



Meeting Date	15 September 2022	Agenda Item	3.3
Report Title	Response to Auditor General Report: Tackling the planned care backlog in NHS Wales		
Report Author	Liz Stauber, Head of Corporate Governance		
Report Sponsor	Hazel Lloyd, Acting Director of Corporate Governance		
Presented by	Hazel Lloyd, Acting Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to set out the response to the Audit Wales report: Tackling the planned care backlog in NHS Wales.		
Key Issues	<p>A report was published by the Auditor General setting out the findings of a report which looked at how NHS Wales was addressing the backlog of planned care patients (appendix one). It included a number of recommendations for Welsh Government for which a management response has since been published (appendix two).</p> <p>In addition to this, it was recognised by Audit Wales that there would be action required from NHS Wales organisations to address some of the issues. A response has since been submitted by the health board to meet this requirement (appendix three).</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the responses submitted by Welsh Government and health board to the Auditor General’s report on planned care backlogs; • RECEIVE an update on the health board’s response in six months. 		

RESPONSE TO AUDITOR GENERAL REPORT: TACKLING THE PLANNED CARE BACKLOG IN NHS WALES

1. INTRODUCTION

The purpose of the report is to set out the response to the Audit Wales report: Tackling the planned care backlog in NHS Wales.

2. BACKGROUND

A report was published by the Auditor General setting out the findings of a report which looked at how NHS Wales was addressing the backlog of planned care patients (appendix one). It included a number of recommendations for Welsh Government for which a management response has since been published (appendix two).

In addition to this, it was recognised by Audit Wales that there would be action required from NHS Wales organisations to address some of the issues. A response has since been submitted by the health board to meet this requirement (appendix three).

3. GOVERNANCE AND RISK ISSUES

The summarised findings of the report from the Auditor General comprised:

“We found that NHS Wales needs to take concerted action in order to tackle the waiting times for planned care and that more needs to be done to avoid patients coming to harm whilst waiting for treatment. In our report, we find that although the additional Welsh Government funding is going to be essential to tackle the backlog, on its own, will not solve the problem. NHS Wales will also need to overcome some serious barriers, such as long-standing staff shortages and recruitment issues.

“Our report also sets out 5 recommendations based on what the Welsh Government needs to do as it implements its national plan, aimed at transforming and modernising planned care. We’ve also published a waiting times data tool alongside our report which looks at the different waiting times for different health boards. The data we are using refers to patient pathways and an individual patient may have more than one health condition and therefore be on multiple pathways. This means that the actual number of individuals waiting is likely to be lower.”

The main areas for action identified in the report are:

- Clear national vision and supporting investment
- Strong and aligned system leadership
- Renewed focus on system efficiencies
- Build and protect planned care capacity
- Manage clinical risks and avoidable harms
- Enhanced communication with patients

The health board agreed with the recommendations in full, with the exception of the ‘clear national vision and supporting investment’ which was only supported in part as there needs to be a clear national revenue and capital strategy as well as a properly costed and resourced recovery plan for each health board which provides realistic

resourcing and realistic timescales for delivery. Some of the examples of the work being undertaken by the health board to improve planned care waiting list times include:

- planned care modelling techniques utilising health care system engineering methodologies;
- an ambitious programme to bring leased, modular theatres to increase orthopaedic capacity by three elective theatres at Neath Port Talbot Hospital and ambitions to increase capacity at Singleton Hospital by three theatres;
- procured and commissioned an additional ophthalmology theatre at Singleton Hospital which is operational and bringing much needed capacity to this specialty;
- strong primacy care leadership and implementing service changes developed in partnership between primary care and secondary care clinicians to deliver assessment and diagnostic care closer to patients' homes and often avoiding referral for secondary care;
- looking for further innovation in terms of surgical pre-habilitation, exercise and lifestyle programmes and upstream public health solutions;
- regular contact with the longest waiting patients as part of the routine validation process.

The full response from the health board can be found at appendix three and an update on the planned care programme and performance will be received by the Performance and Finance Committee in September 2022.

4. FINANCIAL IMPLICATIONS

While there are no financial implications associate with this report, £21.6m has been received from Welsh Government to support the planned care recovery work which is in the process of being allocated by the Planned Care Board.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the responses submitted by Welsh Government and health board to the Auditor General's report on planned care backlogs;
- **RECEIVE** an update on the health board's response in six months.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>Long waiting times are having a considerable impact on the quality and safety of patients' experience as many are waiting more than a year for an elective treatment. While their conditions are not life or limb threatening, this will still have an impact on their ability to function through everyday life, both physically and emotionally.</p>		
Financial Implications		
<p>While there are no financial implications associate with this report, £21.6m has been received from Welsh Government to support the planned care recovery work which is in the process of being allocated by the Planned Care Board.</p>		
Legal Implications (including equality and diversity assessment)		
<p>There are no legal implications.</p>		
Staffing Implications		
<p>There are no staffing implications.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>Addressing the backlogs for planned care and reducing the size of the waiting lists will mean in the longer-term, patients are waiting less time for treatment. Not only benefit their health and wellbeing, but it will also stop their condition from deteriorating further and needing additional treatment. In addition, the pre-</p>		

habilitation work being undertaken will support patients to be fitter for the procedures and improve outcomes.	
Report History	First report to the committee
Appendices	Audit General Report – Appendix One; Director General Response – Appendix Two; Health Board Response – Appendix Three.