

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/LL/SB

29 July 2022

Dear Adrian

Audit Wales Report - Tackling the Planned Care Backlog in Wales

Thank you for letter 18th July seeking additional information related to our initial response to your Audit recommendations sent in June. As you will be aware Andrew Sallows has been appointed as the Planned Care Recovery Director. This will involve supporting and challenging health boards in the delivery of our ambitions and expectations within the national recovery plan. I have sought additional information from him to address some of the issues you raised.

I will respond to each of your identified areas of clarity.

Additional assurance required recommendation 1:

We note the targets that are in the Welsh Government's plan and the work that Andrew Sallows will be doing with health boards to develop baseline assessments and delivery targets and milestones. However, the thrust of this recommendation was around setting clear ambitions for introducing the new ways of working that the plan identifies, and the Welsh Government's response is silent on that. Accepting that there will need to be some work done with individual health boards in preparing their implementation plans, it would be helpful for Welsh Government to provide some further information on the ambitions and timescales for introducing the new ways of working that will support the planned care service transformation that is envisaged.

Response:

- The Planned Care Recovery Director and his team are holding a series of recovery engagement meetings with health boards to explore their delivery milestones against each of the planned care targets and actions in the recovery plan. They are also

agreeing the local approach that is being taken to meet the planned care need, for example this involves questioning whether the health boards are simply doing or buying additional activity or whether they are actually transforming the service to ensure sustainable models for the future.

- Given the scale of the current waiting list backlogs, it is likely a combination of both solutions will be required across many specialties for a sustained period of time.
- The planned care programme has actively developed opportunities for transformation of services, many of these opportunities are now starting to be implemented. The recovery programme will accelerate these alongside the development of further transformation opportunities to drive change and set health board specific targets based on their current positions. These will be linked to a set of national transformation ambitions we are currently developing
- An example is where patients are brought back for regular follow up appointments for clinical review – these can be unnecessary and waste both the patients and clinical teams time. Patient Initiated Follow Up (PIFU) and See on Symptoms (SOS) allows the patient to own their treatment requirement and be assured that they can be seen when required. If delivered at volume, the additional capacity / sessions can then be repurposed to see additional new patients or to undertake an additional theatre session instead – health boards have been asked to implement this as a priority to create the additionality, transform their service and most importantly improve patient care. We have agreed with the Outpatient Steering Group that a minimum of 20% of outpatient’s attendances will have an outcome of SoS or PIFU this year, this is reflected in the recovery plan.

Additional assurance required recommendation 2:

The additional funding that has been made available to support the recovery of planned care is noted and welcomed. Our recommendation was prompting for a strategic approach to funding planned care recovery that supports the service transformation that is required and maximises the benefit from the significant additional investment identified. This includes the use of capital funding. It would be helpful to understand how Welsh Government see the additional investment being used and in particular whether it has any plans for a longer-term approach to capital funding to support recovery and service transformation.

Response:

- The significant recurrent and programme investments made this year have been allocated with explicit expectation – not just to reduce backlogs and waiting times, but to also introduce and embed transformed service models and to develop regional solutions where service provision requires.
- If health boards do not deliver at pace, central direction will be considered and implemented, as necessary.
- NHS organisations have all provided lists of prioritised capital schemes for a ten-year period. Within these lists are a significant number of schemes that have recovery and transformation at their core – including developments such as the Regional Treatment Centres in Betsi Cadwaladr University Health Board.

- Within the NHS All Wales Capital Programme in 2022-23, Ministerially approved investments include additional endoscopy theatre capacity in both Royal Gwent and the University Hospital at Llandough as well as over £36m in diagnostic imaging capacity (MRI / CT / ultrasound) across Wales.

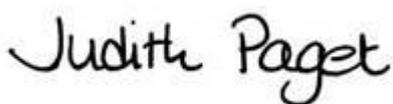
Additional assurance required recommendation 4:

The Welsh Government response seems to have missed the main thrust of this recommendation which was to prompt for a clear system leadership approach across the entirety of plan, rather than just for diagnostic services. It would be helpful to understand how Welsh Government see that broader system leadership working in practice for planned care recovery. It is encouraging to note that lessons have been learnt from previous programme board arrangements, but it would be good to know what those lessons were and how they are shaping new system leadership arrangements going forward.

Response:

- Planned Care recovery remains a key priority objective for everyone involved in delivering healthcare services across NHS Wales, leaders are required at all levels to ensure delivery of recovery and the required transformative change.
- On behalf of Welsh Government recovery and responsibility of the Planned Care Programme will be under the leadership of the Planned Care Recovery Director – this will help provide both management and clinical leadership through one team. This approach will support a more constructive and effective implementation of clinically agreed transformation pathways as part of the recovery response.
- A priority will be to review the terms and references of the Boards to ensure that they reflect the requirements and deliverables of the recovery plan, and this will build upon the lessons learnt from the programme so far.
- Going forward the clinical leadership will also form part of the national clinical framework where national pathways for local implementation will be developed and rolled out based on a value-based approach.
- Learning has shown that implementation of nationally agreed clinical transformation has to be operationalised into local delivery plans and be part of the accountability for achieving the recovery trajectories. This forms part of the process the national recovery team are currently doing with each health board.

Yours sincerely



Judith Paget CBE

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