 From the second table CTM shows the highest growth across the Health Board with Ophthalmology standing out with the greatest increase, when compared to others. It is however encouraging to note that outpatient activity has increased and this can be further demonstrated in some of the other data late in this paper. On the other end of the spectrum however, theatre (IPDC) activity is lower than our peers, although theatres has been an area considerably affected by the decrease in available green beds and indeed workforce challenges.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

General update

- 2.1 The latest quarterly position relating to activity and finance was submitted to Welsh Government on 31st January 2022 and can be seen below.



2021/22 Activity - Planned Care

Local Health Board			Cwm Taf Morgannwg UHB								
			2021/22								
			Q1		Q2		Q3		Q4		
			Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual	
Elective Inpatient Activity ¹	Total Core Activity		900	1,360	900	1,309	900	887	900		
	Total Additional Activity	Insourcing	0	0	0	0	0	0	0		
		Waiting Lis	70	52	841	63	736	33	736		
		Outsourcin	685	128	708	451	706	256	708		
		Total	755	180	1,549	514	1,442	289	1,444		
		Total Activity	1,655	1,540	2,449	1,823	2,342	1,176	2,344	0	
Elective Day Case Activity ²	Total Core Activity		3,300	5,245	3,300	5,594	3,300	5,546	3,300		
	Total Additional Activity	Insourcing	0	0	0	0	0	0	0		
		Waiting Lis	0	0	0	0	0	0	0		
		Outsourcin	0	0	0	0	0	0	0		
		Total	0	0	0	0	0	0	0		
		Total Activity	3,300	5,245	3,300	5,594	3,300	5,546	3,300	0	
New Outp	F2F	Total Core Activity		24,900	43,198	24,900	43,754	24,900	41,982	24,900	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	1,053	379	4,259	2,082	2,360	1,427	2,360	
			Outsourcin	0	378	0	0	0	259	0	
			Total	1,053	757	4,259	2,082	2,360	1,686	2,360	
			Total Activity	25,953	43,955	29,159	45,836	27,260	43,668	27,260	0
	Virtual	Total Core Activity		3,000	5,051	3,000	6,553	3,000	5,765	3,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	0	0	0	0	0	666	0	
			Outsourcin	0	0	0	0	0	0	3,600	
			Total	0	0	0	0	0	666	3,600	
		Total Activity	3,000	5,051	3,000	6,553	3,000	6,431	6,600	0	
FUP	F2F	Total Core Activity		81,000	77,924	81,000	82,065	81,000	81,490	81,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	1,635	412	4,827	495	3,119	864	3,119	
			Outsourcin	0	3	0	0	0	136	0	
			Total	1,635	415	4,827	495	3,119	1,000	3,119	
			Total Activity	82,635	78,339	85,827	82,560	84,119	82,490	84,119	0
	Virtual	Total Core Activity		15,000	22,373	15,000	27,934	15,000	26,702	15,000	
		Total Additional Activity	Insourcing	0	0	0	0	0	0	0	
			Waiting Lis	0	0	0	0	0	286	0	
			Outsourcin	0	0	0	0	0	0	0	
			Total	0	0	0	0	0	0	0	
		Total Activity	15,000	22,373	15,000	27,934	15,000	26,702	15,000	0	
Diag nostics	CT	Total Core Activity		12,300	15,272	15,648	15,620	15,964	15,576	15,965	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		12,300	15,272	15,648	15,620	15,964	15,576	15,965	0
	MRI	Total Core Activity		2,633	5,293	3,730	5,332	4,697	4,976	4,191	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		2,633	5,293	3,730	5,332	4,697	4,976	4,191	0
	NOUS	Total Core Activity		6,836	10,846	11,288	10,940	14,744	11,269	14,121	
		Total Additional Activi		0	0	0	0	0	0	0	
		Total Activity		6,836	10,846	11,288	10,940	14,744	11,269	14,121	0
	Endosc opy	Total Core Activity		2,331	5,559	3,102	5,496	3,538	5,385	3,538	
		Total Additional Activi		309	309	309	309	309	350	570	
Total Activity		2,640	5,868	3,411	5,805	3,847	5,735	4,108	0		

2.2 As can be seen from the table; broadly speaking, activity is on plan, however as a result of the Omicron variant we are significantly lower on our total inpatient activity (which was predicted) and on the anticipated additional activity (including outsourcing). Day case activity remains above plan. It should be noted that in our plans for additional waiting list activity the split of inpatient and day case activity was not predicted as the schemes track theatre sessions and patient numbers rather than procedures. Outpatient activity is above plan, with virtual contacts being slightly lower than Q2. Endoscopy continues to be above plan and delivering above the anticipated additional activity. It should be noted that

despite our best efforts, delays with the Mobile Endoscopy Unit being delivered we do not expect patients to be seen via this route until April 2022.

- 2.3 Financially, the Month 9 actual was below the month 9 forecast by 655k (£332k in M7) and a significant step up in spend is required to deliver the forecast expenditure. Due to the Omicron surge during Q3/4 the additional activity plans did not take place which has reflected in the financial position. There is now a risk that the full £16.83m Planned Care Recovery Programme (PCRP) allocation may not be used, however every effort is being made to ensure activity benefits are achieved.

Workstream Updates

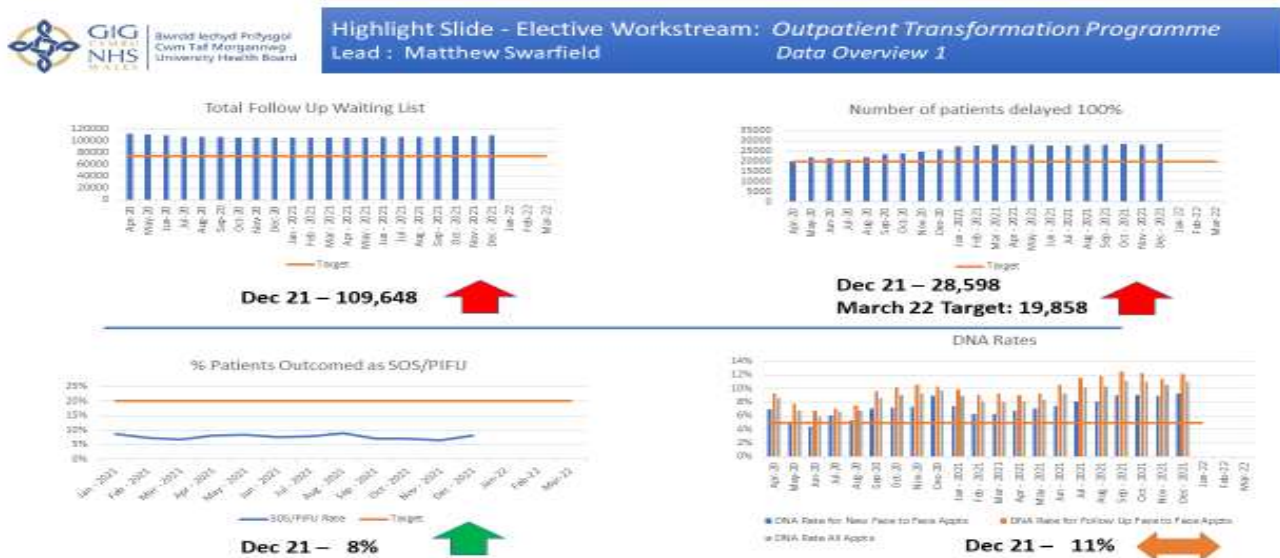
2.4 Outpatients

- The Welsh Government initiated validation of all patients with a wait of over 52 weeks whom are waiting for a first outpatient (stage 1) appointment is on track to have been contacted and issued with a validation letter and questionnaire. The first 3000 patients received their letters during December and work is ongoing to review the returns and ensure WPAS is accurately reflective of the responses.
- Following the text message trial; we have not pursued further specialties utilising this method for validation.
- Following the reactivation of the Text and Remind service, as predicted the DNA rate has reduced during January 2022 to 8.33% which is the lowest the rate has been since June 2021 and whilst remaining high, it represents the work being undertaken to ensure our valuable capacity is not being wasted.
- We have recently partnered with a private company called Medefer who offer a service to assist with virtual consultations and triaging of our waiting lists; we have engaged them initially to support 3600 patients in total and these will be identified and transferred in phases. We have engaged them to assist within the Merthyr Cynon locality initially and focussing on Respiratory and Cardiology specialties. The first patients are due to be transferred to Medefer within February 2022. There has been a significant amount of work to get us to this stage as the traditional method of outsourcing is not applicable with this relationship; all specialties have their clinical pathways mapped in order that specifics to CTM can be replicated by Medefer, ensuring that a patients pathway is not affected by using this company.
- Validation of waiting lists continues, with some external support being engaged to assist with Orthopaedics initially.
- The SOS and PIFU projects are making progress with the first four specialties now live, this can be seen with the small continual increase in

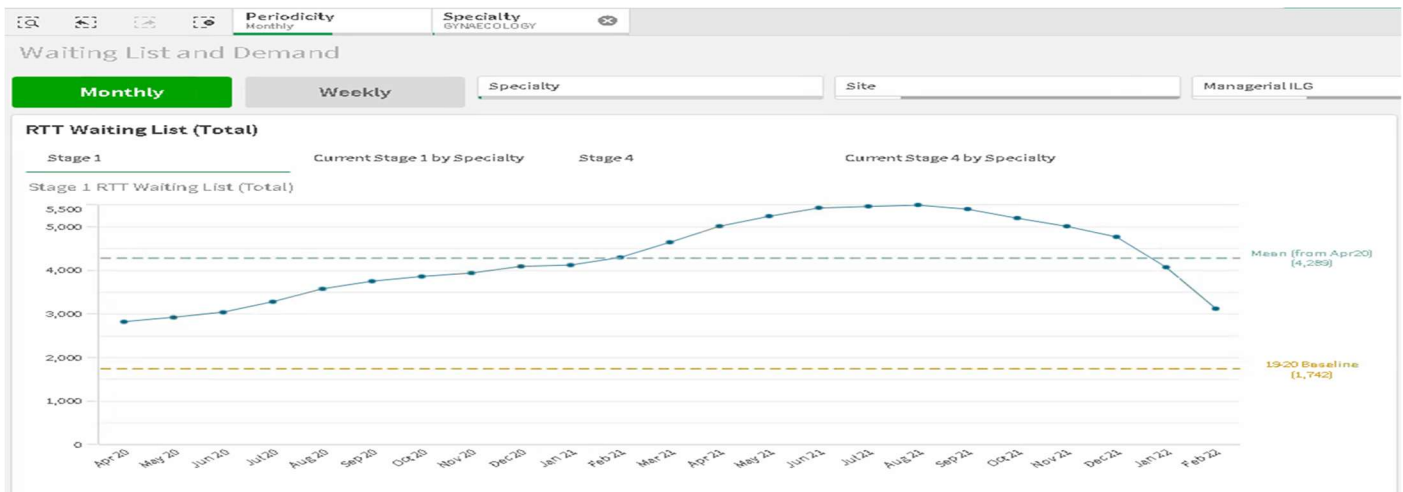


numbers of patients being reported within this cohort. The next two specialties have been agreed and work is underway.

The slide below demonstrates the improvement with SOS and PIFU and the improved DNA rate, but demonstrates that focus is still required to improve the follow up position.



The chart below show the improved waiting list positions for Gynaecology across CTM.



2.5 Endoscopy

- The activity numbers for Endoscopy are above forecast for Q3, the forecast for Q4 has been reduced due to the delay with receiving the Mobile Endoscopy Unit, despite best endeavours.
- The weekend lists across PCH and RGH are continuing.

2.6 Primary Care (including Wellbeing Hubs; WISE)

- Following the delay in training from PHW (which has delayed three of the wellness programmes commencing) has now sent letters to 200 patients to advise them that they have been identified as suitable for the wellness

coaching programmes. The first cohort have been selected through collaboration with our Pain clinicians and the initial focus is within the Merthyr Cynon locality, who have the longest waiting patients.

- Spirometry weekend clinics were ceased due to the Omicron variant, however these have now restarted and continue to run over the weekends.

2.7 Outsourcing

- Meetings have taken place with both main outsourcing providers – Spire and Nuffield, who have provided indicative numbers until the end of the financial year and into 22/23. Both suppliers have confirmed that they do not intend to sign a contract which is based on delivery of a set number of procedures.

2.8 Orthopaedics and Therapies

- First Contact Physio (within primary care), Vascular and Urogynae schemes are continuing to take place. This scheme allowed 6400 additional patient contacts during Q3.
- 45% of urogynae stage 1 new patients have been triaged as appropriate for an Allied Health Professional (AHP) review. Within a 4 month period the waiting time has been reduced by 15wks (31%) with the total waiting list having been reduced by 54% within the Bridgend locality. The 1st appointment outcomes have been; 12% advice and discharge, 18% referred elsewhere and 62% managed conservatively with, 8% further investigations.
- There have been 1600 patient contacts within Orthopaedics via an AHP.

2.9 Planning for recovery into 22/23

- Discussions are ongoing in relation to support for recovery into 22/23; a number of projects have been continued into next year and other schemes are being considered as part of our overall commitment to improvement within elective services next year in line with the National Planned Care goals and associated targets.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Ongoing Covid situation; both staff absence and patients should be considered a key risk in delivering elective recovery.

3.2 Outpatient space is a theme across all workstreams.

4. IMPACT ASSESSMENT

	Yes (Please see detail below)
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Quality/Safety/Patient Experience implications	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Details of workforce implications are available from within the detail of the schemes (there are multiple).
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** the contents of this update report.