



**AGENDA ITEM**

5.1.a

**PLANNING, PERFORMANCE & FINANCE COMMITTEE**

**PLANNED CARE PERFORMANCE**

<b>Date of meeting</b>	(04/05/2023)
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Tarek Allouni, Planned Care Operations Director
<b>Presented by</b>	Gethin Hughes, Chief Operating Officer
<b>Approving Executive Sponsor</b>	Chief Operating Officer (COO, DPCMH)
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Various Committees across the UHB	Various	NOTED

**ACRONYMS**

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**1. SITUATION/BACKGROUND**

1.1 Following on from the covid pandemic, the Health Board's position with waiting times and the care of patients on cancer pathways has been a subject for concern, and has become a major focus across the organisation.

- 1.2 The aim of this paper is to provide some narrative to set the context for the numbers that are attached as appendix 1 and to outline issues of interest to committee members.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The situation across the Board remains challenging and is likely to remain so as actions are being realised. There are a number of issues that committee members will find of interest as follows:

- **Inpatient and Day case Activity** – internal activity levels during March surpassed the pre-Covid levels across many specialties, with Urology and Gynaecology almost at the pre-Covid level.

In order to assist with the reduction in patients waiting, the UHB continues to work with external organisations:

- **SPIRE and Nuffield** review to supply patient care via inpatient arrangements;
  - Regional working with **Cardiff and Vale UHB** (Vanguard) is reducing numbers waiting in Ophthalmology (an area of significant risk and numbers);
  - **ID Medical** is working in partnership with CTM and supporting 30 sessions of activity per week. Further details are included in Appendix 1 but this is wide ranging work that has had a very positive impact;
  - **Service Reconfiguration** work is ongoing to develop plans for centralised efficient services;
  - **Transformation** programmes have commenced across specialties, to review baselines, productivities and efficiencies. Whilst also looking at developments required for the service to increase capacity.
- **Outpatients** – again, numbers are challenging. At the end of March there were 1,879 patients waiting in excess of two years for a new outpatient appointment. The UHB had anticipated that if plans were effectively implemented this number would be down to 1,431 – as a consequence, 448 (31.3%) more patients are waiting than was predicted.

A range of strategies are being employed to address the numbers, including:

- **Super Saturdays** – remain ongoing in specific departments;



- **Outpatient utilisation and improvement programme:** initiated with a focus on clinic utilisation booking processes, standardisation and reduction of DNAs – partial booking of all new appointments continues at PCH;
  - The further development of the **WISE Pain Management Service**;
  - **Prioritisation Exercise** – this will review realised benefits of recovery schemes, to inform the allocation of PCR funds for the next financial year.
- **Referral to Treatment Times (RTT)** – the numbers are outlined in Appendix 1 and there is significant detail included. There has been some notable improvement and the major areas of note are:
    - The provisional position across CTM for patients **waiting over 104 weeks** for referral to treatment at the end of March is 6,673, which as it currently stands is a **reduction of 22%** (1,883) from the reported February position;
    - The provisional position across the Board for patients **waiting over 52 weeks at Stage 1** (1<sup>st</sup> Outpatient Appointment) at the end of March is 14,603, which as it currently stands is a **reduction of 16.2%** (2,813) from the February reported position;
    - The provisional position across the Board for patients **waiting over 52 weeks** for referral to treatment at the end of March is 29,900, which as it currently stands is a **reduction of 8.4%** (2,731) from the February reported position;
    - The **26-week position performance for March across CTM is a provisional 50.7%**. Given the long waiting times, this statistic should be considered more as an indicator of our ability to treat in turn and our urgency rates, as opposed to a definitive indicator of progress in improving access;
    - The number of patients waiting **over 36 weeks** at the end of March, across CTM, is a provisional position of 44,742 patients, which is a **reduction of 4.6%** (2,146) from February (N.B. includes the 29,900 patients waiting over 52 weeks);
    - The provisional position across the Board for patients waiting **over 36 weeks at Stage 1** (1<sup>st</sup> Outpatient Appointment) at the end of March is 24,193, which as it currently stands is a **reduction of 8.9%** (2,363) from the February reported position. (N.B. includes the 14,603 Stage 1 patients waiting over 52 weeks).
- **Diagnostics and Therapies** – at the end of March, 15,309 patients had been waiting in excess of eight weeks for a diagnostic procedure, which is a small increase of 15 patients on the previous month. Endoscopy also observed a small rise in the number patients waiting

in excess of eight weeks, with the number of patients currently breaching the target now standing at 3,047. The NOUS service continues to have the highest volume of breaching patients with 8,565 currently waiting over eight weeks for a scan but is a reduction of over 2% (194) on the reported position for February.

**Therapies** - 1,155 patients breached the 14-week target for March, a reduction of 20 patients on the reported position for February.

**Dietetic Service** – this service accounts for over 86% of the total patients waiting beyond the 14-week target for therapies

A significant amount of activity is underway to improve the UHB's position, including structured performance and productivity meetings, with the aim of agreeing remedial actions, a weekly tracker is in place to monitor performance and there is ongoing validation of US, MR, CT lists, with inappropriate referrals redirected.

- **FUNB** – the total number of patients waiting for a follow-up appointment in CTM at the end of March 2023, stands at 131,587 and of those patients waiting, 34,065 (around 26%) have seen delays of over a 100% past their target date, representing an increase of 18% on the equivalent period last year.

Action to improve the position is based around validation exercises and the recruitment for the central validation team is ongoing.

- **Single Cancer Pathway** – February performance remained low at 41.1%, with predicted compliance for March currently at 46.2%. Delays at first outpatient (39%) and diagnostic stage (41%) continue to be the biggest concern and significant factor for not achieving target. There are diagnostic delays in radiology, endoscopy and pathology, though they are showing some improvement.

Treatment of these patients remains high on the agenda of the UHB and is a major concern of Government. Detailed plans are included in Appendix 1 but actions being undertaken and planned include merging MDTs, changes in practice where the need is identified, weekly assurance meetings chaired by the Planned Care Director and a range of appointments.

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

- 3.1 Risks are outlined in detail in Appendix 1 – however, key areas of which committee members need to be aware are:



- The **number of patients** waiting remains significant – and will be impacted upon by any further strike action and also by urgent patients who need to be seen as a priority;
- Following on from the **covid pandemic and the significant activity** that has been ongoing, the Cwm Taf (in common with other UHBs) has a staff that is fatigued – the impact is increased sickness and a disinclination to undertake additional hours;
- **Unscheduled care pressures remain** and there is minimal access to inpatient elective capacity on two of the sites;
- The UHB’s **financial position** reduces options to see and treat additional patients;
- IT systems are problematic – including **WPAS, which does not support pooled lists** – a mitigation plan is required;
- **Recruitment** remains an issue in some areas – the UHB is looking at ways to reduce the impact of this.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Timely Care If more than one Healthcare Standard applies please list below: Safe Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.  Not applicable.
<b>Legal implications / impact</b>	Yes (Include further detail below) Failure to provide timely care may result in harm to patients and possible litigation.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Choose an item.



<b>Link to Strategic Goals</b>	Creating Health
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## 5. RECOMMENDATION

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