

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

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



Llywodraeth Cymru
Welsh Government

Adrian Crompton
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Audit Wales
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Our Ref: JP/MR/LC

24 June 2022

Dear Adrian

Audit Wales Report - Tackling the Planned Care Backlog in Wales

Thank you for sharing a copy of your report into tackling the planned care backlog in Wales with me.

You will be aware the Minister for Health and Social Services published our Planned Care Recovery Plan – “Our programme for transforming and modernising planned care in Wales and reducing waiting lists” at the end of April. The plan outlines how we will transform the way services are delivered and reduce waiting times in Wales during the remainder of this Senedd term. The plan also responds to many of the points raised in your report.

I will respond to each of your recommendations in turn.

Recommendation 1:

The national plan sets out high level ambitions to reduce waiting times. It includes target milestones to reduce the number of people waiting for treatment but lacks detail on how it will transform planned care. To implement its plan, the Welsh Government should work with health bodies to set appropriately ambitious delivery milestones to measure progress of delivery of the new ways of working set out in the plan.

Accept

Response:

The Welsh Government plan - Our programme for transforming and modernising planned care in Wales and reducing waiting lists contains a number of challenging but achievable ambitions, the first of which is to reduce the number of open pathways over 52 weeks for a

first outpatient appointment to zero by the end of this calendar year.

Andrew Sallows has been appointed as the Director for Planned Care Recovery and is undertaking a baseline assessment for each health board to understand what they need to do to achieve these targets. These plans will contain delivery milestones and Andrew will be ensuring these are achieved.

Recommendation 2:

The Welsh Government should ensure that its national plan is accompanied by a clear funding strategy. This should include identification of the longer-term capital investment that is going to be needed and processes to ensure that revenue funding will support sustainable service transformation.

Accept

Response:

The Welsh Government has made £170 million of additional recurrent funding available specifically for planned care to address the backlog and develop sustainable services. A further £20m has been allocated to developing sustainable value-based healthcare solutions with £15m allocated to planned care transformation.

Recommendation 3:

The national plan lacks detail on how the Welsh Government will support health boards to ensure they have sufficient workforce capacity to deliver its ambitions. The Welsh Government should work with relevant NHS bodies to develop a workforce plan to build and maintain planned care capacity to support recovery and tackle the waiting list backlog. The plan should be based on a robust assessment of current capacity gaps and realistic plans to fill them.

Accept

Response:

A national workforce plan is being developed and should be completed by the autumn as highlighted in the Recovery Plan.

Recommendation 4:

The national plan includes a new diagnostics board but does not set out the system leadership arrangements needed to drive through the entirety of the plan. The Welsh Government should identify and implement such system leadership arrangements based on ensuring that lessons are learnt from weaknesses in previous national planned care programme board arrangements.

Accept

Response:

A national diagnostic board has been set up, chaired by the Deputy Chief Executive, NHS Wales. This Board has already met.

Lessons learnt from the planned care programme arrangements have been shared with the team establishing the national diagnostic board.

Recommendation 5:

The Welsh Government should ensure it has the necessary processes, policy frameworks and programme and performance management arrangements to ensure NHS bodies:

- a) effectively manage clinical risks and avoidable harms associated with long waits for diagnosis and treatment;
- b) maintain a focus on the efficient, effective and economical delivery of planned care pathways in line with prudent healthcare principles and which make best use of new technologies; and
- c) enhance communication with patients to ensure they are informed about how long they can expect to wait, how to manage their condition while waiting, and what to do if their condition worsens or improves.

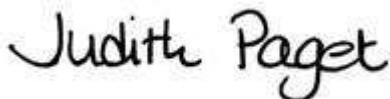
Accept**Response:**

- a) The Planned Care Recovery Plan is clear that clinical risk must take priority in the management of waiting lists and patient prioritisation. We are committed to reduce long waiting times and will ensure we support those who are waiting. Lengths of waits for both clinically urgent and long waiters will be monitored by the Director for Planned Care Recovery.

The need to reduce harm from waits has also been targeted through the agreed milestones in the plan, with an urgency to reduce lengths of waits for outpatients being the first milestone (no open pathway over 52 weeks for a first outpatient appointment by end of December 2022). It is recognised that this is the first clinical opportunity to assess a patient's clinical need since referral and early diagnosis helps to effectively assess risk of harm.

- b) I am chairing the NHS Wales Utilisation of Resources Group, (this replaces the National Efficiency Group). This group will be looking at efficiency and effective application of prudent and value-based healthcare principles.
- c) Our planned care recovery plan is clear that we need to improve communication with patients and to support them better whilst they are waiting for their appointments and treatment.

Yours sincerely



Judith Paget CBE

cc: Cabinet mailbox
Mark Isherwood MS, Chair, PAPAC
CGU mailbox