

Chief Executives of health boards

26 July 2023

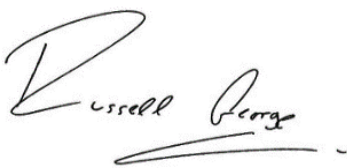
Dear Chief Executives

### NHS waiting times

As you may be aware, the Committee discussed issues relating to waiting times with the Welsh NHS Confederation and representatives of health boards on 12 July 2023. I am writing to you following that evidence session to request further information on a number of matters.

We will be holding a general scrutiny session with the Minister for Health and Social Services on 8 November 2023, part of which will focus on issues relating to waiting times. To inform the session, we would be grateful if you could provide a written response **by 30 August 2023** to the issues outlined in the annex to this letter.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.



## Annex: NHS waiting times: request for information

We would be grateful for a response on the following issues **by 30 August 2023**.

### Recovery targets

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Two of the recovery targets set by the Welsh Government in its April 2022 [plan for transforming and modernising planned care and reducing NHS waiting lists](#) have already been missed, and [our projections](#) suggest that at the current level of activity, the revised target dates may also be missed.

1. The data released on a health board by health board basis shows there is variation across health boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your health board, and what action is being taken to address the waiting times in those specialties.
2. What role have you/has your health board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should health boards have a greater role in identifying the targets.
3. The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for health boards to deliver. The first two targets have been missed. Can you confirm whether your health board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your health board will achieve each of the recovery targets.

### Workforce

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4. Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).
5. What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff.
6. Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position). Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).

During the evidence session on 12 July, the Director of the Welsh NHS Confederation told us:

*"There's huge evidence to show that people tend to stay in their roles longer if they started their career locally and are given that opportunity to develop, and that has big knock-on positive effects for the communities more widely as well".*

7. Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.

#### Impact of industrial action

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8. Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.

#### Innovation and good practice

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We know there are examples of innovation in all health boards, but have concerns that unless successful innovations are rolled out across health boards the impact of such innovations and the extent to which they can deliver the radical transformation needed to address the backlog will be limited.

9. What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.
10. Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional working between different health boards?
11. During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff and services to meet priority needs. What action has your health board taken to learn from this experience, and maintain agility and flexibility.

#### Regional approaches

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Resources and demand are not always equitable across health boards, and the Welsh Government's plan for tackling waiting times commits to introducing "regional and wider models of care to ensure

equitable access” on the basis that “the challenges we face are too large for health boards to tackle alone”. During the evidence session on 12 July we heard about some examples of regional working.

12. What action is your health board taking to ensure that opportunities for regional working are considered, developed and implemented. Please provide an update on how your health board is working with others on a regional basis.
13. Please provide information about how many patients have been transferred across the boundaries of your health board for diagnostics and treatment. This should include patients transferred to your health board by other health boards, and those your health board has transferred to other health boards. Are there organisational or cultural barriers preventing this from happening.

### Seasonal pressures

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We have previously heard that progress to separate planned care from urgent care in Wales has been slow. During the evidence session on 12 July witnesses emphasised that planning for winter 2023-24 has already begun.

14. How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.

### Supporting patients

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15. What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait.
16. How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.
17. The Welsh Government has invested £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog.

### Financial performance

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During our scrutiny of the Welsh Government’s draft budgets for 2022-23 and 2023-24 we have considered health boards’ financial positions, including the extent to which they are achieving their statutory responsibilities under the NHS Finances (Wales) Act 2014 i.e. their duties to manage their resources within approved limits over a three year rolling period; and to prepare, and have approved

by Ministers, a rolling three-year Integrated Medium Term Plan. Unfortunately, our scrutiny of the 2023-24 draft budget showed a deterioration in financial positions, with six out of the seven health boards projecting (as at January 2023) end of year overspends.

18. Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.