

Agenda – Public Accounts and Public Administration Committee

Meeting Venue:

Committee Room 5

Meeting date: 3 May 2023

Meeting time: 09.00

For further information contact:

Fay Bowen

Committee Clerk

0300 200 6565

SeneddPAPA@senedd.wales

This meeting will be broadcast live on www.senedd.tv

(Private pre-meeting)

(09:00 – 09:20)

1 Introductions, apologies and substitutions

(09:20)

2 Papers to note

(09:20 – 09:40)

2.1 Letter from the Permanent Secretary to the Chair on issues arising from the scrutiny of the Welsh Government's Annual Report and Accounts 2021–22

(Pages 1 – 10)

2.2 Letter from the Minister for Finance and Local Government to the Chair on Supplementary Legislative Consent Memoranda 3,4 and 5 on the Procurement Bill

(Pages 11 – 12)

2.3 Letter from the Minister for Finance and Local Government to the Chair of the Legislation, Justice and Constitution Committee on Supplementary Legislative Consent Memoranda 3,4 and 5 on the Procurement Bill

(Pages 13 – 15)

2.4 Letter from the Minister for Social Justice to the Chair of the Equality and Social Justice Committee on the Well-being of Future Generations (Wales) Act 2015

(Pages 16 – 17)



- 3 Public Appointments: Evidence session 1**
(09:40 – 10:40) (Pages 18 – 40)
John Gallanders
John Cunliffe
- (Break)**
(10:40 – 10:50)
- 4 Public Appointments: Evidence session 2**
(10:50 – 11:50)
Dr Rosetta Plummer
Shereen Williams
- 5 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:**
(11:50)
The remainder of the meeting.
- 6 Public Appointments: Consideration of the evidence received**
(11:50 – 12:10)
- 7 Audit Wales Report: Orthopaedic Services**
(12:10 – 12:20) (Pages 41 – 95)
- 8 National Development Framework – Scoping Paper**
(12:20 – 12:30) (Pages 96 – 98)



Llywodraeth Cymru
Welsh Government

Dr Andrew Goodall
Ysgrifennydd Parhaol
Permanent Secretary

Mark Isherwood MS

Chair, Public Accounts and Public Administration Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

6 April 2023

Dear Chair

Public Accounts and Administration Committee, 2 March 2023

I am writing in response to your letter of 21 March 2023 to provide responses to questions not reached during the meeting and update on certain follow up actions. Please find below the information requested.

Welsh Government Performance Framework

In the 2021-22 Accounts, it is suggested that the Welsh Government Performance Framework and some related measures are still in development. What are the main aspects the Welsh Government has left to complete and what is it likely to gain from doing this further work?

The Framework and the indicators within it are complete, although they are subject to ongoing revision to ensure alignment with current priorities and/or as other data sources become available as part of ongoing digitisation of organisational processes and other advancements.

One theme, 'Policy Making', has not yet been reported on within the accounts as the measures for this theme are still in development. KAS are currently working with the head of the policy profession to scope out how best to measure the policy making function which encapsulates a wide range of activities such as policy development, policy monitoring, use of evidence and delivery of policy. This forms part of strategic work and strategy to improve policy making and policy capability within Welsh Government, and we expect them to be developed for the next round of reporting in 2023-24.



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Our work to improve policy making is also a key action in the Welsh Government's Well-being of Future Generations Continuous Learning and Improvement Plan 2023-2025, recognising the importance of deepening the understanding and application of the Well-being of Future Generations Act in our policy function. The plan includes actions we will take to introduce development pathways for policy makers to mature and enhance their skills, knowledge and behaviours in applying the sustainable development principle, and update the support for policy makers including focused exercises on the ways of working.

What is the current internal reporting process for the Performance Framework and how might this change if, as recommended by the Board, reporting is to be reviewed on an ongoing basis to ensure continuing alignment with Welsh Government strategy?

The Framework is managed and reported on by analysts in Knowledge and Analytical Services, who provide an independent assessment of performance.

The Performance Framework has two levels of governance:

Business owners have been established across the organisation for each of the 18 Framework themes, mainly at Director or Deputy Director level. Business owners have strategic oversight of their areas and are responsible for putting forward performance information for scrutiny, as part of their role in monitoring their area's KPIs more widely, and for driving improvements in their area.

The Board, ExCo and the Finance and Corporate Services Sub-committee all play a key role in scrutinising the performance reports produced on the Framework and put forward areas for improvement, to be actioned by the relevant business owners. This is typically done at two separate sessions, on the functions and attributes themes in the Framework, to allow for more time for consideration.

It is important for the Framework to be reactive to emerging organisational priorities. There is ongoing work to align the framework with WG2025 and the four new values for the Welsh Government, which will be reported against for the 2022-23 cycle. We are not anticipating that this will impact on the reporting arrangements or governance as set out above.

We are also attempting to drive a more holistic and integrated approach across our assurance mechanisms, to support the Permanent Secretary in his role as Principal



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Accounting Officer. We are currently working towards greater integration with the ICQ, where we plan to provide data from the Performance Framework to facilitate scrutiny of Directors' assurance ratings and feed the areas for action highlighted by the Board and ExCo into the start of the process.

We will continue to review the Framework to ensure that other new strategies are taken into account in reporting and any new fora such as strategy groups are considered in reporting arrangements, in order to ensure the reporting process continues to consider business needs and any changes in governance structures.

Losses, Write-Offs and Special Payments

How much has the Welsh Government written-off and reported in its 2021-22 Accounts, by scheme, following the Roads Review and how much will it write-off in 2022-23. How does the Welsh Government assess the retained value of data and other preparatory work for these schemes?

The only write-off in relation to road schemes included in the 2021-22 Accounts is the £9m write off relating to the costs for Junctions 14 to 16A of the A55. No other road scheme write-offs were incurred in 2021-22.

A full impairment review will be carried out in 2022-23 to ascertain the retained value of data and other preparatory work for these schemes. If the impairment review concluded that there was no retained value in the studies, plans and there were no property/land then the write off could be as much as circa £12m. (This excludes the write off already progressed in respect of the A55 Junction 15 & 16 for £9m).

Many schemes were included in the NTDP to progress in a different form, alternative options will be considered in line with our new road investment policy and tests through the Welsh Transport Appraisal process (WELTAG). To assess any retained value:

- Tests are against the requirements of IAS16 that future economic benefit can be derived from the work.
- If schemes continue but in a slightly different form, work to date is likely to have continued value, work undertaken is reviewed to see if it will continue to be useful for the delivery of any amended delivery proposals.
- For schemes which do not fall into this category, an assessment will be made to establish whether the work undertaken has an 'indefinite' shelf life i.e. may be useful to the alternative or amended scheme proposal - if so value is retained.



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- For work that has a 'limited shelf life' or is not directly relevant to alternative or amended scheme proposals, that is when a write off may arise.
- For physical assets held, if they have a market value, their valuation may be adjusted to the market value if they are to be disposed of.

In its 2021-22 Accounts, the Welsh Government identifies two ex-gratia payments to companies, each with a value over £300,000, which it says are financial support to mitigate hardship when demand for Personal Protective Equipment for the public sector related to COVID-19 did not materialise. How did the Welsh Government create an expectation, how did it deem it was liable to make such payments and how did it determine the amounts to be paid?

It has been a long standing Welsh Government objective to use public procurement to grow strong, local supply chains.

This policy imperative is further emphasised through the Co-operation Agreement between Welsh Government and Plaid Cymru and the commitment to grow the amount of procurement won by Welsh suppliers and is integral to our Foundational Economy ambition to use public services to grow the number of medium sized businesses rooted in local communities.

At the onset of the COVID pandemic, Welsh Government and NHS Shared Services Partnership (NWSSP) publicly urged Welsh business to support efforts to produce made in Wales PPE.

At the time, high levels of global demand and difficulties in accessing traditional overseas supply chains led to widespread shortages of critical PPE. The unique and extraordinary situation created by the pandemic meant there was a need to urgently identify alternative ways of accessing and delivering PPE.

A number of Welsh business responded to this public request and although no contracts or formal agreements were in place with the Welsh Government a number of business responded by adjusting their business models to produce items of PPE urgently needed at the time.

It was understood that local businesses would need time to initiate production and to acquire the necessary accreditation so that NWSSP could purchase their product. Through the height of the pandemic's first wave, the Critical Equipment Requirement Engineering Team (CERET), comprising Welsh Government, NWSSP and business



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representation, met daily to maintain oversight of NWSSP PPE requirements and the developing local production capability.

Despite these efforts, however, the wider stabilisation of world-wide PPE market conditions resulted in high volume Welsh public sector contracts being awarded to lower-priced, overseas producers, instead of to those Welsh companies who had been supported and encouraged to produce and supply local product.

In cases like these the Welsh Government will consider on a case by case basis if an organisation has been disproportionately impacted if it had acted on representations from the Welsh Government and Welsh Ministers.

Any consideration for financial support must be made in accordance with the framework of Managing Welsh Public Money and the evidence and representations made by the business impacted.

In the case of these two payments, our view is that by exception a case had been made for Welsh Government support. The amounts paid to both businesses were determined from analysis of financial information provided by the companies to Welsh Government.

How many other companies received ex-gratia payments from the Welsh Government for this reason and what is the aggregate value of them by financial year?

There were no further ex gratia payments made from the Economy budgets for these particular purposes within the 2021-22 financial year.

Any ex-gratia payments form part of a disclosure of payments defined by Managing Welsh Public Money as 'Special Payments'. Any payments over £300,000 are disclosed in the Governance Statement under Part 2 of the Welsh Government Consolidated Accounts

No further ex-gratia payments required separate disclosure.

Have the Welsh Government/Welsh Ministers informed the Senedd about the decision to write off £9m of expenditure relating to the A55 Junctions 14 to 16A and, if so, when. Could you provide the Committee with an explanation about how the Welsh Government defines "serious losses", as per paragraph A4.9.6 of Managing Welsh Public Money?



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In accordance with Managing Welsh Public Money, the loss was reported as part of the 2021/22 annual accounts, no written statement was provided to Senedd because it was not considered as 'serious' as it was part of a legitimate decision taken by Ministers to stop a scheme (i.e. it was not through fraud or something similar).

The level of expenditure was also already reported in the public domain as part of the announcement to stop the scheme, therefore, transparency was demonstrated.

There is no supplementary definition of serious loss applied to the Managing Welsh Public Money requirements. The seriousness of a loss may not necessarily relate to the monetary value involved, losses may be serious below the threshold for individual disclosure within the statutory accounts. In undertaking the investigation of a case of loss, officials are expected to consider when making a judgement on whether the loss requires notification to the Senedd the nature, value and impact of the loss, and whether it will require individual disclosure within the accounts, as well as whether the information is being placed in the public domain through other means – such as in the case noted above by way of a Ministerial announcement.

During evidence:

You agreed to outline how the Welsh Government balances clawing back monies from companies, with the related impact on the companies themselves and sub-contractors. The response should explain where the treatment or approach differs between Welsh Government grants and loans for business finance?

The Welsh Government typically expects payment, in full, within 30 calendar days of the invoice raised date. However, the Welsh Government is supportive to all its debtors who are experiencing difficulties in paying their debts in full or on time.

In negotiating any changes to the standard terms for paying invoices, the Welsh Government will take into consideration the size of the organisation, ability to pay and other related factors. Should a business request a payment plan this would also be considered, usually following an up to date review of the finances.

Welsh Government policy states that it is essential all means of resolving disputes or working through a debtor's financial difficulties are exhausted before any legal or court action is taken. The Welsh Government policy applies to loans and grants although the sum to be recovered can vary depending upon the Terms and Conditions of the grant, funding or loan.



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Regarding claims for clinical negligence and personal injury, Welsh Government officials told the Committee the increases or decreases in the related provisions score against the budget for Annually Managed Expenditure. The Committee would welcome further information about how the budget for these provisions operates in practice, including in-year changes, what information the Welsh Government shares with HM Treasury and the HM Treasury approval process. The Committee would also welcome information about the budget and cost implications when sums are paid out against the provisions?

The budget for the provision against claims for clinical negligence and personal injury each year scores to the Annually Managed Expenditure (AME) budget. Forecasts of annual and medium-term requirements for AME are regularly provided to the Office for Budgetary Responsibility and HM Treasury. There is an opportunity prior to the Supplementary Estimates process to agree final AME forecasts for each financial year with HMT.

For the Welsh Risk Pool we provide details of the estimated liabilities for probable claims in progress, and the estimated liabilities for settled claims where a Periodical Payment Order (PPO) has been agreed. Forecasts will also be updated to take into account inflation and the discounting of liabilities to net present value. Inflation adjustments are mainly linked to RPI or the Annual Survey of Hours and Earnings, with discounting using rates set by HMT annually.

Sums paid out against these provisions when claims are settled are charged to Revenue budgets. The costs for utilisation of the Risk Pool have ranged from £100 million to £120 million over the last three years, and is also affected by inflation, as the amounts due for payment on index-linked settlements will vary year to year with inflation changes. The core allocation to the pool is set at £109m for the 2023/24 budget onwards. For the last two years any claims in excess of the core allocation to the Pool have been met by NHS Wales bodies. This is based on a risk sharing agreement, which is designed to incentivise bodies based on claim patterns.

Related Issue:

I noted the Welsh Government's announcement on 13 March 2023 about the Amgueddfa Cymru – National Museum Wales, which mentions the tailored review. The Committee has sought updates about this process and the timing of the report. In October 2022, you provided an update, stating an interim report would be available by Christmas and the review would conclude no later than 1 March 2023.



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In December, and in response to the Committee’s request, you said the Welsh Government would not share the interim report with the Committee, saying it was never the intention to share the report wider than the partnership team within the Welsh Government and the Museum itself”. This was despite the Committee and the Auditor General for Wales concerns about the governance arrangements at the Museum.

We note, in the announcement, the Deputy Minister for Arts, Sport and Chief Whip says the “final report will be available later this year”. The Committee would welcome an update given the apparent delay in the timetable for the outcome of the tailored review.

The tailored review panel completed and issued its draft report on 1 March 2023, which was sent to Amgueddfa Cymru and to the Welsh Government partnership team.

The review panel met members of the partnership team on 21 March 2023 and met Trustees and officials of Amgueddfa on 22 March 2023. Both meetings were to provide the partnership team and Amgueddfa with the opportunity to question the panel on the report and to offer their perspectives on it ahead of submitting written comments

The review panel will consider the views of the partnership team and the Amgueddfa. It may revise the draft report in response to any comments which are received.

The panel will participate in a “challenge process” which is independent of the partnership team and Amgueddfa. This process ensures that the review panel has not exceeded its terms of reference for the review and to ensure that the final report is fit for purpose.

The challenge meeting is expected to take place in mid-May 2023. The make-up of the challenge panel is yet to be decided, but it will be chaired by Tim Moss, the Welsh Government’s Chief Operating Officer. The challenge panel is also likely to have a Welsh Government Board Non-Executive Director in its membership, as well as other senior Welsh Government officials.

The full challenge process is likely to be completed by the end of May 2023. At the conclusion of the challenge process the review panel will consider if its report requires further revision prior to official publication.



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Once published it will be for the partnership team in Culture Division, Public Bodies Unit and Amgueddfa to consider the final report and subject to resources, to deliver an action plan to deal with the report's recommendations.

Follow up actions:

In the course of the session the Committee asked to be advised when the Welsh Government Pay Policy Statement 2022 was published. This is now live on the Welsh Government internet [Welsh Government pay policy statements | GOV.WALES](#).

The Committee also asked that the Register of Interests for Senior Officials relating to the 2021-22 accounts be published as soon as possible. This is now live on the Welsh Government internet [Senior officials: register of interests | GOV.WALES](#)

I hope this information sufficiently addresses the Committee's questions, please do not hesitate to let me know if there is anything additional you might need.

Yours,
Andrew Goodall

Dr Andrew Goodall

Ysgrifennydd Parhaol/ Permanent Secretary
Llywodraeth Cymru/ Welsh Government



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Rebecca Evans AS/MS
Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government



Eich cyf/Your ref
Ein cyf/Our ref: RE/119/2023

Llywodraeth Cymru
Welsh Government

Mark Isherwood MS
Chair
Public Accounts and Public Administration Committee

By Email: SeneddPAPA@senedd.wales

13 April 2023

Dear Mark,

The UK Government's Procurement Bill – supplementary legislative consent memoranda

Thank you for the report on the Welsh Government's Legislative Consent Memoranda (LCM) 3, 4 and 5 on the Procurement Bill which was laid in the Senedd on 21 March.

I responded to the points you raised in your recommendation during the Procurement Bill debate in Plenary on 28 March, however I am pleased to provide my formal response below.

Recommendation 1

We recommend that the Minister for Finance and Local Government give further and more detailed consideration to the potential financial implications of not giving consent to a Minister of the Crown to commence provisions in the Bill given the insufficient detail contained in the financial section of Memorandum No. 5.

Both the Welsh and UK Governments are committed to commencing the provisions of the Bill at the same time to avoid the detrimental impact on cross-border suppliers and buyers of doing otherwise. This topic has been discussed at ministerial and official level several times and it has been collectively agreed that commencing at the same time is crucial.

That said, if Welsh Ministers withheld consent to the date of commencement of certain provisions of the Bill, there could be a potential delay in commencement for Welsh Contracting Authorities.

The financial and operational implications of withholding consent cannot be determined at this time as the implications would be dependent on the length of the expected delay. However, the practical implications and the financial implications to Welsh Contracting

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Authorities and the economy would be fully considered by Welsh Ministers prior to any decision to withhold consent being made.

I trust the response provided is helpful. Please do not hesitate to contact me if you need anything further.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The signature is written in a cursive style with a period at the end.

Rebecca Evans AS/MS

Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government

Rebecca Evans AS/MS
Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government



Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies
Chair, Legislation, Justice and Constitution Committee

cc. Mark Isherwood
Chair, Public Accounts and Public Administration Committee

18 April 2023

Dear Huw,

The UK Government's Procurement Bill – supplementary legislative consent memoranda

Thank you for the report on the Welsh Government's Legislative Consent Memoranda (LCM) 3, 4 and 5 on the Procurement Bill which was laid in the Senedd on 14 March.

I responded to the points you raised in your recommendations during the Procurement Bill debate in Plenary on 28 March. Thank you also for your letter of 11 April requesting a written response which I am pleased to provide below.

Recommendation 1.

The Minister should explain her reasons for being content with the absence of commencement powers for the Welsh Ministers in the Bill, when an amendment to ensure those powers was originally sought.

When the decision was made to join the UK Government Bill, equivalent commencement powers were seen to be risk mitigation if the Welsh Ministers had any issues with the Bill or parts of the Bill. This is not the case as the Bill has largely been developed jointly between Welsh Government and UK Government officials.

Whilst Welsh Ministers do not have commencement powers, following detailed discussions, we have ensured that UK Government must obtain Welsh Ministers consent before commencing the provisions for Welsh Contracting Authorities. This agreement ensures our constitutional position is protected.

I consider this solution to be appropriate as both the Welsh and UK Governments are committed to commencing the provisions of the Bill at the same time to avoid the detrimental

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

impact on cross-border suppliers and buyers of doing otherwise. This unique piece of legislation has significant cross-boundary aspects with impacts for buyers and suppliers if England and Wales commence at different times. We want to avoid any risk of Welsh suppliers finding themselves at a disadvantage when bidding for and performing contracts caused by a delay between the legislation being commenced in England and Wales.

This topic has been discussed at ministerial and official level several times and it has been collectively agreed that commencing at the same time is crucial.

My officials will continue to work closely with Cabinet Office officials to ensure that the English and Welsh Regulations can be commenced at the same time.

Recommendation 2.

The Minister should set out the Welsh Government's assessment of the implications of a refusal to consent to the UK Government's commencement of the Bill's provisions in relation to Welsh contracting authorities, and a subsequent decision by the UK Government to remove those provisions from the Bill.

The effect of clause 123 is that the UK Government must obtain the consent of the Welsh Ministers before they are able to commence provisions in the Bill regulating procurement for Welsh contracting Authorities. If the Welsh Ministers give their consent, the legislation will come into effect at the same time in Wales, England and Northern Ireland. However, if Welsh Ministers withhold consent, this will potentially lead to a delay in commencement for Welsh Contracting Authorities.

As a result, Wales and England would be operating separate legislative regimes, with the current procurement rules continuing to apply to Welsh contracting authorities. This would cause inconsistency and uncertainty for Welsh contracting authorities and suppliers, particularly those who conduct business across the borders.

My officials therefore consider that there would be unintended operational consequences of commencing at a different time to England, which is why we are committed to commencing at the same time as UK Government.

Recommendation 3.

The Minister should set out the potential financial implications of clause 123, as amended, for the Welsh Government and the wider public sector in Wales.

Both the Welsh and UK Governments are committed to commencing the provisions of the Bill at the same time to avoid the detrimental impact on cross-border suppliers and buyers of doing otherwise. However, if Welsh Ministers withheld consent to the date of commencement of certain provisions of the Bill, there could be a potential delay in commencement for Welsh Contracting Authorities.

It is not possible to carry out a financial assessment at this time as the financial impact would be dependent on the length of the delay. Any financial implications and operational

consequences of commencing at a different time to England would be determined at that time and would be fully considered by Welsh Ministers before any decisions to withhold consent are made.

You also asked in your letter dated 11 April if I have now escalated the concerns related to clauses 89 and 92 of the Bill via the Dispute Avoidance and Resolution Process, and if I have yet to do so, explain why that is not the case.

From a policy perspective, the changes these powers would make are not controversial. However, the use of concurrent powers presents a threat to fundamental constitutional principles and our devolution settlement.

We hope the UKG will recognise the strength of feeling of the Senedd on the outstanding matters of concern and will bring forward an amendment at Report stage to amend the Bill so that these powers are changed to concurrent plus.

As acknowledged in the Intergovernmental Relations Review, the dispute resolution mechanisms you refer to are a last resort. We will continue to press our concerns about the Bill with UKG at every opportunity, using the full suite of intergovernmental machinery in place, recognising that escalation processes are available if needed.

I trust the responses provided are helpful. Please do not hesitate to contact me if you need anything further.

I am copying this letter to the Chair of the Public Accounts and Public Administration Committee, who will also be interested to see a copy of my response to you.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The signature is written in a cursive, flowing style.

Rebecca Evans AS/MS

Y Gweinidog Cyllid a Llywodraeth Leol
Minister for Finance and Local Government



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref PO/JH/0098/23

Chair of the Equality and Social Justice Committee

29 March 2023

Dear Jenny,

I am writing to update you on the Welsh Government's plans for the proposed addition of new public bodies to the Well-being of Future Generations (Wales) Act 2015 (WFG Act).

In 2022, we consulted on a proposal to add new public bodies to section 6 of the WFG Act. We published a summary of the consultation responses on 15 December. In January 2023, I wrote to existing public bodies to gather further insight on their experience of preparing for the well-being duty. This work has taken place alongside the development of the Social Partnership and Public Procurement (Wales) Bill (SPPP Bill). Following Royal Assent and commencement of relevant provisions, the SPPP Bill will place a social partnership duty on the public bodies listed in section 6 of the WFG Act, requiring them to work with their recognised trade unions or other representatives of staff on setting and delivering their well-being objectives. The SPPP Bill will also amend the words 'decent work' in the 'A prosperous Wales' well-being goal to 'fair work', which will trigger a review of well-being objectives by all public bodies listed in section 6 of the WFG Act.

The consultation responses we received from public bodies emphasised the importance of investing time to develop the knowledge and skills required to discharge the well-being duty effectively. The new public bodies will also need to prepare for discharging their duties under the SPPP Bill, post Royal Assent. Therefore, we now intend to add the new public bodies to section 6 of the WFG Act later than originally planned to allow further preparation and engagement. We will continue to hold knowledge exchange sessions with the proposed public bodies to support their preparations for the well-being duty. I will, in due course, confirm the final list of bodies to be added to the WFG Act and provide further details on timings.

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Yours

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal stroke above the first letter 'J'.

Jane Hutt AS/MS

Y Gweinidog Cyfiawnder Cymdeithasol
Minister for Social Justice

Copied to the Chair of the Public Accounts and Public Administration Committee, the Future Generations Commissioner for Wales, and the Auditor General for Wales.

Agenda Item 3

By virtue of paragraph(s) vi of Standing Order 17.42

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Orthopaedic Services in Wales – Tackling the Waiting List Backlog

Report of the Auditor General for Wales

March 2023

This report has been prepared for presentation to the Senedd under the Government of Wales Acts 1998 and 2006.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary report

Context

- 1 Orthopaedics is the branch of surgery that relates to musculoskeletal conditions. Common surgical procedures include hip and knee joint replacement, and diagnostic intervention such as arthroscopy. Orthopaedic surgeons tend to sub-specialise focussing on areas such as major joints, or foot and ankle, shoulder, or wrist.
- 2 NHS Wales orthopaedic spend had grown year on year to 2019-20 peaking at nearly £396 million. The pandemic saw reduction in activity and spend the following year. But even with the increases in spend pre-pandemic, the size of orthopaedic waiting lists was one of the biggest challenges facing the NHS in Wales. This challenging pre-pandemic position has further deteriorated because of the impact of COVID-19 on planned care activity. In November 2022, of the 748,271 people on the NHS waiting list in Wales, 101,014 were waiting for orthopaedic services.
- 3 At the time the UK went into lockdown in March 2020, we were concluding our work to follow up progress against our 2015 reports on [waiting times for elective care](#) and [orthopaedic services](#). Across both reviews we had found the same story: many patients still face long waiting times. Some progress has been made in specific areas, but we had not seen the sorts of whole system change that is needed to make the planned care system sustainable.
- 4 In September 2020, we published a report setting out [Ten Opportunities for Resetting and Restarting the NHS Planned Care System](#). We then prepared a broader commentary on [Tackling the Planned Care Backlog in May 2022](#).
- 5 This report provides a commentary on orthopaedic services. It describes the scale of orthopaedic waits, changes in demand, aspects of service capacity and some of the recent nationally coordinated work to modernise services. The report also sets out key actions NHS Wales needs to take to tackle the challenges in orthopaedic services. In some instances, we use long term trends to help illustrate change over time.

Key messages

A note on patients and pathways

Throughout this report we talk about patients waiting for treatment. Our figures are based on NHS Wales's 'open' referral to treatment measure. The measure counts the number of pathways which have started but not yet completed treatment, rather than people. Each pathway represents a patient waiting but patients may have more than one health condition and therefore be on the waiting list more than once. As a result, the total number of people waiting for treatment will be lower than the total number of pathways.



- 6 Meeting demand for planned orthopaedic services has been a significant challenge for the NHS in Wales over the last 20 years. The impact of COVID-19 has elongated what was already a lengthy waiting list, such that patients are now facing exceptionally long waits to be seen and treated. For many people this means living in pain and discomfort, with a life-limiting condition.
- 7 Proportionately, there are more than twice as many people waiting in Wales for orthopaedic services as there are in England. In fact, proportionately, there are more people waiting over 36 weeks in Wales than are waiting in England in total¹. Month on month, the orthopaedic waiting list has been increasing, peaking with 102,699 patients on the waiting list in September 2022. Referral rates dropped during the pandemic, and we estimate that there are around 135,000 potentially 'missing' referrals that could come back into the system, putting further pressure on the waiting list.

1 [Statement by the British Orthopaedic Association](#), on England and Wales Trauma & Orthopaedics Waiting Times Data for March 2022. Direct comparisons are not available with Northern Ireland and Scotland due to differences in the way in which waiting lists are reported.

- 8 Services have been slow to restart as the immediate impact of the pandemic has lessened, operating on average at around 60% of pre-pandemic activity levels. There is unexplained variation of orthopaedic waits across Wales depending on where you live and the type of procedure you are having. Necessary infection control regimes will continue to have an impact on patient throughput in settings such as operating theatres, but there is scope for current capacity to be used more efficiently by making appropriate use of day case procedures and looking to safely reduce lengths of stay.
- 9 In the past, the Welsh Government has allocated temporary additional monies to health boards to try and fill the gap between capacity and demand. Whilst this resulted in short term improvements, it did not achieve the sustainable changes to services that were necessary and referral to treatment time waiting list targets² for orthopaedics have never been met since the targets were first established in 2009. There needs to be a realistic assessment of capacity. Funding for orthopaedic services has not reflected growing demand and with a predicted 27% growth in over 75s between now and 2030, services need to be sustainably designed to meet that need.
- 10 We have repeated the wider modelling exercise presented in our [Tackling the Planned Care Backlog](#) report in May 2022 for orthopaedic services in order to estimate how long it will take to recover these services. Our optimistic scenario modelling suggests that it could take three years to return orthopaedic waits to pre-pandemic levels. This is based on both a significant drive on community-based prevention, which has shown to have a positive impact on demand, and a 5% increase in orthopaedic surgical capacity and activity compared to pre-pandemic levels, noting that current activity is below pre-pandemic levels. Our more realistic scenario indicates that it could be nearer to five years, and our pessimistic scenario indicates that services may never return to pre-pandemic waiting list levels. The scenarios highlight the scale of the challenge facing orthopaedic services in respect of managing demand and building additional capacity.
- 11 There is some hope, however. NHS Wales has commissioned an in-depth review of orthopaedic services with the Getting It Right First Time team³ outlining numerous service efficiency, effectiveness, and productivity improvements for acute orthopaedic services. They set out a comprehensive suite of recommendations in their [national report](#) and have also provided reports and recommendations to each of the health boards in Wales. Their work sets out the immediacy and urgency needed.

2 95% of patients waiting no more than 26 weeks from referral to treatment, and no one waiting over 36 weeks.

3 [Getting It Right First Time](#) is a national programme designed to improve the treatment and care of patients through review and benchmarking.

- 12 Aligned to this, the Welsh Government commissioned the Welsh National Orthopaedic Society to prepare a National Clinical Strategy for Orthopaedics. This thorough and honest appraisal of the current position and service options for the future sets out in the strongest terms the perilous state of services and gives a clear clinical voice on what needs to be done. It will require brave and bold leadership at a ministerial level all the way through to operational and clinical leaders in hospitals to deliver it.
- 13 From our discussions, the Welsh Government and NHS Wales recognise the scale of the challenge, but lessons must be learnt from previous initiatives. The national strategy developed by the Welsh Orthopaedics Board must be accompanied by buy-in from local clinical teams to ensure that changes are embedded and sustained.
- 14 A renewed focus on driving efficiencies is needed to maximise already stretched resources but this cannot be done in isolation. A whole system focus is needed to ensure that other services that support the orthopaedic pathway are also working effectively, including primary, community and diagnostic services. New technology and improved estate need to be prioritised and health boards must work together to develop regional solutions to help tackle the backlog. In the context of many patients having to wait a very long time for their treatment, information on experience and outcomes also needs to be at the heart of decision making.



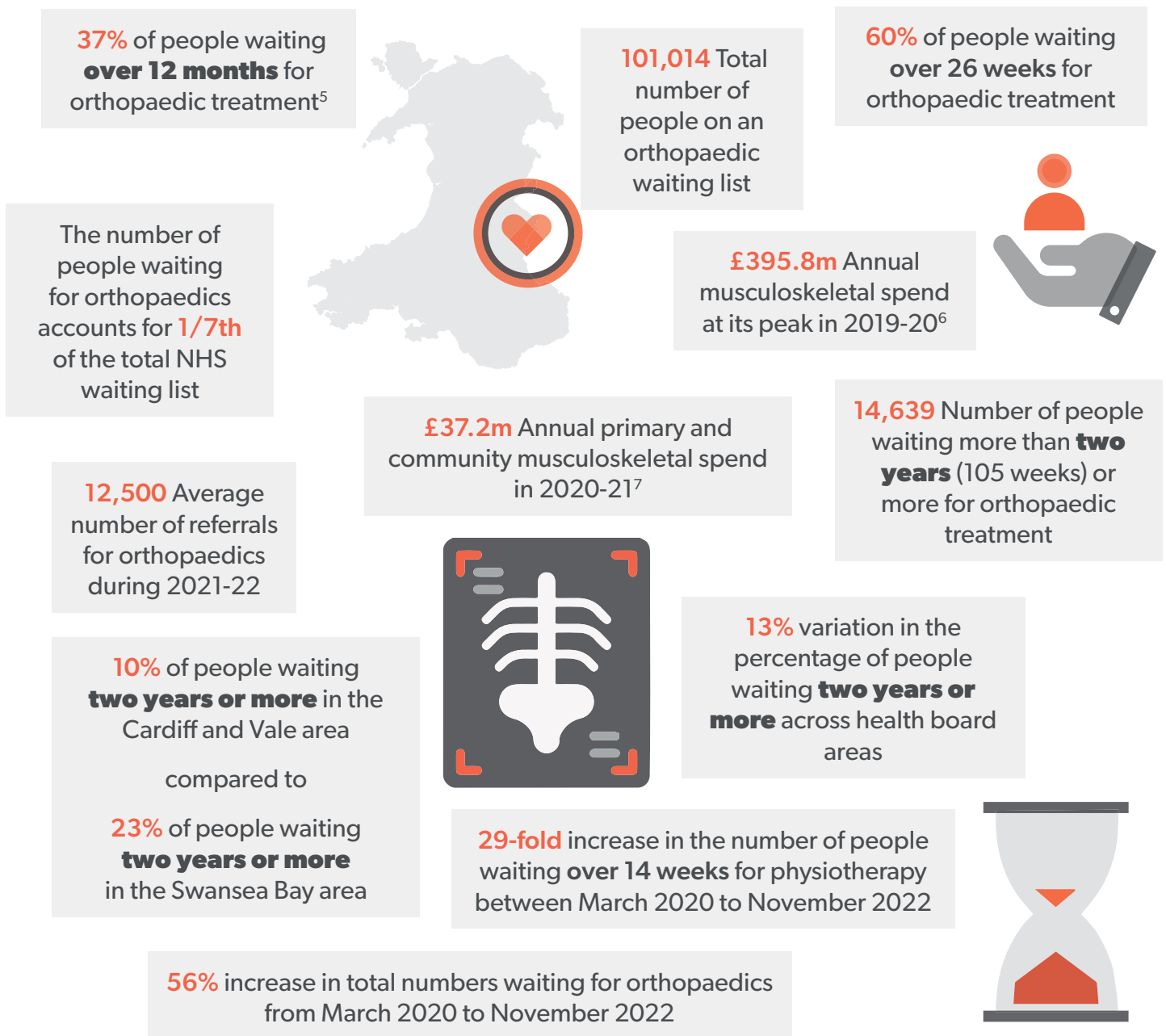
Securing timely treatment for people with orthopaedic problems has been a challenge for the NHS in Wales for many years, with COVID-19 making this significantly worse. It is positive to see that there is a clear commitment to improve orthopaedic services, but urgent action is needed to secure short-term improvements in waiting times to minimise how long people wait in pain and discomfort, as well as creating more sustainable longer-term improvements.

Adrian Crompton

Auditor General for Wales



Key facts⁴



4 Data as of November 2022 unless otherwise stated. Data is all-Wales.

5 Welsh Government data used is over 53-week data. The true 12-month position will be marginally higher.

6 The following year (2020-21) spend decreased to £308.2 million. The reduction in expenditure is a direct consequence of reduction in orthopaedic activity during the pandemic. Source: Stats Wales NHS Programme Budget for Musculoskeletal system problems (excluding Trauma)

7 Primary and community musculoskeletal spend forms part of the total annual musculoskeletal spend.

Recommendations

- 15 The box below sets out recommendations that we think are needed to strengthen the delivery of orthopaedic services. These recommendations are meant to complement those already made in the Getting It Right First Time reports and the new National Clinical Orthopaedics Strategy.

Recommendations

For the Welsh Government

- R1 Actions previously taken to tackle orthopaedic performance have had a short-term focus, not delivered sustainable services, and lacked 'buy-in' from local clinical teams. The new national clinical strategy for orthopaedics sets out clinical solutions to deliver sustainable services. We recommend that the Welsh Government now needs to:
- a prepare a clear national delivery plan which sets out the priority actions to be taken over the next three to five years to achieve the clinical strategy. The plan needs to include key deliverables and milestones, and clearly defined roles and responsibilities at a local and national level.
 - b ensure that the national delivery plan includes a clear direction for regional models to recognise the opportunities that exist to maximise available capacity and provide centres of excellence that deliver better outcomes.
 - c ensure that the national delivery plan encompasses the wider service input needed to deliver effective orthopaedic services. This should include but not be limited to primary and community care capacity, diagnostic capacity, capital and estates, and digital services.
 - d ensure that the national delivery plan is reflected in NHS planning guidance and health boards are held to account for implementation through routine performance management arrangements.

Recommendations

- R2 The Getting It Right First Time reports at a national and health board level set out clearly a range of recommendations which will help drive improvements in the hospital element of the orthopaedic pathway across Wales, but many of the areas of focus are not new. We recommend that the Welsh Government needs to:
- a ensure mechanisms are in place to obtain assurance from health boards that the Getting It Right First Time recommendations are being implemented.
 - b place a significant and constant focus on improving efficiencies and productivity in orthopaedics through its challenge and scrutiny of health boards. This needs to be supported by regular benchmark reporting, and an agreed set of orthopaedic procedures that have been shown to have limited clinical value.

For Health Boards

- R3 The Getting It Right First Time reports set out clearly a range of recommendations which will help drive improvements in efficiencies and productivity in orthopaedics at a local level. We recommend that health boards need to:
- a ensure they maintain oversight and scrutiny of implementation of the Getting It Right First Time recommendations as part of their governance arrangements; and
 - b ensure that clear action plans are in place to address the things that get in the way of improvement.

Recommendations

- R4 Clinical Musculoskeletal Assessment and Triage Services (CMATS) are having a positive impact on managing demand and providing support. But services are struggling with capacity and are inconsistent in their delivery with examples of duplication of effort where First Contact Practitioners (FCPs) exist. We recommend that health boards need to:
- a ensure that local CMATS are appropriately staffed, and at a minimum, reflect previous Welsh Government guidance; and
 - b ensure that where First Contact Practitioners (FCP) exist, there are clear pathways between FCPs and CMATS to reduce duplication and minimise waits.
- R5 There needs to be a greater focus on outcomes across health boards and while people are deteriorating on orthopaedic waiting lists, limited progress has been made by health boards to provide ongoing support and monitor and report harms. We recommend that health boards need to:
- a ensure that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) are fully rolled out in all orthopaedic services and used to inform decision making both at a service and patient level;
 - b ensure that local clinical leadership arrangements and performance information are used to identify opportunities for minimising interventions that are unlikely to result in improved outcomes; and
 - c put arrangements in place to monitor people waiting, provide communication, support and advice when needed, and report openly and honestly, through their existing governance arrangements, the extent to which people are coming to harm whilst waiting for orthopaedic treatment.



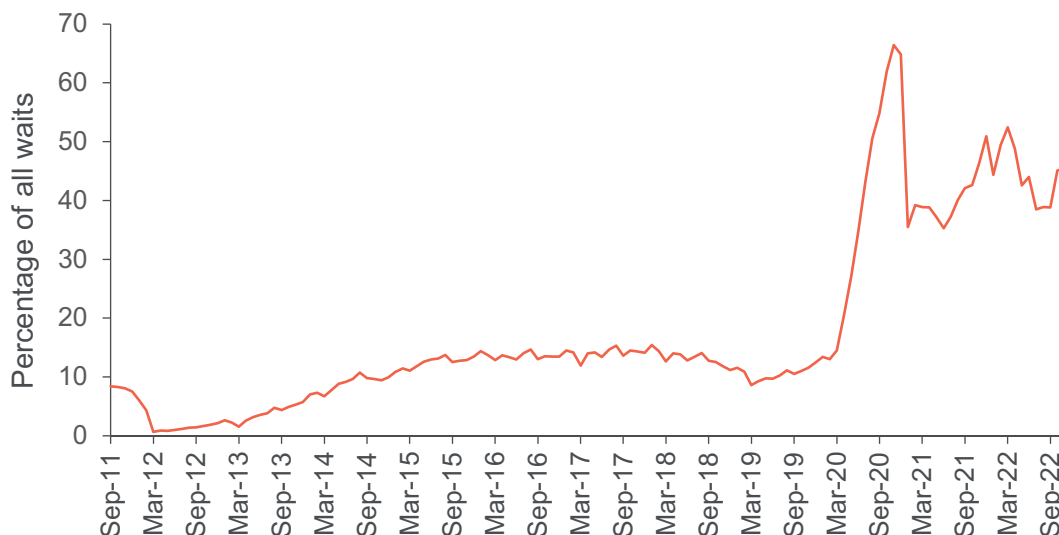
**What is the scale
of the challenge?**

01

Orthopaedic waits have dramatically deteriorated from an already poor position prior to the pandemic

- 16 Orthopaedic services have not been in a position where they have been able to see and treat people within target timescales since well before the onset of the pandemic. National data show a long-term trend in deteriorating performance against waiting time targets. Since 2011, the national targets of 95% of patients waiting no more than 26 weeks from referral to treatment, and no one waiting over 36 weeks have never been met. At its best, in 2012, 88% of orthopaedic patients were waiting no more than 26 weeks, and 11% waiting over 36 weeks across Wales⁸.
- 17 Immediately before the pandemic, in March 2020, 14% of patients were waiting over 36 weeks. But the pandemic has made a bad position worse. The latest (November 2022) data shows that for those waiting to receive orthopaedic treatment, 46% were waiting over 36 weeks (**Exhibit 2**). This position peaked at 66% in November 2020.

Exhibit 2: Percentage of patients waiting over 36 weeks for orthopaedic treatment by month across Wales, September 2011 – November 2022

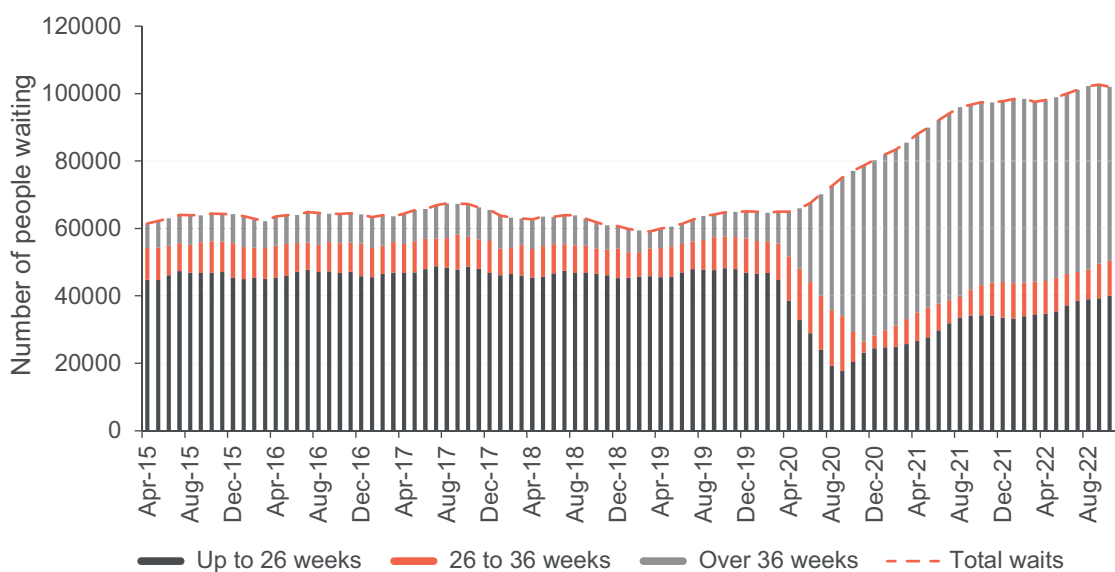


Source: Audit Wales analysis of StatsWales data

8 Data source: Stats Wales, Referral to treatment open pathway data for Trauma and Orthopaedics

18 In March 2020, there were 64,942 people on the orthopaedic waiting list. By September 2022, this had increased to 102,699 people (**Exhibit 3**). This position had slightly improved to 101,014 patients in November 2022. Of those, 50,024 (45.5%) have been waiting more than 36 weeks. More concerning is that of those waiting more than 36 weeks, 37,396 have been waiting over 12 months, and 14,639 have been waiting two years or more.

Exhibit 3: Number of patients waiting for orthopaedic treatment across Wales, April 2015 – November 2022



Source: Audit Wales analysis of StatsWales data

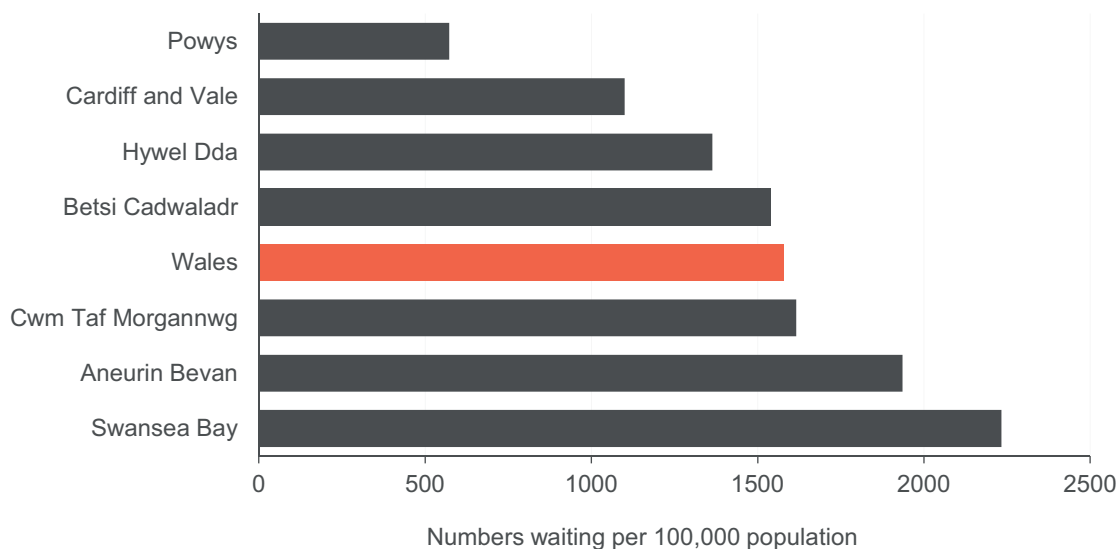
19 To give a broader perspective of the extent of the challenge, in March 2022, 1.3% of the population in England were on an orthopaedic waiting list. In Wales, 3% of the population were on an orthopaedic waiting list⁹. In November 2022 proportionately, there were more people waiting for orthopaedic treatment in Wales over 36 weeks (1.6% of the population) than there were waiting in total in England. These figures do however not take account for the health and age of the respective populations, with the Welsh population generally older and sicker than those in England.

9 Statement by the British Orthopaedic Association, on England and Wales Trauma & Orthopaedics Waiting Times Data for March 2022

The extent of the orthopaedic waiting list shows significant geographical variation across Wales

20 A comparison across health board areas of the total numbers of patients waiting over 36 weeks per 100,000 population shows some stark geographical variations (**Exhibit 4**).

Exhibit 4: Number of patients waiting over 36 weeks for orthopaedic treatment per 100,000 population, by Health Board of residence (November 2022)



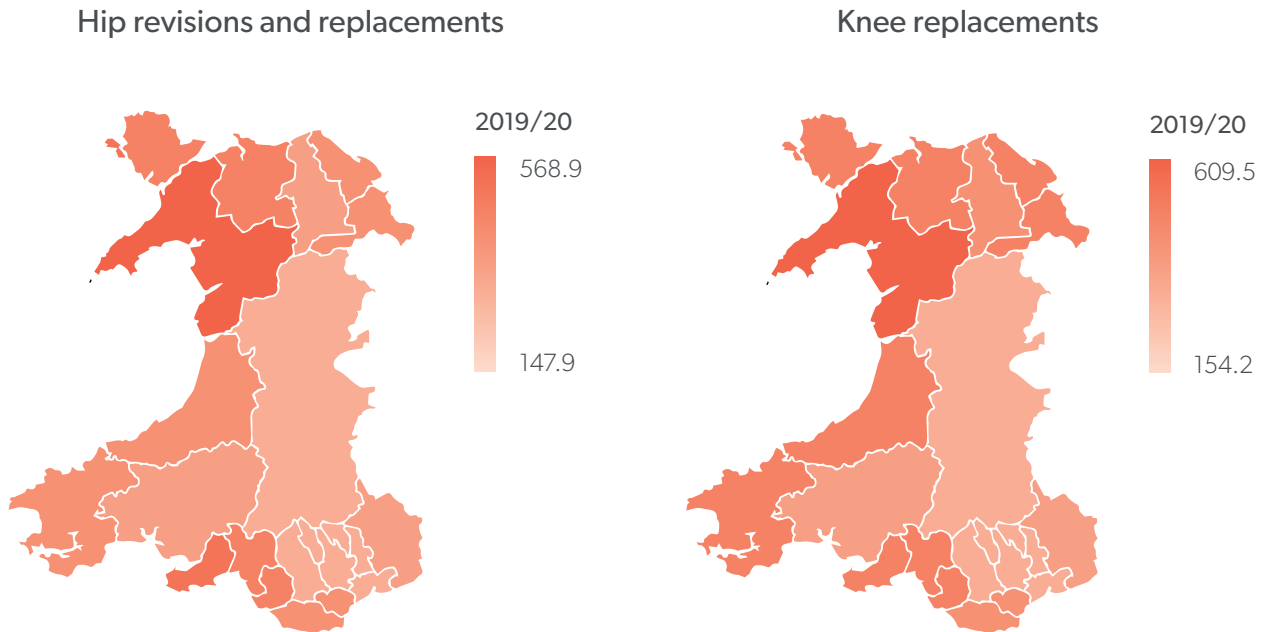
Source: Audit Wales analysis of StatsWales data

21 This geographical variation is equally as noticeable when considering specific orthopaedic procedures such as hip or knee replacement surgery. **Exhibit 5** shows average waits in Wales for hip replacement in 2019-20¹⁰ varied from around 148 days for Powys residents¹¹ to almost 567 days for Gwynedd residents. A similar, though slightly worse position is observed for patients receiving knee replacement procedures with waits varying from 154 days for Powys residents to almost 610 days for Isle of Anglesey residents in 2019-20.

10 2020-21 procedure level wait data is currently incomplete. We have therefore used the most recent pre-pandemic dataset.

11 Note that some Powys residents will receive treatment from English providers where waiting times are shorter than in Wales.

Exhibit 5: Mean waiting times in days for hip revisions and replacements, and knee replacements for 2019-20, by local authority area



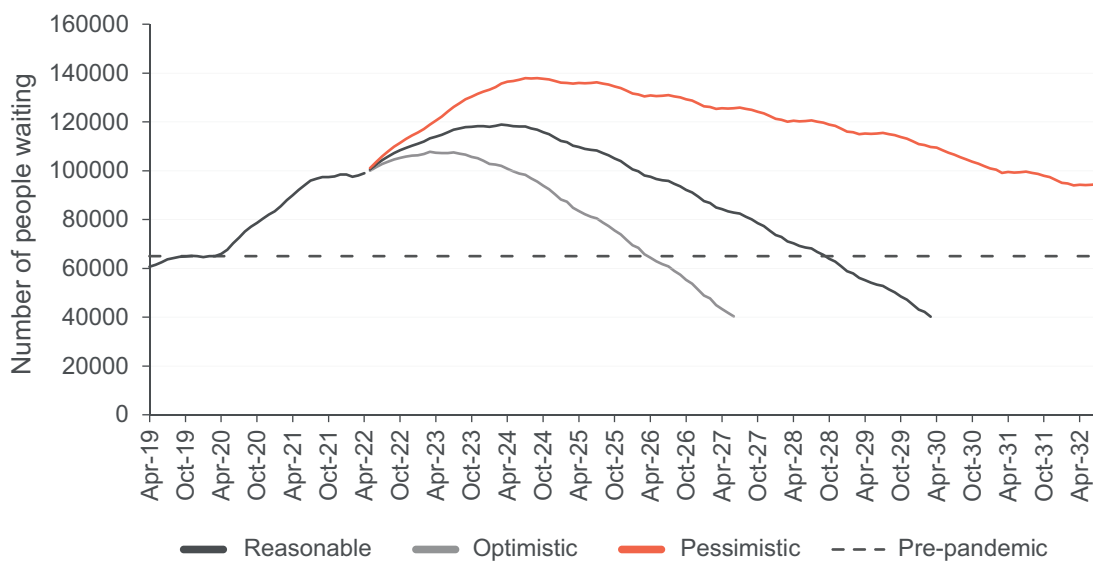
Source: Health Maps Wales, Common Procedure dataset

22 Health Boards are using all possible means to try to reduce the waiting lists. This includes outsourcing, where Health Boards are seeking third-party organisations to provide services on their behalf, such as private healthcare providers or NHS Trusts in England. Outsourcing provides a short-term solution, but this potentially could further widen inequalities of access to care. People living in deprived communities may not be able to travel further to receive their care and those with complex comorbidities may require their procedure in a hospital with intensive care facilities. This may mean those groups of patients face potentially longer waits for their treatment.

Without significant intervention, orthopaedic waits may never return to pre-pandemic levels

23 We have used national data to work out how long it could take NHS Wales to get orthopaedic waiting lists back to March 2020 levels¹². We developed three illustrative scenarios: **reasonable**, **pessimistic**, and **optimistic**. The modelling (**Exhibit 6**) for our optimistic scenario suggests that the orthopaedic waiting list could peak in 2023 but return to pre-pandemic levels by 2026. The reasonable model would see waiting lists return to pre-pandemic levels by 2028, noting that pre-pandemic performance was itself not meeting Welsh Government targets. The pessimistic scenario may never see a return to pre-pandemic waiting list levels.

Exhibit 6: Illustrative scenarios of waiting list numbers for orthopaedic services across Wales



Source: Audit Wales analysis of StatsWales data

- 24 The key variables in our modelling cover the rate at which patients are added to the orthopaedic waiting list over time, the rate at which patients are removed from the list, the potential growth in demand, and the extent to which potentially ‘missing’ referrals or latent demand returns (discussed later in this report). Our optimistic modelling is also based on assumptions around increasing current activity through increased capacity by 25% by 2025 and reducing the referral demand through prevention and early treatment (such as increased use of CMATS). Our modelling does not consider possible new or more complex demand because of changes in population health.

Long waits for treatment are affecting many people’s physical and mental health

- 25 While orthopaedic and musculoskeletal problems are not, in themselves, life threatening, they can be debilitating and can significantly affect people’s quality of life. Many patients waiting for treatment will be experiencing discomfort and pain daily which can lead to a loss in mobility and independence, which in turn can cause wider deterioration in physical and mental health. For some patients this can impact on their ability to work and for many patients there will be an increased need for ongoing support from GPs to help manage their condition. Prolonged waits for joint related problems can also result in further deterioration which could make the required surgery more problematic and potentially less effective.
- 26 In its submission to the Senedd’s Health and Social Care Committee inquiry into the impact of the waiting list backlogs on people in Wales, the Board of Community Health Council’s (CHCs)¹³ highlighted that orthopaedic services were one of the most common services that the local CHCs were hearing about. In a report by the Swansea Bay Community Health Council on the lived experiences of people waiting for elective orthopaedic surgery, 92% of patients reported a deterioration in their condition. Nearly three-quarters agreed the length of time they had been waiting for surgery had affected their mental health and wellbeing.

13 Inquiry into the impact of the waiting times backlog on people who are waiting for diagnosis or treatment in Wales: Board of Community Health Councils



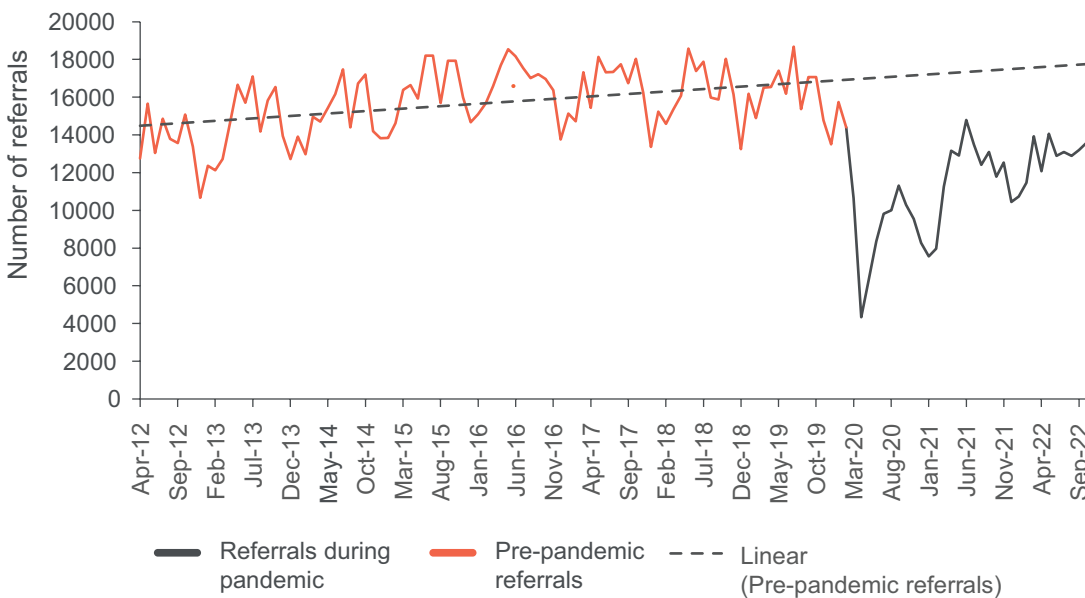
What is impacting the recovery of orthopaedic services?

02

Referral rates are not yet back to pre-pandemic levels

27 The change in the pattern of orthopaedic referrals during the pandemic is like that experienced across planned care services more generally, with a sharp decline in referrals at the onset of the pandemic¹⁴ (**Exhibit 7**). Referrals have not yet returned to pre-pandemic levels. When comparing the level of referrals between March 2020 and March 2022, against 2019-20 referral levels, around 135,000 referrals are ‘potentially missing’.

Exhibit 7: Number of orthopaedic referrals across Wales, April 2012 – November 2022



Source: Audit Wales analysis of StatsWales data

28 NHS Wales is currently benefitting from rates of orthopaedic referrals continuing to be lower than pre-pandemic levels. The waiting list position would otherwise be substantially worse. Some of the missing referrals or latent demand may never appear due to, for example, people choosing to seek private treatment, but it is expected that a proportion of the unmet demand will appear and further exacerbate the challenges being faced by orthopaedic services.

Although radiology and physiotherapy services are recovering, increased demand is adding to delays in orthopaedic pathways

- 29 Timeliness of orthopaedic treatment is dependent on the timeliness of each stage of the orthopaedic pathway¹⁵ which will include other services such as radiology services and physiotherapy. Since the beginning of the pandemic, the total number of patients across Wales waiting for a consultant referred radiology test increased from 23,979 in March 2020 to 33,121 in November 2022. The total number of people across Wales waiting for a GP referred radiology test increased from 18,703 in March 2020 to 30,175 in November 2022.
- 30 Of particular interest to orthopaedic services are waits for diagnostic magnetic resonance imaging (MRI) and ultrasound scans. While the number of people waiting has increased, positively the number of people waiting less than the target wait of eight weeks is now at, or marginally better, than levels experienced pre-pandemic, suggesting good progress had been made to recover services. The number and proportion of people waiting over 14 weeks however has grown substantially across both diagnostic tests due to the increased demand (**Exhibit 8**).

15 A pathway is an agreed common approach for a course of care. For orthopaedic patients, this would typically include some or all the following: GP referral, first outpatient appointment, diagnostic test and/or therapy intervention, preoperative assessment, MRSA and COVID-19 screening, consenting, surgery and follow-up outpatient appointment.

Exhibit 8: Number and proportion of patients waiting over 14 weeks for diagnostic tests across Wales in March 2020 and November 2022

	March 2020		November 2022	
	Number	%	Number	%
MRI – Consultant referred	34	3.6%	1,344	10.4%
MRI – GP referred	1	0.04%	478	14.6%
Ultrasound Scan – Consultant referred	55	0.7%	2,361	19.5%
Ultrasound Scan – GP referred	18	0.1%	6,611	26.7%

Source: Audit Wales analysis of StatsWales data

- 31 Access to physiotherapy presents a similar but more concerning picture. The number of adults waiting for physiotherapy increased from 16,253 in March 2020 to over 32,269 in November 2022. Although more patients are now being seen by a physiotherapist within eight weeks compared to pre-pandemic levels, the number of patients waiting over 14 weeks for physiotherapy has increased 29-fold from 148 in March 2020 to 4,202 in November 2022. Numbers waiting however are gradually reducing. Long therapy waits will not only have an impact on the timeliness of orthopaedic pathways but can also undermine preventative efforts to reduce people's need for surgery.

Capacity and efficiency were already problematic prior to the pandemic, and a slow restart of orthopaedic services has exacerbated the backlog

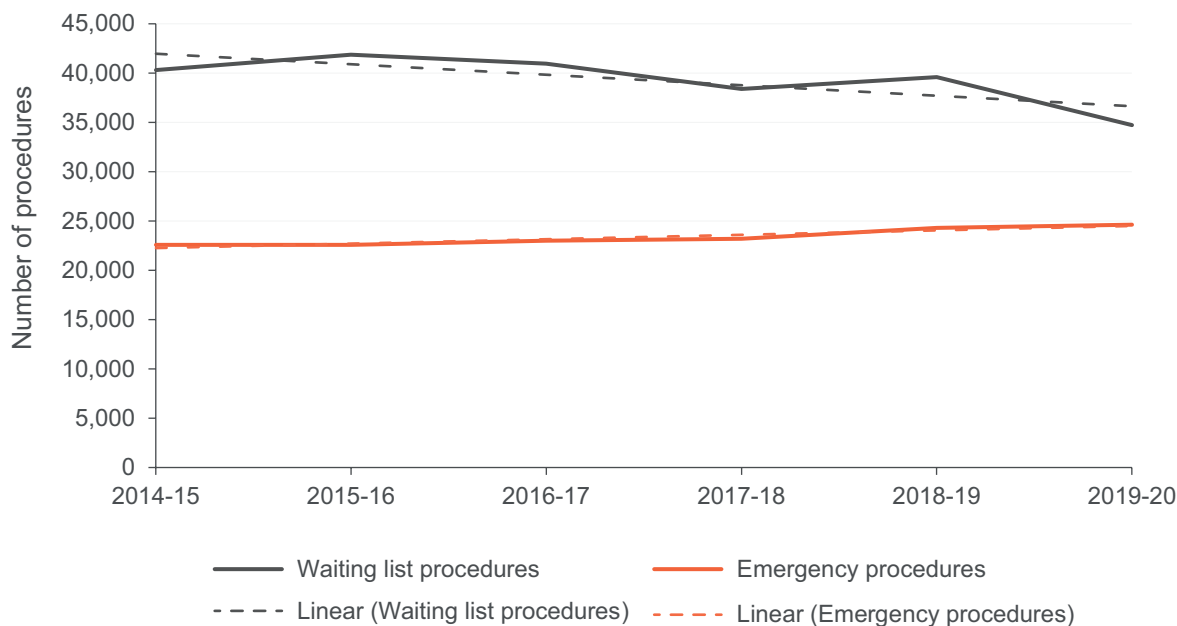
- 32 For several years there has been insufficient NHS orthopaedic capacity to meet demand. Prior to the pandemic, NHS Wales typically commissioned around 45,000 procedures for the Welsh population, with around 40,000 procedures provided through 'core' activity and waiting list initiatives¹⁶. The remainder was commissioned from other non-NHS Wales providers¹⁷. Outsourcing and waiting list initiatives have been short-term measures to improve waiting lists and provide capacity but had done nothing to ensure the sustainability of orthopaedic services.

¹⁶ Waiting list initiatives are used by NHS bodies to tackle waiting lists and meet national targets. They involve a short-term increase in capacity such as extra clinics at nights and at weekends, and the use of private healthcare provision.

¹⁷ Audit Wales analysis of Patient Episode Data Wales orthopaedic waiting list procedure data, NHS Wales provider versus total commissioned.

33 Over the six years leading up to the onset of the pandemic, the deployment of trauma and orthopaedic capacity changed. National data shows a 10% increase in emergency trauma activity between 2014-15 and 2019-20 which has placed pressure on capacity for planned care. For the same period, there was a 14% decrease in orthopaedic waiting list activity¹⁸ (**Exhibit 9**). The shift between orthopaedic waiting list activity to trauma may not have been readily noticed over such a long period of time but will have had an impact on the capacity to tackle the already existing waiting list backlog. Changes to pension rules for NHS consultants have also impacted on waiting list activity due to a reduction in the willingness of consultants to take on waiting list initiatives.

Exhibit 9: Trend in emergency trauma and orthopaedic waiting list activity, based on the number of procedures, 2014-15 and 2019-20



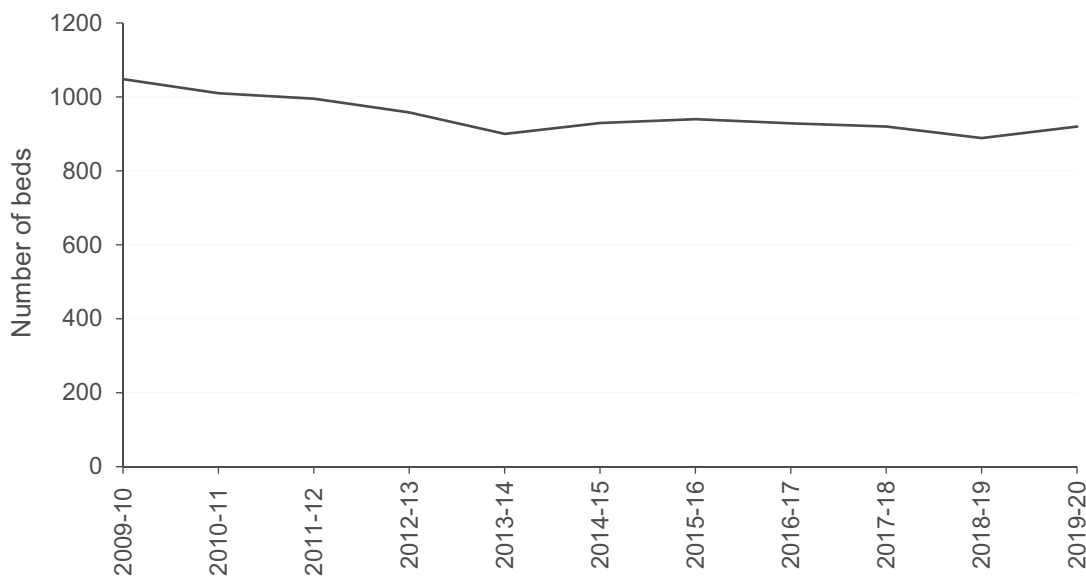
Source: Audit Wales analysis of Patient Episode Database for Wales

34 Capacity constraints also occurred because of a reduction of beds and wider urgent and emergency care pressures resulting in cancellations of orthopaedic activity. **Exhibit 10** shows the total number of orthopaedic beds declined by 12% from 1,048 in 2009-10 to 920 in 2019-20¹⁹.

18 The numbers of waiting list procedures reduced disproportionately in 2019-20. We have assumed this is because of the onset of the pandemic.

19 2020-21 Bed data cannot be compared to previous years because it is based on a different source, definitions, and hospital types.

Exhibit 10: Trend in number of trauma and orthopaedic beds, 2009-10 to 2019-20

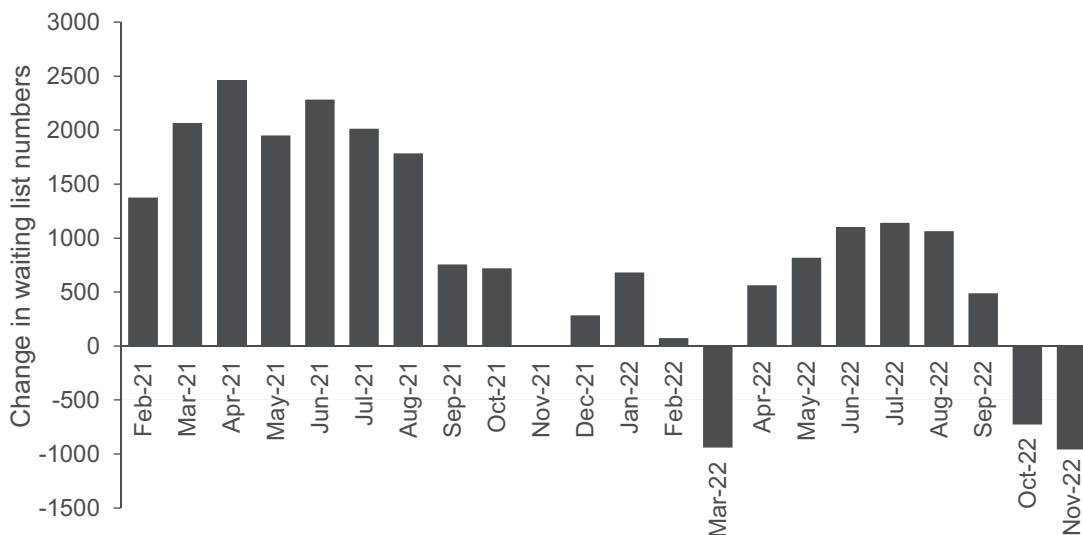


Source: Audit Wales analysis of StatsWales data

- 35 Bed capacity has also further reduced over the last two years with the continual need for health boards to respond to COVID-19 cases and retain infection control measures.
- 36 Orthopaedic services can operate models with fewer beds if the surgical element of the pathway is well planned, patients are prepared and educated, and processes enable effective and timely discharge. Enhanced recovery approaches also help to reduce length of stay. However, our data analysis indicates lengths of stay have not reduced for many years. Average combined trauma and orthopaedic lengths of stay have stayed at around seven days between 2014-15 and 2019-20²⁰, with substantial variability in lengths of stay by health board. Our data analysis also indicates around a 25% reduction in day case activity between 2014-15 and 2019-20.

- 37 Orthopaedic services have been slow to restart since the lessening in the impact of the pandemic in 2021 and since the last major (omicron) COVID-19 wave in early 2022. Services are currently still far off the levels of activity seen prior to the pandemic. Current inpatient and day case orthopaedic activity across Wales is around 60% of pre-pandemic levels²¹. Most health boards are also only achieving around 20% to 30% of their orthopaedic procedures as day cases. NHS Wales is targeting around 60% in future. Day case (and very short stay) provides a significant opportunity for utilising existing capacity better.
- 38 Based on changes to waiting lists on a month-by-month basis, orthopaedic capacity is currently not meeting demand, resulting in monthly increases in the number of patients waiting (**Exhibit 11**). In 2021-22, the Welsh Government provided extra funding to health boards to buy additional short and medium-term capacity to support the recovery of planned care services, including orthopaedics. Historically NHS Wales would have looked to NHS England for additional capacity, but they too are struggling to recover their own waiting lists. Consequently, requests for additional capacity through private providers have been greater than the supply available and the ability of health boards to secure the additional capacity needed has been limited. This is particularly the case for orthopaedics. Some medium-term additional capacity has been secured using temporary expansions to health boards' existing clinical estate, such as using demountable units to create operating theatres.
- 39 Funding has also supported administrative and clinical validation of waiting lists to ensure that only those who need treatment are waiting. However, these have tended to be undertaken as one-off exercises to cleanse waiting lists at year end, resulting in a temporary reduction in waiting lists in March. Funding to support the ongoing recovery of planned care has continued and will be available to health bodies for a further three years.

Exhibit 11: Month-by-month change in waiting lists numbers across Wales, February 2021 – November 2022



Source: Audit Wales analysis of StatsWales data

Orthopaedic services have not kept up with demand and previous national funding initiatives have failed to secure sustainable service improvements

40 Basic analysis of trend data indicates that demand for orthopaedic services is growing. Furthermore, forecasts by the Office of National Statistics indicate a 27% growth of over 75-year-olds (from around 307,000 to 390,000) living in Wales between 2020 and 2032. While positive, this will likely drive further growth in demand for orthopaedic services as more people will be living with age-related orthopaedic and musculoskeletal conditions. This additional demand needs to be planned for and funded.

- 41 Given that orthopaedic waiting lists pre-COVID-19 were deteriorating, it is unrealistic to think that without significant changes, current capacity will ever result in sustainable service recovery. Indeed our ‘optimistic’ scenario modelling (**Exhibit 6**) is based on a gradual increase of commissioned orthopaedic capacity (whether provided by NHS Wales or externally commissioned) and/or productivity levels to 5% above pre-pandemic levels noting that services are currently only running at about 80% of pre-pandemic levels. Our model also assumes that services can curtail any growing demand.
- 42 There has been a history of short-term funded national initiatives for orthopaedic services in Wales. In June 2001, the then Minister for Health and Social Services announced a £12 million package to reduce orthopaedic waits to 36 weeks. Much of this was non-recurrent and consequently had limited ongoing impact. In 2005, the Welsh Government launched its orthopaedic plan for Wales. This initially brought down waits but again did not result in sustainable service improvements. In 2011, the national orthopaedic programme began its aim to eliminate over-36-week waits. At the same time, the then Minister for Health and Social Services announced £65 million over three years to make orthopaedics best in class. Our 2015 report²² considered the £65 million investment. We reported that orthopaedic services have become more efficient in the past decade, but NHS Wales was not well placed to meet future demand. Whilst there had been a focus on securing immediate reductions in waiting times, less attention had been paid to developing more sustainable, long-term solutions to meet demand. Since then, NHS Wales has struggled to meet its orthopaedic waiting list targets.
- 43 Planning for elective orthopaedic services needs to have a clear focus on the short, medium, and longer term, and be supported by realistic assessments of capacity and demand. The short-term focus must be on speeding up recovery of services and addressing existing inefficiencies in the system, the medium-term on building sustainable service models which will start to tackle the backlog; whilst the longer-term view needs to take account of population demographics in forecasting future demand on services, and what is needed to meet that demand.
- 44 While NHS Wales needs to focus on getting services back up and running to meet the demands being placed on them, there is also a duty on health boards to be maintaining a focus on keeping people safe while they are waiting for treatment. Lack of communication from health boards whilst waiting was identified as an issue in the CHC reports. Very few health boards have put arrangements in place to monitor patients on waiting lists and provide the contact needed to reassure patients and provide advice and support as necessary.



**What action is
being taken?**

03

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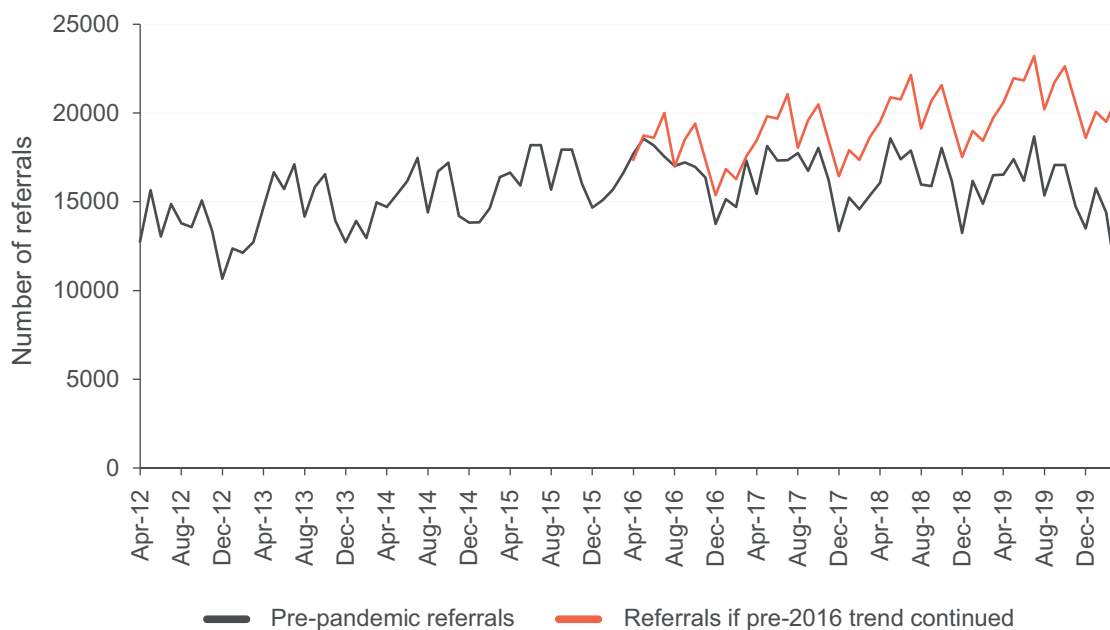
Community-based prevention and treatment are having a positive impact on reducing demand, but capacity is an issue

- 45 For several years, the Welsh Orthopaedic Board has helped to influence developments in orthopaedic services. The Board has overseen the rolling out of preventative approaches such as Community Musculoskeletal Assessment and Treatment Services (CMATS)²³, and more recently First Contact Practitioners (FCPs)²⁴. While community-based musculoskeletal services began far earlier in some health boards, for most they started to be rolled out more comprehensively from 2016.
- 46 While it is difficult to attribute cause and effect directly to the achievements of the community-based prevention, national data suggests that efforts between 2016 and 2020 helped stem the growth in referrals. **Exhibit 12** shows referral trends, and a change in the referral trajectory had community-based prevention not been in place. We have applied a forecast trendline to highlight how the referrals may have increased if the pattern of demand seen between 2012-2016 continued into 2016-2020. With an aging population over this time, we would have expected to see a continued growth in referrals. But this has not been the case.

23 CMATS were developed to provide a community-based service for the assessment and treatment of musculoskeletal-related pain and conditions.

24 First contact practitioner is a new model evolving across the UK which involves placing physiotherapists directly into GP practices to see and treat patients who come into the practice with musculoskeletal problems.

Exhibit 12: Actual orthopaedic referrals compared with predicted referrals from 2016 onwards had community-based schemes not been in place, April 2012- December 2019



Source: Audit Wales analysis of StatsWales data

- 47 But capacity for CMATS has been an issue. Although waits for CMATS are not included as part of the standard waiting times, our recent work on orthopaedic services identified that CMATS waits could be up to four months. All referrals for orthopaedic services are made via CMATS, and only at the point in which is it considered that CMATS intervention is not appropriate, are referrals passed on to orthopaedic services. For many patients, this will be at the point the referral is triaged by the CMATS which can typically take up to a week. But for some, onward referral to orthopaedic services may not happen until they have waited and been seen by the CMATS.
- 48 Our recent work also identified inconsistencies in the CMATS model across Wales, with differences in the range of multidisciplinary professionals that make up the team, and differences in the ability for CMATS to refer directly for diagnostic tests. We also found potential duplication of effort between CMATS which include physiotherapists and FCPs and a risk that overall waits for treatment are elongated because of the need to access both FCPs and CMATS before onward referral to orthopaedic services.

- 49 One scheme to support people is the National Exercise Referral Scheme (NERS). Funded by the Welsh Government and run by the 22 local authorities, the scheme provides opportunities for people with long term conditions to make and maintain healthier lifestyle choices. This is provided through physical activity and behaviour change with the aim to improve health and wellbeing. One intervention is focused on low back pain²⁵, with another focused on weight management. Although numbers are small, the shift to virtual working in response to the pandemic has provided an opportunity to increase capacity and support people on waiting lists. In its latest report²⁶, over 25,000 participants attended one of the virtual, outdoor, or indoor activities put in place to support the wider NERS programme. However, due to the pandemic, the NERS was unable to take new referrals. This has now been changed, but services are heavily reliant on the short-term funding available from the Welsh Government and the support of local authority facilities such as leisure centres to run activities.

There is a clear commitment to improve and transform orthopaedic services nationally, although this may take time to achieve

- 50 Service efficiency, clinical productivity and effectiveness of hospital based orthopaedic services has been an aim in Wales for a long time. NHS Wales has developed clinical pathways based on best practice. But in the past, these clinical pathways have not always been well implemented and there continues to be variation in approaches across health boards.

25 [NERS Low Back Pain Intervention](#)

26 [All Wales NERS Infographic Quarter Two, 2021-22](#)

- 51 More recently NHS Wales has commissioned the Getting It Right First Time (GIRFT) team to review acute orthopaedic services. The reviews started in early 2022 and covered all seven health boards and 21 hospital sites that provide orthopaedic services in Wales, comparing clinical practice with England. Recommendations to health boards focussed on:
- strengthening leadership, through health board specific orthopaedic steering groups;
 - reducing unwarranted and inappropriate variation in clinical practice, performance, and efficiency;
 - engaging staff in change and improvements to orthopaedics and understanding the drivers that are affecting morale;
 - implementing waiting list recovery at pace;
 - better arrangements to support patients prior to admission, and better discharge planning;
 - improving the consistency of collection and use of patient reported outcome measures;
 - improving surgical site infection data recording and reducing deep infection rates to 0.5% or lower;
 - creating short, medium, and long-term multi-disciplinary workforce plans; and
 - building elective orthopaedic recovery plans, including capacity and demand planning on a health board and broader regional footing, multi-disciplinary workforce planning, ring-fencing elective capacity and boosting short-term theatre capacity.
- 52 The GIRFT team's national report to the Welsh Government includes 28 recommendations spanning but not limited to leadership, safety, workforce, efficiency and clinical practice. The recommendations from both the national and local reports need implementing swiftly and effectively.
- 53 At the same time as the GIRFT work, the Welsh Government, through the Welsh Orthopaedic Board, commissioned the Welsh Orthopaedic Society to prepare a clinical strategy for Wales. This strategy provides a thorough and honest appraisal of the current position of orthopaedic services. It sets out the need for new leadership through a Welsh Orthopaedic Network and a requirement for the development of orthopaedic hub sites to better protect waiting list activity from unscheduled care pressures, and to enable efficient high volume low complexity centres of excellence.
- 54 Regional treatment centre hubs offer a good solution to provide protected orthopaedic capacity and deliver best in class levels of efficiency in the medium and longer term. But these will take time, investment, and cooperation across health boards to implement. As an immediate action, some health boards are creating additional operating theatre capacity in the short term, as mentioned in paragraph 38.



**What else needs
to be done?**

04

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Several challenges need to be addressed if services are not just going to tackle the orthopaedic backlog, but be sustainable for the future

- 55 This report sets out the huge scale of challenge that is faced in Wales. The extent of the numbers of patients waiting, limited capacity available and potential for further growth in demand provide a concerning landscape not just in the short term but also the medium term. All that can be done must be done within the current operating environment, but there remain several risks to longer-term improvement.
- 56 From our discussions, the Welsh Government and NHS Wales recognise the scale of the challenge, but lessons must be learnt from previous initiatives. The national strategy developed by the Welsh Orthopaedics Board must be accompanied by buy-in from local clinical teams to ensure that changes are embedded and sustained.
- 57 A renewed focus on driving efficiencies is needed to maximise already stretched resources but this cannot be done in isolation. A whole system focus is needed to ensure that other services that support the orthopaedic pathway are also working effectively. New technology and improved estate need to be prioritised and regional solutions need to be much more at the core of delivery plans.
- 58 In the context of many patients having to wait a very long time for their treatment, information on experience and outcomes also needs to be at the heart of decision making.
- 59 These key actions are explored further in the exhibit below.

Exhibit 13: Key actions for NHS Wales to tackle the challenges in orthopaedic services

Lessons must be learnt from previous initiatives which have failed to secure service transformation



Together the new clinical strategy and the GIRFT reports provide the most comprehensive assessment on the position of orthopaedic services in Wales. It is positive that the Welsh Government and NHS Wales are recognising the scale of the challenge. But the response to these cannot be the same as we have seen in response to previous orthopaedics plans; fundamental embedded change is needed.

National plans must be accompanied by buy-in from local clinical teams



Our recent work in orthopaedics, whilst recognising good intent from the Welsh Orthopaedics Board to improve and transform services, highlighted the variability in which that intent translated into practice across health boards. Where national directives to implement service changes have been set in the past, implementation has often been slow, inconsistent, and without the ‘buy-in’ of local clinical teams. The strategy needs to be underpinned by clear and defined programmes of activity and bold leadership will be needed at all levels to ensure that the new clinical strategy delivers a consistent service across Wales.

A renewed focus on efficiencies is needed



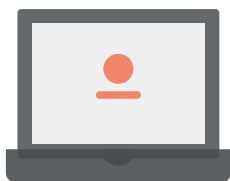
The GIRFT reports have a clear focus on improving efficiency and productivity in orthopaedics, and ultimately delivering better outcomes for the people of Wales. But this focus is not new. NHS Wales has been focusing on reducing length of stay, improving theatre productivity, reducing follow-up rates, and minimising cancellations for some time, but inefficiencies still exist. There needs to be a significant and constant focus in this area. Regular benchmarking reporting needs to be in place to enable challenge and scrutiny to happen locally and nationally, supported by clear action plans to address the things that get in the way of improvement.

A whole system and wider patient pathway focus is needed



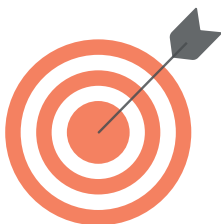
The GIRFT reports and clinical strategy quite rightly focus on orthopaedic services, but effective delivery is reliant on wider services across the NHS. Capacity of enabling clinical services such as diagnostics and therapies to support timely diagnosis, prevention and treatment in the community and effective discharge needs to be available.

Investment in new technologies and improved estate needs to be prioritised



Digital solutions offer further opportunities for efficiencies but need to be effectively piloted and evaluated to ensure wider investment delivers value. Capital and revenue investment needs to be carefully prioritised to get most impact, considering where opportunities exist to make better use of digital initiatives and estate development.

Regional solutions to meet current and future demand need to be pursued with much more rigour



Developing regional service models has been notoriously difficult in the past but regional working provides opportunity to maximise available capacity and provide centres of excellence that deliver better outcomes. Some health boards are starting to work together to look at regional solutions, but these are limited and often as a reactive response to short-term capacity issues. Regional models need to be at the core of orthopaedic delivery plans, and not around the margins with small scale low impact initiatives, which has been the case previously.

Information on patient experience and outcomes must be used extensively to shape clinical decisions and advice to patients



A greater focus needs to be given to patient experience and outcomes. The roll out of Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) for orthopaedic services is still variable across Wales. These have been an ambition for a long time but are not well used to inform future investment and more importantly dis-investment and value-based decisions. At a patient level, outcomes should inform choice and ‘what matters’ discussions. More also needs to be done to support consistent clinical decision making. For example, establishing a common list of procedures not normally undertaken and setting criteria such as BMI thresholds, if surgery for some patient groups would not result in positive outcomes. Our earlier audit work found health boards were working to different lists of procedures considered ineffective.



Appendices

1 Our approach

Our approach

The evidence base for our work comes from reviews of documents on orthopaedic and musculoskeletal services, data analysis, observation of the Welsh Orthopaedic Board and more recently the Orthopaedic Summit in August 2022, and interviews with Welsh Government and NHS officials. We also build on evidence captured prior to the pandemic from health boards.

Our data analysis is based on Welsh Government data on StatsWales, Health Maps Wales, Patient Episode Dataset Wales, and bespoke data requests to NHS officials.

Our scenario modelling in **Exhibit 6** draws on some initial modelling work carried out by the NHS Delivery Unit. The calculation we used, following the work of the Delivery Unit, was:

- removals are calculated by taking the number of patients waiting over four weeks (ie they are not new patients that month) and subtracting that from the total waiting list in the previous month. This gives a proxy for the numbers of patients removed from one month to the next.
- additions are the people reported in the monthly figures who have been waiting less than four weeks – indicating they have been added to the waiting list in the last month. Whilst monthly additions give a reasonable measure of additions, some of those included may have already been waiting but had their ‘clock’ reset for some reason, for example not turning up for multiple appointments. It is also possible that some people may not be counted if they were added and removed before the data was captured at the end of each month.

Our modelling provides scenarios for the length of time it could take NHS Wales to bring orthopaedic waiting lists back to March 2020 levels using three scenarios: reasonable, pessimistic, and optimistic (**Exhibit 6**). We accounted for the possible pent-up demand (see **paragraph 26**) by evenly spreading differing proportions of the potential missing 135,000 referrals over 2022 to 2024. Those proportions varied depending on a reasonable, pessimistic, or optimistic scenario, with the optimistic scenario assuming that no pent-up demand returns. **Exhibit 14** sets out our modelling assumptions.

Exhibit 14: Waiting list modelling assumptions

Assumptions	Reasonable	Pessimistic	Optimistic
Additions 2022-2025 compared to 2019-20	87.5%	90.0%	85.0%
Annual increase in additions 2025 onwards	-0.1%	0.0%	-0.2%
Latent 'missing' referral demand presenting	5.0%	10.0%	0.0%
Activity/removals compared to 2019-20 levels during:			
2022-23	80.0%	80.0%	80.0%
2023-24	90.0%	85.0%	95.0%
2024-25	100.0%	95.0%	105.0%
2025 onwards	102.5%	100.0%	105.0%

Source: Audit Wales

Our analysis highlights the scale of the possible challenge and the length of time it could take to clear the backlog of people waiting for treatment. The scenarios we have presented in the report are based on assumptions which may alter over the coming years.



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Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Our Ref: JP/MR/SB

Adrian Crompton
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23 March 2022

Dear Adrian

Audit Wales Report - Orthopaedic Services in Wales – Tackling the Waiting List Backlog

Thank you for sharing a copy of your report into tackling the waiting list backlog for orthopaedic services in Wales.

The Welsh Government and NHS Wales are making improvements in orthopaedic service delivery, and you acknowledge the national plan developments in your report, whilst recognising more work is required. The Minister has been clear with the NHS through her dedicated orthopaedic summits that the pace of change needs to increase, and your recommendations re-enforce this view. The orthopaedic summit in February 2023 focused upon the work being undertaken by health boards, regional developments and the latest developments from the National Clinical Strategy for Orthopaedic Services.

I will respond to each of your recommendations in turn.

Recommendation 1: For Welsh Government

Actions previously taken to tackle orthopaedic performance have had a short-term focus, not delivered sustainable services, and lacked 'buy-in' from local clinical teams. The new national clinical strategy for orthopaedics sets out clinical solutions to deliver sustainable services. We recommend that the Welsh Government now needs to:

- a) prepare a clear national delivery plan which sets out the priority actions to be taken

over the next three to five years to achieve the clinical strategy. The plan needs to include key deliverables and milestones, and clearly defined roles and responsibilities at a local and national level.

- b) ensure that the national delivery plan includes a clear direction for regional models to recognise the opportunities that exist to maximise available capacity and provide centres of excellence that deliver better outcomes.
- c) ensure that the national delivery plan encompasses the wider service input needed to deliver effective orthopaedic services. This should include but not be limited to primary and community care capacity, diagnostic capacity, capital and estates, and digital services.
- d) ensure that the national delivery plan is reflected in NHS planning guidance and health boards are held to account for implementation through routine performance management arrangements

Accept

Response:

The Welsh Government and the NHS Executive will review the National Clinical Strategy for Orthopaedic Surgery (NCSOS) and work with the NCSOS Team and Planned Care Improvement and Recovery Team (PCIR) to develop a national delivery plan.

Progress against the plan and its agreed milestones will be reviewed and monitored through the National Planned Care Programme Board which is currently being refreshed. Welsh Government officials will be members on the board.

Progress will also be reported through to Welsh Government performance team as part of accountability processes linked to the delivery of agreed NHS plans.

The delivery plan will be developed in the Autumn to support IMTP guidance for 2024/25.

Recommendation 2:

The Getting It Right First Time reports at a national and health board level set out clearly a range of recommendations which will help drive improvements in the hospital element of the orthopaedic pathway across Wales, but many of the areas of focus are not new. We recommend that the Welsh Government needs to:

- a) ensure mechanisms are in place to obtain assurance from health boards that the Getting It Right First Time recommendations are being implemented.
- b) place a significant and constant focus on improving efficiencies and productivity in orthopaedics through its challenge and scrutiny of health boards. This needs to be supported by regular benchmark reporting, and an agreed set of orthopaedic procedures that have been shown to have limited clinical value.

Accept

Response:

Progress against implementation of the local GiRFT reports forms part of the targeted NHS Executive support through the Planned Care Improvement and Recovery team by the NHS Executive Orthopaedic Programme Manager and the dedicated health board representatives. The progress will be monitored and reported through the orthopaedic clinical network, ensuring clinical leadership and guidance. Non delivery or concerns

around pace of delivery will be escalated as required to form part of Welsh Government accountability meetings. Reporting will formally commence from April 2023 as part of the redesign of the clinical groups of the Planned Care Programme.

Work is in progress to develop benchmarking dashboards to support monitoring of orthopaedics. The Welsh Value in Health Centre (WViHC) has created sub speciality level dashboards for hip and knee arthroplasty procedures, which identifies high level variation within the system. Tracking variation in activity volumes, length of stay, type of fixation, revision rates, procedures of limited value etc is currently possible.

These dashboards are soon to be updated with various benchmarking information that GiRFT used to review individual health boards. The WViHC has recently acquired the regular flow of audit data back into NHS Wales and this information will be used to provide further insights into what good looks like.

A spinal dashboard is in progress and data is also being generated for hands to support testing the value of change of moving 60% of hand surgery from the main theatre estate into a treatment room.

Work has started to collect and report theatre productivity measures in line with GiRFT developments. Welsh Government officials have met with the GiRFT theatre team and have shared a reporting template with two organisations at present to pilot the data collection. The phase 1 dashboard will be available at the end of September 2023 for Q2 reporting.

Recommendation 3:

The Getting It Right First-Time reports set out clearly a range of recommendations which will help drive improvements in efficiencies and productivity in orthopaedics at a local level.

We recommend that health boards need to:

- a) ensure they maintain oversight and scrutiny of implementation of the Getting It Right First-Time recommendations as part of their governance arrangements; and
- b) ensure that clear action plans are in place to address the things that get in the way of improvement.

Accept

Response:

As covered under recommendation two, NHS implementation plans against local GiRFT recommendations will form part of recovery expectations and will be monitored on and reported through the PCIR Orthopaedic Lead. Together with information from the WViHC dashboards, this will also be reviewed and clinically challenged through the orthopaedic clinical network using clinical leadership and sharing of good practice to support solutions and consistency of approach are championed.

Recommendation 4:

Clinical Musculoskeletal Assessment and Triage Services (CMATS) are having a positive impact on managing demand and providing support. But services are struggling with capacity and are inconsistent in their delivery with examples of duplication of effort where First Contact Practitioners (FCPs) exist. We recommend that health boards need to:

- a) ensure that local CMATS are appropriately staffed, and at a minimum, reflect previous Welsh Government guidance; and

b) ensure that where First Contact Practitioners (FCP) exist, there are clear pathways between FCPs and CMATS to reduce duplication and minimise waits

Accept

Response:

During Covid and more recently, new pathways and service models to support MSK demand have been established. It is important to understand the current role and function of the local CMAT teams with other services.

A national audit on local services will be undertaken to understand current provision and pathways. This will then be used support the work of pathway guidance being rolled out in 2023-24 which will agree and decide on the national model for MSK areas for local implementation.

An audit will be undertaken during quarter 2 of 2023/24. Pathway work on orthopaedics to be confirmed as part of the national Pathway project.

Recommendation 5:

There needs to be a greater focus on outcomes across health boards and while people are deteriorating on orthopaedic waiting lists, limited progress has been made by health boards to provide ongoing support and monitor and report harms. We recommend that health boards need to:

- a) ensure that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) are fully rolled out in all orthopaedic services and used to inform decision making both at a service and patient level;
- b) ensure that local clinical leadership arrangements and performance information are used to identify opportunities for minimising interventions that are unlikely to result in improved outcomes; and
- c) put arrangements in place to monitor people waiting, provide communication, support and advice when needed, and report openly and honestly, through their existing governance arrangements, the extent to which people are coming to harm whilst waiting for orthopaedic treatment.

Accept

Response:

- a) The monitoring of outcomes will form a key part of the national delivery plan linked to the core work of the WViHC, where the national digital standards have been developed to ensure PROMs information can be collected and used in near real time at a service and patient level.

Graphical representation of the hip and knee PROM has already been developed in the electronic patient record (WCP) to support those direct care conversations.

The dashboards are set up to receive this PROMs information and high-level compliance figures will be available as soon as collection matures across Wales.

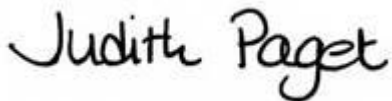
In addition, the WViHC has started some initial analysis to assess whether deterioration can be tracked via PROMs results, while patients are waiting.

- b) Clinical leadership – this will be provided through the developing MSK Network as part of the national clinical strategy. This will be supported by the clinical orthopaedic board with direct clinical leads at each health board and future regional structures.

The WViHC has identified the opportunities to embed value approaches across the hip and knee pathway and has generated a suite of insights to identify what good looks like. The importance of good musculoskeletal health and effective pre-rehabilitation is evident and the MSK Network will be a key role in turning this knowledge into practice.

- c) A national policy to support patients while they wait for all services is being developed (Phase 1 to be published June 2023). This will clearly demonstrate the requirements for each health board to develop their local services. This will be supported by national and local communication messages about planned care. Working with Duty of Quality leads “harm” monitoring and reporting will be developed for all areas including orthopaedics

Yours sincerely



Judith Paget CBE

cc: Cabinet mailbox
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Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

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