



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26 October 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Planned Care Programme Board Update</b>		
<b>Report Author</b>	Michelle Davies, Head of Strategic Planning on behalf of the Planned Care Programme Board		
<b>Report Sponsor</b>	Craig Wilson, Deputy COO		
<b>Presented by</b>	Craig Wilson, Deputy COO		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to provide a detailed update on progress with the Planned Care Programme Board and the associated Clinical Service Group work streams.		
<b>Key Issues</b>	The Planned Care Programme Board is now established, however there are some Clinical Service Group work streams that remain in their infancy, and work is ongoing in Q3 to improve this position.		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>Note the update provided and the work being progressed as part of the Planned Care Programme Board</li> <li>Note the risks highlighted within each of the Clinical Work stream Groups within Planned Care and the work being undertaken to mitigate.</li> </ul>		

## **Planned Care Programme Board**

### **1. INTRODUCTION**

The purpose of this report is to provide a detailed update on progress with the Planned Care Programme Board and the associated Clinical Service Group work streams.

### **2. BACKGROUND**

The Planned Care Programme Board (PCPB) now meets monthly, and has agreed its terms of reference. The Clinical Service Group work streams are at different stages of development with the Outpatient Redesign and Recovery Group the most mature. In addition to Outpatients, there is a Surgery and Theatres Group (this will include the working groups established to progress with the new theatres at Singleton and NPT), and the Diagnostics Group; further details are provided below.

Monthly highlight reports are submitted by each group to update members of the Board on progress and key issues/ risks. Each work stream has a set of Goal, Methods, and Outcomes aligned to it, and the progress against those is summarised in annex A. There are also service changes that are being progressed in addition to the Annual Plan GMOs, and the Clinical Service Group work streams will also have oversight of those on an exception basis.

#### **2.1 Outpatients Redesign & Recovery Group**

The outpatient's redesign & recovery group has a dedicated project manager, and in August a new clinical lead was appointed. The Clinical Lead is a GP, and it is anticipated that this will allow for more effective pathway discussions, and maximise opportunities for primary and secondary care to work together on work programmes. The Group meets monthly and benefits from consistent attendance from outpatient leads. Outpatient accommodation is extremely challenging following the pandemic, and there is a dedicated working group set-up to develop plans and this group meets every two weeks.

Performance monitoring against the Goals Methods and Outcomes is improving, and a plan has now been created for review at the monthly meetings.

At the end of August, the Welsh Government application form was submitted to continue with the outpatients' transformation work programme. The application form included proposals to continue with the ongoing work programme for outpatients' transformation as follows:

- Eye Care Sustainability
- New Ways of working: PKB & PSA monitoring (digital services)
- Pathway Refinement - See On Symptoms (SOS), Patient Initiated Follow Up (PIFU), Group Consultations (Digital Services)
- Central support, co-ordination and validation (outpatient transformation)

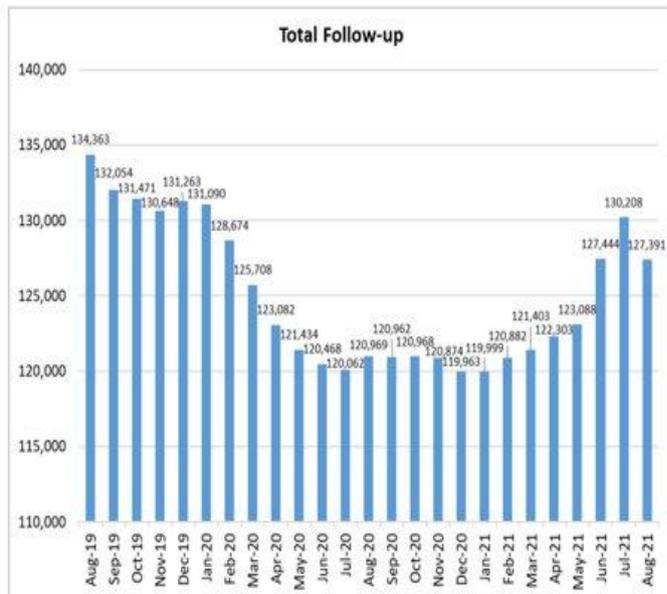
Actions progressed during Q2 include:

- Project plan/performance review initiated for 27 specialties
- 20/09 Lab line for Primary Care to add on additional blood requests live on Consultant Connect (to support vacutainer shortage)
- 21/09 – Restorative Dentistry messaging service live on Consultant Connect
- 07/10 – General Surgery live on Consultant Connect
- Continued engagement with Primary and Secondary Care to progress joint WL review pilot
  - Cardiology initiated pilot on 28/09 – 23% of referrals reviewed were discharged and 27% redirected
- Outpatient Accommodation scoping exercise continues, rooms secured for neurology, spinal and paediatric clinics

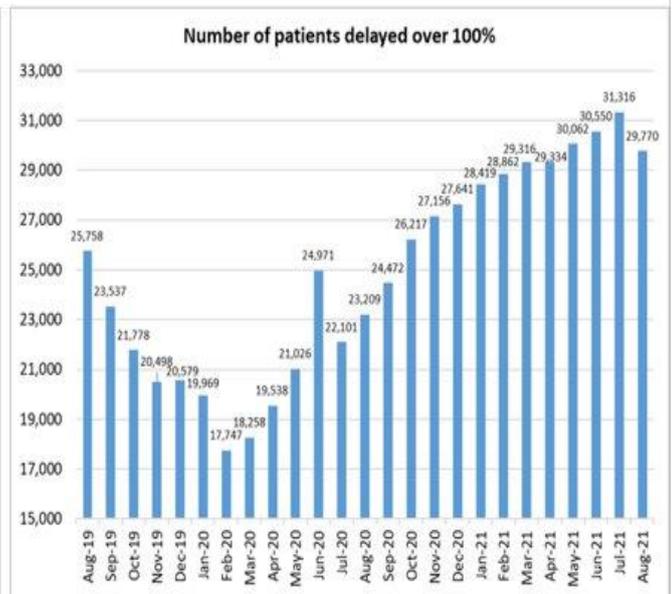
***There are a number of risks associated with the outpatient work programme as reported in October, including the utilisation and availability of physical accommodation to see patients face to face and waiting times for patients continue to increase.***

In line with the GMOs a number of plans are being progressed to improve capacity and demand, and reduce waiting times, however those plans have been subject to a number of challenges and hasn't to date translated in an improved position. The graphs below highlight the trend associated with outpatient follow-ups which with the exception with August (data being validated) show a deterioration in the position.

**Graph 1, Total Follow-up**



**Graph 2, delays over 100%**



**Corrective Action**

Performance and Finance Committee 26<sup>th</sup> October 21

Outpatient leads been asked to submit recovery plans for the FUNB position. Service Groups were asked to submit plans by the 8<sup>th</sup> October 21, and will be signed off at the Outpatients Redesign & Recovery Group meeting scheduled for the 14<sup>th</sup> October.

In addition a validation exercise commenced on 6<sup>th</sup> October to send letters to ~6000 patients on the FUWL who were due an appointment by March 2020, confirming whether they needed to remain on the waiting list.

In addition to additional activity via the recovery plans, the ways in which we are aiming to improve the new outpatient position are set out below:

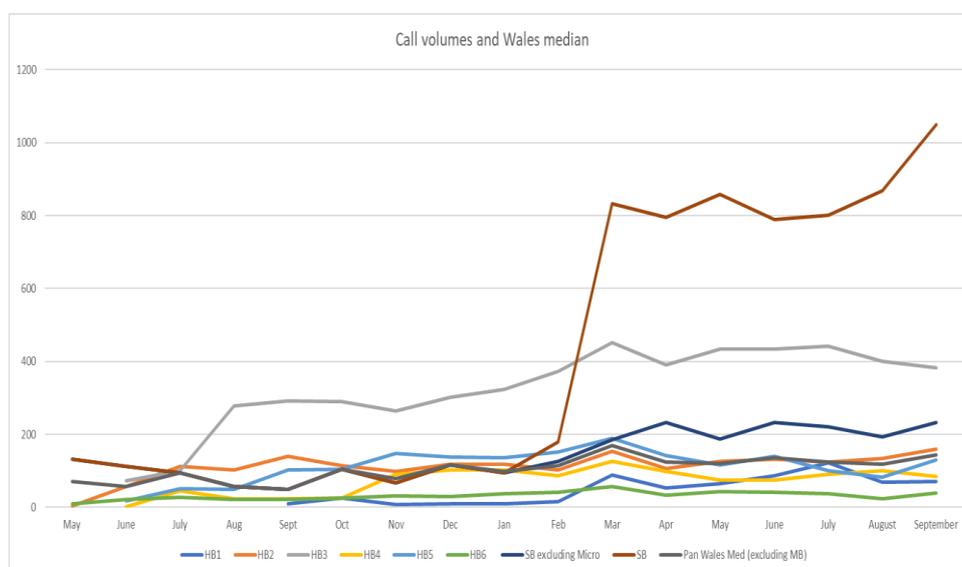
**Joint working initiatives** – initial RTT waiting list review took place between Cardiology Consultant and GP to cleanse the RTT WL. Results demonstrated 23% of patients were removed from the waiting list and 27% redirected to appropriate pathways. Plans to extend initiative to other practices and include additional specialties.

**Virtual activity** – monitoring and promoting use of virtual appointments where appropriate, seeking clear targets from Welsh Government.

**Advice and Guidance** – monitoring usage of WCCG and providing addition e-advice functionality from 19<sup>th</sup> October. Encouraging use of Consultant Connect for phone and photo functionality, with a focus on improving connection rates and call outcome reporting to demonstrate rates of avoided admissions.

An increase to the usage of Consultant Connect has been seen in primary care since March 21, and graph 3 below highlights the national report comparing Consultant Connect usage across Wales. Swansea Bay’s utilisation demonstrates increased call volumes, with a high of 1050 calls placed in September, and this fits with the aim to maximise usage by the end of September.

**Graph 3 – Consultant Connect – Pan Wales**



Maximising virtual activity and digital platforms is integral to delivering the strategic vision for Planned Care. The Health Board has seen a slight decrease in virtual activity as set-out in graph 4 below. This is attributed to the need to see patients within some specialties face to face, and not sufficient capacity to do both types of consultation. It is anticipated that this trend will fluctuate until the backlog has reduced.

Outpatient activity has been increasing (with the exception of July and August) as highlighted in graph 4 below. Whilst there was a drop off in referrals during the first wave of the pandemic, new referrals have steadily been increasing since September 2020.

**Graph 4**  
All OP Attendances by Consultation Method



Consultant Connect forms only part of the solution to provide advice, guidance and triage to referrals from Primary Care. The Health Board also extensively uses the WCCG system to return referrals with advice and guidance and the new e-advice system due to be launched w/c 19 October 2021 will enhance its functionality.

An evaluation of e-referrals across 20 specialties demonstrates the total number of e-referrals received via WCCG in 2020/21 (until July) was 66,814. Of these, 20,022 were returned, an average of ~30% across the specialties. In addition, ~30% of calls outcomed via Consultant Connect resulted in an avoided referral, however, the percentage of calls with an outcome recorded is still very low (~30%). Engagement is underway with GP clusters to improve outcome recording.

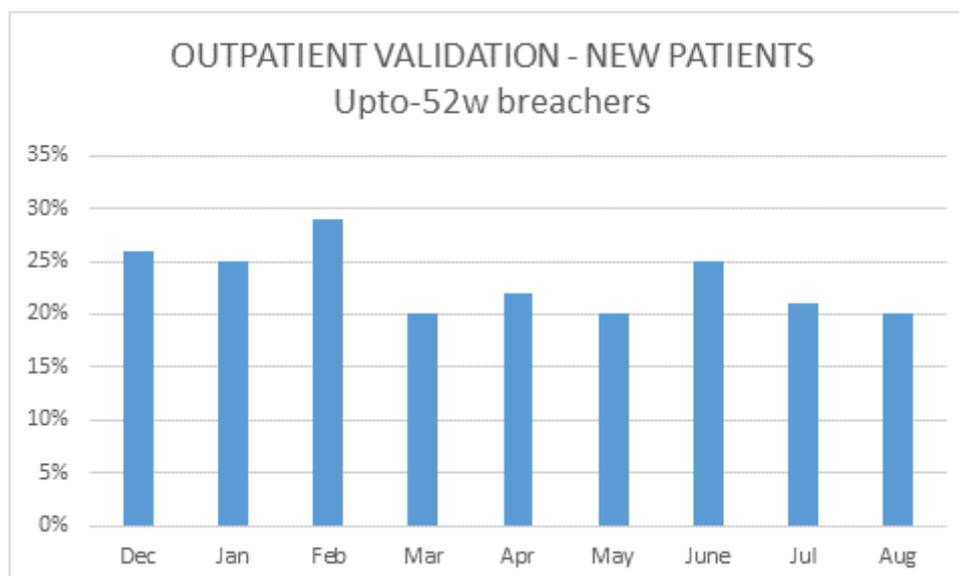
The following is a snapshot of what the work stream is currently utilising to review performance for outpatients. The full report is attached as annex B.

Advice & Guidance	Gynaecology	Dermatology	OMFS	ENT	Urology	General Surgery	Ophthalmology	Orthopaedics	Cardiology	Gastroenterology	Thoracic Medicine	Neurology	Paediatrics
Live	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Total Referrals Received 2020/21	9986	8873	4061	5719	5094	13897	8025	20406	6459	7238	2758	4649	4512
Referrals Received Electronically 2020/21 (up to July)	3999	8391	1139	4569	3533	7897	539	13484	3145	5647	1535	2851	2150
% of referrals electronic	40.05%	94.57%	28.03%	79.89%	69.36%	56.83%	6.72%	66.08%	48.69%	78.02%	55.66%	61.33%	47.65%
Total Electronic Referrals Returned 2020/21 (up to July)	261	2023	91	1504	531	873	61	4983	942	2831	492	1173	945
% Electronic Referrals Returned 2020/21	6.52%	24.11%	2.24%	26.32%	15.03%	11.05%	11.32%	26.95%	29.92%	50.13%	32.02%	42.14%	43.85%
% of Referrals that are not progressed after Stage 1 (outcomes Discharged + SO5) 19-22	41.4%	50.0%	33.0%	39.6%	29.7%	43.3%	31.2%	44.5%	45.7%	30.6%	37.9%	58.0%	46.7%
Go Live Date	08/09/2021	Not Live	Not Live Some dental services live	05/10/2020	01/02/2021	Due to go live 12/07/2021 - DFP TRACK	RACE: 08/09/20 (Messaging) 09/11/20 (Call) 24/7 live - for secondary care and optometrists only	MCA5 - 01/04/21	Not Live	19/10/2020	22/04/2021	08/02/2021	08/02/2021
Availability	08:30-17:00 SRU, BCU, CAC, CTM, HD Powers			Mon-Fri 09:00-17:00 (NHN weekends)	Mon-Fri 09:00-17:00			Mon-Fri 09:00 - 12:30 13:30-16:30		Mon-Fri 09:00 - 17:00	Mon-Sun 08:00-20:00 (NHN only for Primary care)	Mon-Fri 09:00-17:00	Mon-Fri 09:00-17:00
Call Data (01/01/20-31/08/21)	81			78	31		21	45		200	47	65	63
Incoming Calls	28			62	30		15	30		154	39	51	62
Calls Answered	358			79%	84%		71%	67%		77%	83%	78%	88%
Connection Rate	00:17	N/A	N/A	00:45	00:36		00:05	00:33	N/A	00:35	00:45	01:15	00:01
Avg Connection Time	02:50			03:28	03:43		06:04	06:30		04:49	03:45	05:00	03:33
Avg Call Length	Not in use			Not in use	Not in use		Used for IPRED & LUGRED & AMO/Robotic	Not in use		Not in use	Not in use	Not in use	Not in use
Photo Functionality													
Outcomes	38%			71%	56%		3%	1%		20%	69%	27%	14%
% of calls outcome	0%			7%	8%		—	0%		20%	7%	20%	33%
Admission Avoided	0%			2%	8%		—	0%		9%	7%	7%	0%
Admission Made	40%	N/A	N/A	7%	15%		—	25%	N/A	23%	15%	20%	0%
Diagnosis requested	40%			52%	15%		—	75%		25%	48%	20%	50%
Referral avoided	20%			35%	54%		—	0%		25%	22%	33%	17%
Referral made													

Investment has been made by the Health Board to implement demand & capacity plans and new ways of working and the expectation is that this will enable increased activity during Q3. £1m non-recurrent monies have been made available via outpatient leads, and has so far funded 24 initiatives. The top 10 specialities were the priority for this funding, however other initiatives that demonstrated significant benefits in other areas have also been funded. A summary is attached as annex C.

The outpatient validation process has been successful in removing patients from the new patient waiting list each month consistently removing 20% or more of those on the waiting list – see graph 5 below.

Graph 5



## 2.2 Rebalancing of Surgical Services

To date discussions have been led by the Service Director supported by the project manager to consider and work-up plans for the revenue and capital developments for the new theatres on the Singleton and NPT sites. Steering Boards have been established and started in September to review and agree the future plans for surgery and theatres, including the oversight of how the additional theatres will have an impact on patient flow, and capacity across all sites.

The governance structure below has been updated to reflect the different projects and cohorts of services across the sites.



Similar to the outpatient group, specific GMOs have been developed for theatres and progress against these are currently reported via the highlight report to the Planned Care Board.

Actions complete during Q2 include:

#### **NPT Theatres (Orthopaedics):**

- Creation of a Project Steering Board
- PID and TOR signed off and work streams established including workforce
- Engagement of all impacted areas
- Capital Element of funding approved by Welsh Government. This covers enabling work and equipment costs
- Critical Path created / timelines signed off
- Agreement on Solution – 3 theatres in Modular unit, 1 in main building
- PFI engaged and advised capital funding
- Procurement to be via direct award
- 5th Revision of Architect Drawings for three theatres received and reviewed.
- Draft equipment list created and costs supplied (for theatres only)

***The risks associated with the NPT Theatres include the overall delay which will impact on benefits realisation and the lack of an agreed service model.***

## **Singleton Theatres**

- Project Manager Assigned, and creation of a Project Steering Board
- Request submitted to Welsh Government for the Capital Element of the modular build – not awarded as part of this round of funding
- Paper to Planned Care Board
- Critical Path created / timelines reviewed
- 3rd Revision of Architect Drawings for three theatres received and reviewed.
- Three new theatres attached to main building in scope of the project. One new theatre for ophthalmology attached to the day-case unit out of scope and to be led by ARCH

***The risks associated with the Singleton Theatres work programmes are associated with the delays and revised timescales as a result of the continued engagement of the modular units.***

## **Elective Surgery Recovery**

Utilisation level for the theatres on all three sites is now close to or at the same level as it was pre Covid. An additional 26 elective surgical sessions are being commissioned during October and November, 6 in Morriston and 20 in Singleton and NPTH. This will see the transfer of elective surgical service from Morriston to the other two sites. The transfer is being supported by “insourcing” staff for theatres and additional nursing staff for wards on the two sites.

## **Ophthalmology Day Case Unit**

The Health Board has received confirmation of funding for an additional day case unit in Singleton. It is anticipated that this will be in place early in 2022 and forms part of the regional cataract solution agreed with Hywel Dda UHB. The Health Board will now commence the recruitment of staff for this additional capacity which will reduce the reliance on the Independent Sector to support this service.

## **2.3 Diagnostics recovery**

The focus for Diagnostic service and clinical leads has been to develop plans to recover the backlog and to develop sustainable service models. A recovery plan for the following areas was submitted to Welsh Government in August:

- Cardiac Diagnostics
- Neurophysiology
- Endoscopy
- Cell Path
- Lab Medicine
- DXA – Nuclear Medicine
- Radiology – CT/ MRI

Formal reporting has to date been via Operational Silver, however highlight reports and monitoring of the GMOs will feed into the Planned Care Board from October. The highlight report template is attached as annex D.

Actions progressed during Q2 include:

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- Business cases for those areas under the most significant pressure have been developed
- Opportunities for outsourcing are being explored
- Demand & Capacity Plans to be finalised
- Actions in June to streamline booking of MRI patients across sites, prioritising inpatients to improve MRI inpatient wait in Morriston performance is being monitored on a weekly basis.
- Utilisation of Additional days of MRI mobile unit booked in June, July and August, resulting in potential average of 340 additional scan appointments per month.

Services have been asked to provide trajectories against their recovery plans for discussion at the Diagnostics meeting scheduled for the end of October.

## **2.4 Outsourcing and Insourcing**

Discussions with the private sector continue on the opportunities to maximise capacity, these discussions are being managed by the Commissioning Team, and a highlight report is submitted to the Planned Care Board.

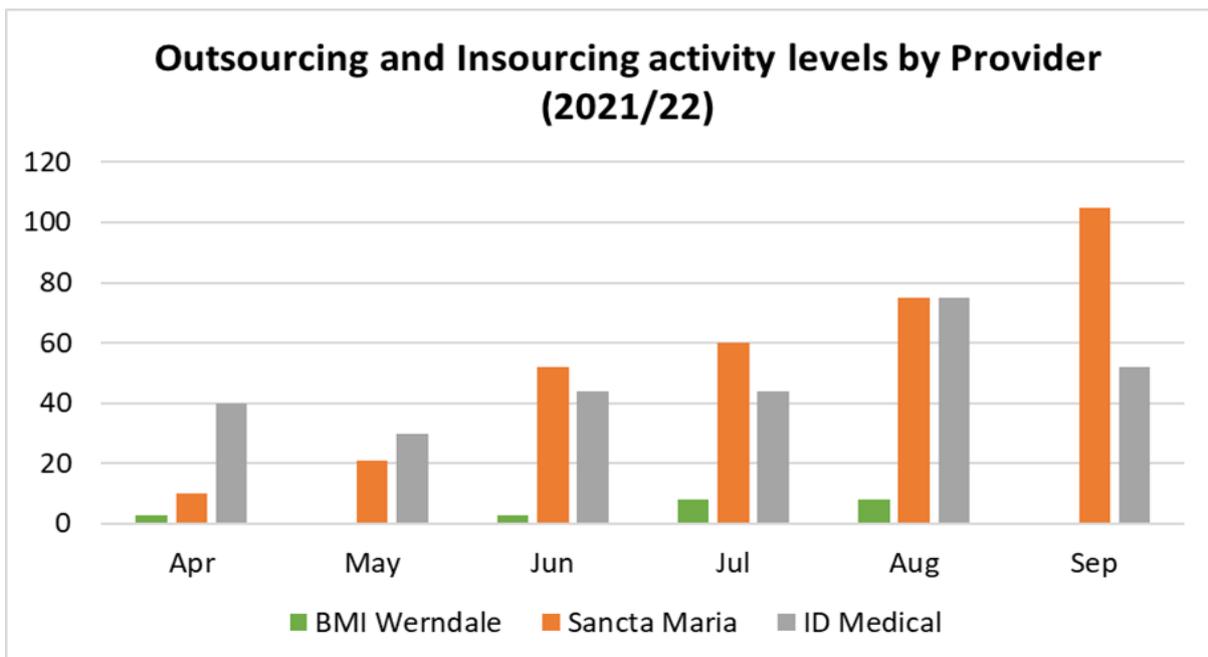
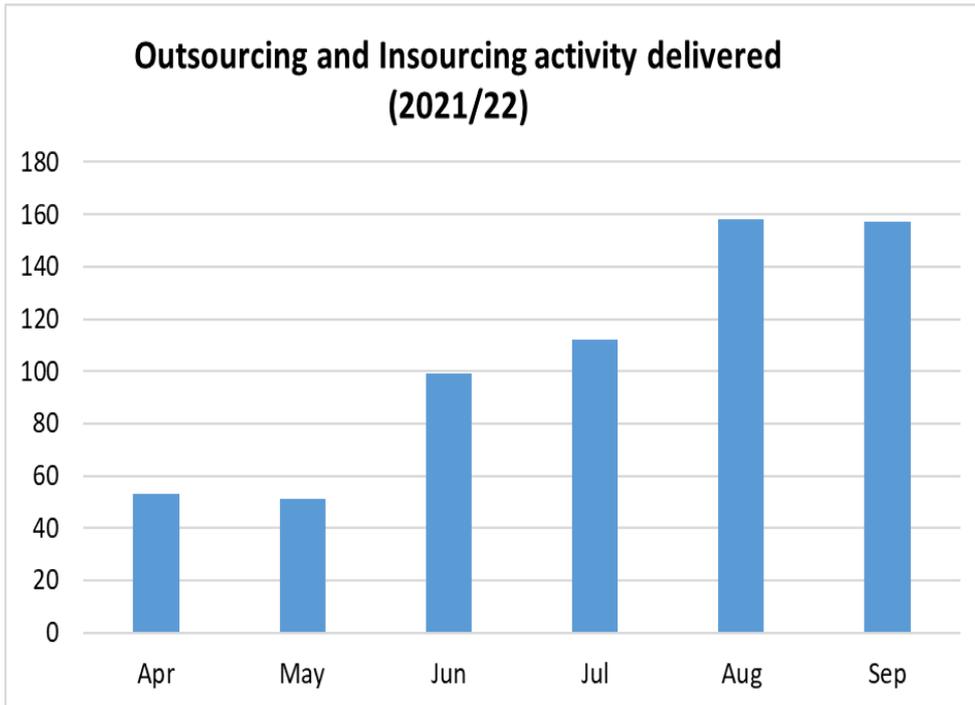
Progress included within October highlight report:

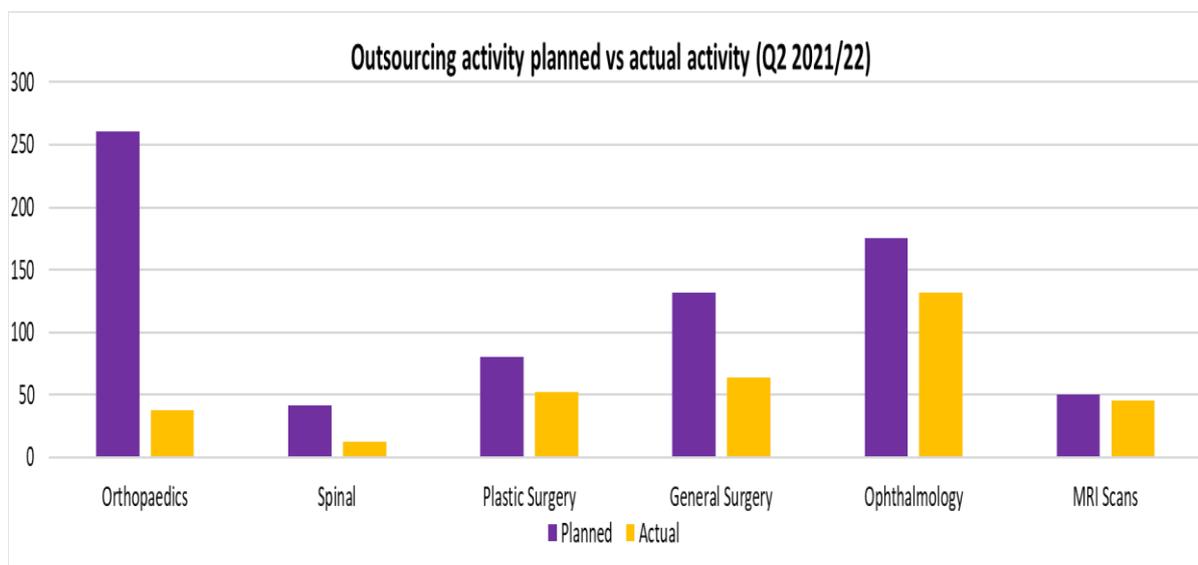
- Full outsourcing contracts renewed for Plastic Surgery, Orthopaedics, Spinal and General Surgery from 1st October 2021 with BMI Werndale and Sancta Maria
- Potential for one day (2 x 5 hr sessions) at Sancta Maria for consultants to undertake NHS work in contracted sessions. Similar arrangement with St Joseph's approved at Management Board. Sancta continue to be interested in the arrangement and would like to start from November however, St Joseph's are not engaging at present. Parkway are interested in a facility only arrangement for OMFS arrangements and have able to accommodate 3 sessions per week.
- Contract for facility only continues to be worked on in conjunction with Legal & Risk Services. It is anticipated that the final version will be agreed by 15th October.
- Contracts awarded for Ophthalmology following mini-competition process.

The biggest risk currently is that the longest waiting patients in orthopaedics are unable to be outsourced as are complex with high anaesthetic risk requiring critical care support.

The outsourcing and insourcing activity to date is highlighted below.

**Graphs 6, 7 and 8**





### 3. GOVERNANCE AND RISK ISSUES

The report highlights a number of risks associated with the Clinical Working Groups, all of which are being escalated via the Planned Care Board, and mitigation is already in place or under consideration.

The Governance for the Planned Care Recovery Board is still maturing, but with projects managers and planning leads now in place the risk is low.

### 4. FINANCIAL IMPLICATIONS

There are no financial implications to report as part of this report, however a number of work programmes outlined are subject to investment. The lack of re-current investment is currently a concern for services.

### 5. RECOMMENDATIONS

- Note the update provided and the work being progressed as part of the Planned Care Programme Board
- Note the risks highlighted within each of the Clinical Work stream Groups within Planned Care and the work being undertaken to mitigate.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The successful implementation of the work programmes outlined in the attached report have the ability to improve the quality and safety of services and in turn patient experience. However, the report has outlined a number of risks, which have the potential to delay benefit realisation.</p>		
<b>Financial Implications</b>		
<p>There are no financial implications to report as part of this report, however a number of work programmes outlined are subject to investment. The lack of re-current investment is currently a concern for services.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>There are no legal implications to consider as a direct result of this report.</p>		
<b>Staffing Implications</b>		
<p>A number of work programmes are facing challenges with recruitment and the availability of re-current funding.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>This paper outlines how service areas within the Planned Care Programme are working in collaboration not only to look at the short term, but also to develop services across Swansea Bay in the long term including the new theatres and the plans to enhance innovation and new ways of working.</p>		
<b>Report History</b>	<p>This is the first report provided for the Planned Care Programme Board.</p>	

<b>Appendices</b>	Supporting information to the report should be listed here.  Annex 1: GMO Progress Report Annex 2: Outpatient Performance Annex 3: EOI Summary Annex 4: Diagnostic Highlight Report Template
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