Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Exhibit 7: key actions for NHS Wales to tackle the challenges in planned care

No	Item	Narrative
1	Action	Clear national vision and supporting investment
	AW Comment	The Welsh Government's plan to transform and modernise planned care and reduce the backlog should be supported by frameworks with ambitious goals and milestones to recover and transform planned care. The plan should be informed by a realistic assessment of the capacity that is likely to be available to achieve these. It must be supported by an investment strategy which includes a more strategic and longer-term approach to capital funding to facilitate the required changes to NHS estates needed for planned care recovery.
	HB Comment	We partially agree because there needs to be a clear national revenue and capital strategy. The Health Board has developed planned care modelling techniques utilising health care system engineering methodologies. These methodologies give the most accurate assessment yet of future delivery position of access times and the impacts of planned solutions. These can then be used to test whether future target points can be delivered within existing resource, efficiency and productivity levels etc. The Health Board is grateful or the allocation of £21.6m COVID recovery funding which has been allocated on a population share basis rather than based on an assessment of current capacity, opportunities for solutions and the extant backlog position. There needs to be a properly costed

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		and resourced recovery plan for each Health Board which provides realistic resourcing and realistic timescales for delivery. This is currently not transparent or robust for the Health Board when set against the delivery requirements of national targets. The Health Board is midway through an ambitious programme to bring leased, modular theatres to increase orthopaedic capacity by three elective theatres at Neath Port Talbot Hospital and has ambitions to increase capacity at Singleton Hospital by three theatres also. Current and long term scarcity of capital, challenges on revenue funding in future and workforce availability are constraints to this further development of our increased elective ambition as set out in approved clinical strategy, ***"Changing for the Future"***. We have, with Welsh Government funding procured and commissioned an additional ophthalmology theatre at Singleton Hospital which is operational and bringing much needed capacity to this specialty. With additional resource (revenue, capital, workforce) we could do more. There should be a major review of the sources of capital, operating models to support this and the review of current programme. We need to shift our IT programmes to revenue solutions and release national capital to support immediate capital solutions which can accelerate recovery.
2	Action	Strong and aligned system leadership
	AW Comment	A system is needed that translates national vision into local action, recognising that the previous national programme board arrangements had limited success. Clinical and managerial leadership within organisations needs to be aligned around a common purpose and lessons learnt from how the NHS and its partners responded to COVID need to be transferred to help tackle the longer term planned care challenges.
	HB Comment	The Health Board recognises the need to align local to national. We have strong primacy care leadership and we are implementing service changes developed in partnership between our

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		primary care and secondary care clinicians to deliver assessment and diagnostic care closer to our patients' homes and often avoiding referral for secondary care. A few examples are: - • Primary care dermatology • Spirometry • Local cardiology diagnostics • ENT clinics • Orthopaedic prehabilitation This level of system clinical leadership has been instrumental in moving us forward in this area and to potentially allow resource re-distribution in future. We would be happy to share this nationally (and learn from others). The scale of the planned care recovery challenge is well documented. The system response must be multifactorial and we need to innovate to create capacity and outpatient, diagnostic, treatment and follow up phases. The solutions will be different depending on scale of challenge and specific specialty requirements. We must also share across our system to equalise waits where some areas are within acceptable access times and also to utilise our diagnostic and treatment equipment for as long as possible every day before expanding estate. Finally, we need to have national approach to delivery of 7 day services across Wales to use our scarce resources more fully. We largely have contractual commitments which do not allow the organisation to deliver 7 day working with our agreement with clinical needs and this slows down and impedes change.
3	Action	Renewed focus on system efficiencies
	AW Comment	Using existing resources to best effect should be a key priority. This will mean doing things differently by improving existing processes and systems. It will also mean doing different things and rethinking how, where and from whom patients get the advice and treatment they need. Constraints associated with infection prevention and control will need to be factored in but a focus

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		on prudent healthcare principles and key efficiency measures should be maintained. Opportunities to make best use of new digital technologies need to be secured and ways of speeding up diagnostic tests explored.
	HB Comment	We agree. The Health Board is committed to increasing utilisation of existing resources in the traditional sense of productivity and efficiency. We are also committed to supporting the national work being led by the Chief Executive of NHS Wales on resources and utilisation. We welcome this. In addition to this we are exploring new ways of working as set out in 2 above and we are also looking for further innovation in terms of surgical prehabilitation, exercise and lifestyle programmes and upstream public health solutions. The Health Board has secured additional Value Based Healthcare allocations for atrial fibrillation, cancer and orthopaedic prehabilitation and whilst not directly linked to planned care capacity these will have a bearing on the numbers of patients presenting for secondary care solutions in support of our drive to only have patients in hospital who absolutely need to be there, freeing up more capacity for urgent emergency medicine and elective care. We have an ambition to increase the numbers of cubicles at Morriston Hospital where the ward templates are very traditional, which will have positive impacts on quality of care and infection prevention and control. To do this we will require decant facilities to create the space to move services in a planned way and approach the highest risks areas first. At this stage we do not have the capital (or lease options) to do this from an affordability perspective, although we have options to house decant facilities in a number of areas. Nevertheless, we are prioritising a major programme to reduce infection rates in 2022/23 as a Health Board. Evidence based practice needs to be consistently delivered through this approach.
4	Action	Build and protect planned care capacity

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	AW Comment	Additional capacity is undoubtedly going to be needed in the short term and clear plans are going to be needed to identify where this is going to come from. The extent to which planned care capacity can be protected from emergency care pressures should also form part of national and local planning. The Welsh Government frameworks should support health boards to prioritise emergency care at times of great pressure but must also help them to balance the needs of patients waiting for planned care. Some health boards have made progress in creating dedicated facilities for elective work which have seen some success. Whilst it may not always be practical or the best use of resources to physically separate facilities, the system does needs to think differently about how it protects planned care. A more collective approach to capacity planning across health board boundaries is going be needed alongside a critical review of the number of staffed beds required in the system. This will also include a need for effective workforce planning at local, regional, and national levels.
	HB Comment	Agreed, We have anticipated this and already consulted with orthopaedic staff on making this a reality. Our agreed clinical strategy, “Changing for the Future”, sets out or plans to consolidate Morriston Hospital as a centre of excellence for unscheduled medicine alongside tertiary and complex surgery. In doing this we plan to create additional theatre capacity at Neath Port Talbot Hospital (NPTH) (Orthopaedics – underway under a revenue lease model) and at Singleton Hospital. This will allow NPTH to become an elective surgical centre of excellence for orthopaedic and urology, whilst cementing Singleton Hospital as a centre of excellence for short stay surgery and cancer care (where the procedure does not require the high level care systems at Morriston Hospital). Whilst the Health Board has agreed designs and practical plans to be able to install additional theatre space at Singleton Hospital, the resources to commission the theatres and the workforce are not affordable within the current Health Board revenue and capital allocations in 2022/23. Scarcity of workforce will also need to be addressed but we have ambitious plans to recruit overseas and develop band 4 practitioner to meet the needs of these expanded services. We can

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		deliver these in 2023/24 and need revised approaches on capital to address this for Welsh Government. Our ambition to move outpatient and diagnostic care closer to patients is also part of this system rebalancing we have underway.
5	Action	Manage clinical risks and avoidable harms
	AW Comment	Management of the planned care system will need to shift to one that is based on the clinical need of patients rather than how long they have been waiting. Performance monitoring should be based around recommended lengths of waits for different categories of clinical priority with a focus maintained on minimising the extent to which patients' conditions deteriorate whilst they are waiting. There needs to be a particular focus on monitoring the condition of patients who face long waits for their first outpatient appointment. The role that general practice can play in prioritising and managing patients waiting for treatment also needs to be considered.
	HB Comment	The Health Board accepts that this is a requirement. We have a number of modernisation plans to improve access times (some set out above) and we are developing, on a specialty by specialty basis, plans to engage with long waiting patients to manage their conditions whilst they wait. The quicker we can implement our capacity increasing solutions the quicker we can treat these patients and engage meaningfully with them on timescales for surgery and how they can most ably prepare themselves for surgery physically and mentally.
6	Action	Enhanced communication with patients
	AW Comment	Building on existing mechanisms, NHS bodies will need to ensure they are communicating effectively with patients about the likely time they will need to wait, how to manage their condition whilst they wait and what to do if their condition worsens or improves. Given the numbers of patients waiting, NHS bodies will need to ensure that they are investing sufficient resources into patient information and communication.

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	HB Comment	We agree. The Health Board acknowledges the need for effective communication with patients and is in regular contact with the longest waits as part of the routine validation process. In addition, a dashboard is now available to general practice which provides them with the outpatient waiting time for each specialty to enable them better inform patients. The Health Board has recognises the need to put resources is place to assist patients manage their conditions whilst awaiting treatment and developed a prehabilitation service for patients awaiting hip and knees surgery; based on an established Exercise and Lifestyle Programme. The service is complemented by a pastoral support provided by the British Red Cross. We will do something similar with cancer patients in 2022/23. These services are considerable and it must be recognised that they have an opportunity cost to the Health Board as they “crowd out” investment in actually treating more patient numbers.