GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

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Russell George, MS
Chair, Health & Social Care Committee,
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Dyddiad / Date: 12th October 2023

Dear Mr. George,

RE: NHS Waiting Times

With apologies for the delay, here is Betsi Cadwaladr University Health Board's response.

1. Advising MHSS on setting current recovery targets

The current Tier 1 targets within NHS Wales have been in place for quite some time, however since the Covid 19 pandemic, additional measures have been agreed with Welsh Government focusing on continuous improvement and phased reductions in delays in elective care and urgent and emergency. Examples include:

- zero tolerance to over 4 hours ambulance handovers
- No patient waiting over 156 weeks for a first appointment and
- A minimum of 97% of people should be waiting on an open pathway less than 104 weeks.

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.

2. Length of waits in different specialties and progress made in tackling backlog.

Scrutiny of data by waiting times, volume and pathway shows that General Surgery has the highest Stage 1 (first appointment) and overall longest waits with the highest volume of patients on our waiting lists. Followed by Trauma and Orthopaedics, Ophthalmology with ENT followed by Urology.

As part of our multi-speciality approach, a dashboard has been developed to have greater visibility of individual patient level information. This supports improved data quality as outputs can also be seen from validation exercises, enables the application of 'treat in turn' principles and also provides a forward view on live position, but also the patients that are not booked and will therefore tip into longer waiting list cohorts.

46,000 pathways have been validated as well as holding weekly locally and corporate performance meetings. Our clinics and surgical throughput are constantly reviewed leading to a

focused efficiency deep dive and the instigation of a number of improvement initiatives such as 'perfect month' in Trauma and Orthopaedics.

GiRFT (Getting it Right First Time) reports are actively being taken forward and the health board participates actively in all national programmes of improvement work in partnership with NHS Executive colleagues and the national programmes and networks.

Challenging specialties/areas

- **Outpatients**

An outpatient efficiency drive is in place including validation and adoption and spread of GIRFT and launching the Follow-Up Reduction programme. The health board anticipates significant reduction of follow-up target date breaches from validation, better use of See on Symptoms / Patient Initiated Follow Up pathways, review of DNA not discharged and a review of follow-up need given the time elapsed from the initial target date. The outcomes are clinically led and operationally advised and supported.

- **Services of concern under our special measures framework, including:**

Ophthalmology

Under a focussed improvement programme supported by national programme on GiRFT and the Ophthalmology implementation network, the health board is taking forward initiatives to see 180 (initially) more Glaucoma patients a month in community settings.

Trauma and Orthopaedics

The health board intends to implement extended scope practitioner (ESP) led orthopaedic clinics to maximise clinicians and their teams/wider resources resulting in significant reductions in follow up appointments. When fully implemented circa 2000+ more patients will be seen than a model without ESP. A recent 'a perfect month' was held in Wrexham and the positive results in theatre have begun to be cascaded across the health board, including targeted improvements at Abergele Hospital.

Dermatology

A bid for funding to support the implementation of teledermoscopy has been submitted to WG to enable more patients to be triaged via a community setting. We are also exploring greater use of GPs with a special interest and expanding capacity with community services.

Urology

Straight to test pathways are in place for prostate cancer referrals but vacancies in our consultant workforce remain despite efforts. GiRFT report are being used as a map for improvement and also supporting improved throughput via the national theatre utilisation programme as well as being well supported by colleagues from the national urology implementation network.

Vascular

Vascular services have made significant improvements. The health board has responded positively to improvement tasks and completed implementation of many. An integrated vascular improvement plan is in place and the health board received a positive HIW report in relation to improvements.

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3. The Welsh Government's Planned Care Recovery Plan – achieving the recovery targets

The health board continues to reduce both the numbers of patients on waiting lists and the length of time of that wait, however, it is acknowledged that the speed of these reductions has not been as large or as timely as it had planned to achieve. There is a firm focus on backlog reductions and providing an offer to longest waiting patients. There are no longer patients waiting over 156 weeks for a first appointment (except orthodontics) and progress is being made against the milestone that a minimum of 97% of people should be waiting on an open pathway less than 104 weeks. Further progress on this will be made over the autumn by continuing to drive these initiatives.

4 Specialties or roles with specific workforce challenges including recruitment and/or retention.

The health board faces specific challenges across a number of specialities and roles with Colorectal (Nursing), Orthopaedics (Medical Grades below consultant, Nursing and AHPs), Restorative Oral (Medical) and Theatres (nursing) having high vacancy rates.

Whilst there are specific challenges in most specialties for experienced GMC registered Doctors, there are particular key areas of concern for workforce in Urology, Orthodontics and Vascular in particular.

As part of implementing the new People Services Operating Model, the workforce teams now provide a better, more localised resourcing solution to each of our Integrated Health Community, Mental Health and Womens teams.

As part of this, a new Strategic Recruitment team is in place with a newly appointed experienced Head of Strategic Recruitment, and a revised approach to working with third party agencies to source candidates for substantive vacancies, including overseas recruitment pipelines.

A review of locum rates is underway with an agreement reached shortly with a new locum booking system to improve the experience for our locums and make it easier for them to take up shifts.

There is a steering groups in place for specialities which require an intervention i.e Vascular Services improvement plan monitored by a steering group chaired by our Executive Medical Director.

5 Improving working conditions and wellbeing for healthcare staff.

As part of ongoing work to improve working conditions the health board:

- Is undertaking work around the Fatigue & Facilities charter for doctors and working across areas to support a number of improvements to accommodation for our staff.
- Is raising awareness of our Speak out Safely (SoS) process to support staff wellbeing and in the use of the Work in Confidence platform. Key metrics such as average response times

and average time to close concerns are monitored. The satisfaction rating by staff at close of conversation over the last 6 months was 4.75 (out of 5)

- Has established an Employee Relations Case Management team to embed Just and Learning Culture principles in our people processes.
- Is holding a Board Workshop in September to take the Board through our Culture Change Plan which is based on the NHSE Culture & Leadership Programme.
- Is developing a Culture Change programme centred on Collective, Compassionate and Inclusive leadership with a Leadership Development Framework to ember the 3 leadership pillars at all levels
- Is developing a Framework for Safe, Reliable & Effective Care developed by the Institute for Healthcare Improvement.

6 Usage and costs of temporary and agency staff

Agency spend and temporary staffing has increased significantly from 2021-22 to 2022-23 and whilst current projections is seeing a reduction, more work is required to reduce the reliance on agency and temporary staff. The major spend areas are across medical & dental and nursing. As well as recruitment and retention work, medical optimisation and nursing optimisation programmes have been established to support reduction by looking at areas such as roster management, temporary staffing authorisation protocols and rates rationalisation.

7 Causal link between staff retention and the availability of training and development opportunities and impact of industrial action

The health board is represented on the North Wales Regional Workforce Board which sets the strategic direction for North Wales in respect to skills and employment. There is a well established relationships with local Higher and Further Education partners, who offers a range of development opportunities to health board staff and deliver training such as Induction and HCA training for the health board's workforce. They also provide a pipeline of skills such as ICT, health and social care, catering etc. with further joint promotional campaigns being developed.

The health board has been recognised for its work with Engage to Change over the last few years through the Project SEARCH programmes, supported internships and adult volunteer placements through the Step into Work scheme. The Robins Volunteering scheme also provides opportunities for local people to access volunteering opportunities, with some progress to paid employment.

The impact of industrial action is set out below:

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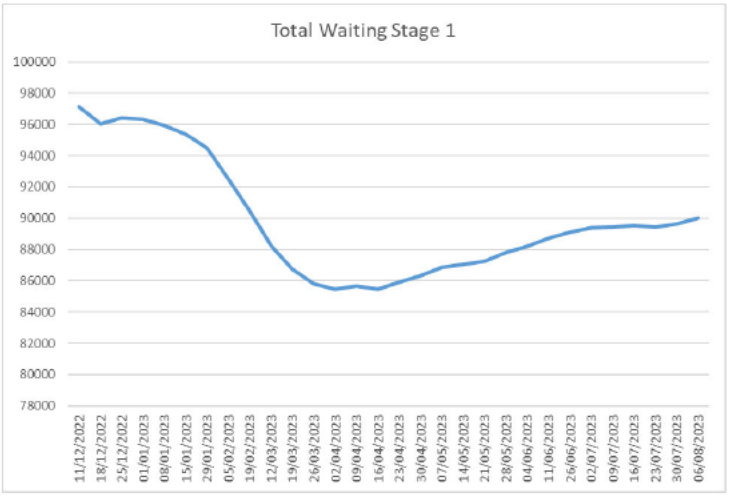
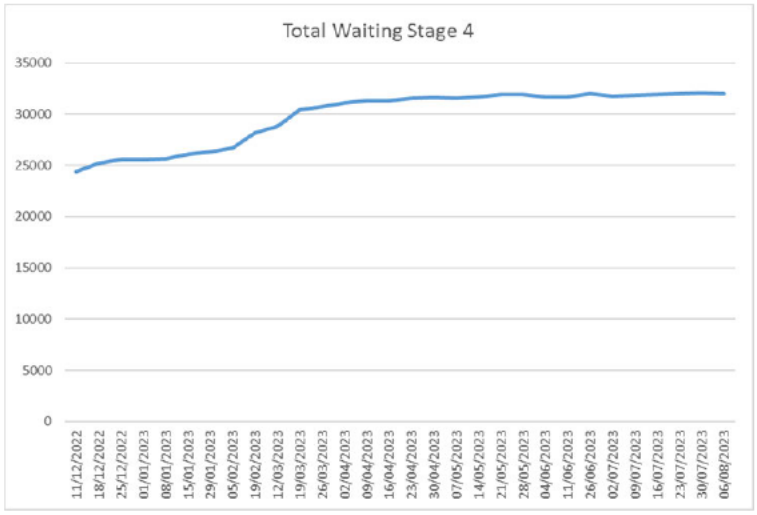
Count of first outpatient appointment cancellations and trend impact on waiting list

Date	Count
15/12/2022	404
20/12/2022	828
21/12/2022	220
11/01/2023	6
19/01/2023	1
06/02/2023	307
07/02/2023	362
22/02/2023	1
06/06/2023	156
07/06/2023	59
Grand Total	**2344**



Count of cancelled treatment procedures and impact on trend waiting list

Date	Count
15/12/2022	59
20/12/2022	71
21/12/2022	39
11/01/2023	1
19/01/2023	2
23/01/2023	1
06/02/2023	58
07/02/2023	45
20/02/2023	1
21/02/2023	3
22/02/2023	1
06/06/2023	68
07/06/2023	73
Grand Total	**422**



Innovation and good practice

The health board has undertaken and built the foundation for data quality and validation and a validation dashboard that will form the basis of this function. For many years BCU has relied on external validation support with mixed success, for 2023/24 BCU are building a corporate (pan BCU) validation function.

ChatBot technology has been piloted (the first Health Board in Wales to do so). The outcome of this has led to a phased implementation of this technology, supporting (but not replacing) patient contact, firstly in validation moving into 'patient led booking'.

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9. Supported from the NHS Executive

The health board has received substantial support from NHS Executive colleagues as we have developed plans for improvements across orthopaedic surgery and other services of concern (identified in the special measures framework). The programme to improve orthopaedics and develop longer term sustainable models of service is seen us heavily involving colleagues from the National Orthopaedic Implementation Network and wider planned care team.

The health board works with the NHS Executive and through the national infrastructure of programmes for Planned Care, Unscheduled Care, Mental Health and Primary Care to participate in sharing best practice and learning from other health boards' successes. One example of this is through membership of the National Outpatients Steering Group to share progression with chatbot technology and strengthening 'Foundations for the Future', this with the work on See on Systems (SoS) and Patient Initiated Follow-Up (PIFU) pathways.

By actively participating in Getting It Right First Time (GiRFT) learning can be shared with colleagues in other health boards where they have achieved improvements i.e. introducing teledermoscopy, improving theatre utilisation.

The National Outpatients Steering Group provides a forum for sharing health board approach and learning, where the initiatives requires greater scrutiny, there have been focused meetings i.e ChatBot pilot.

Colleagues from the 6 goals programme continue to work closely with the health board and we have run a number of joint sessions between our service teams and the national 6 goals programme team.

10. Learning from the Covid-19 experience

Learning from the response to Covid-19 has informed the health boards approach to recovering long and extreme waits for treatment, seeking to ensure resources can be deployed where they are most needed as opposed to where they are allocated.

In terms of wider learning:

- Hybrid working has allowed greater flexibility for staff and allowed a change to the recruitment approach for roles where on-site presence isn't always required, in turn reducing pressure on office space. MSTeams has provided the ability to speed up decision making through the ability to quickly convene meetings and reduced footfall on hospital sites, easing the car parking pressures & carbon footprint.
- Taking forward virtual/remote patient consultations offering telephone or video services where triage indicates that a face to face appointment is not required. Use of virtual aspects has increased and we are looking to expand on the virtual patient episodes (clinic/wards etc) and been beneficial to patients who might have difficulty attending the practice, but also helps Health Board practices share resources where required.
- Improved methods to undertake patient risk stratification, to ensure that the most urgent patients have their needs addressed at times of extreme pressure.

- Further push towards elective / emergency segregation of pathways to improve infection prevention & control measures more generally, and improved day case rates and measures to avoid emergency admission (same day emergency care.)
- Focus on emergency surgical pathways to reduce pre-operative length of stay and using girft recommendations to maximise 'one stop shop'
- Training and upskilling of staff has led to some staff pursuing different areas of interest (for example, critical care) and enabled us to take forward the Post Anaesthetic Care Unit to dramatically reduce the cancellation of patients (including cancer pathway patients) due to no ITU / HDU bed.
- Refreshed business continuity plans to deal with IPC issues and staffing shortfalls at ward and department level.

11. Opportunities for regional working including out of boundary relationships

The health board is represented on all regional partnership Boards and groups including the Regional Partnership Board, the Public Service Boards, seeking to ensure that we maximise our collective available resources and capacity to provide improved services, whilst ensuring equitable access for our population.

A number of specialist and tertiary services are (both because of geography and some longstanding arrangements) provided by NHS England, due to border flows or other operational reasons (for example in major Trauma).

Outsourcing activity to support backlog reduction has involved patients travelling to private providers in England has been:

100 per month for Dermatology (up to 1,200 per annum)

900 per annum for Orthopaedics

7,200 per annum for Ophthalmology

In terms of routine provision by English providers –

Our contracting arrangements with cross border providers saw 25,000 treatments/procedures delivered in 2022/23 with 6,000 being undertaken in Quarter 1.

12. Reducing NHS waiting lists moving towards winter

Winter plans are being developed to ensure the protection of planned care capacity –both via ring fencing of elective beds for surgery and increasing use of day surgery to offset as well as maximising the use of community facilities for routine and non-invasive procedures. The health board also works closely with local authority partners, especially Social Care to prepare and maximise resources.

13. Prioritising waiting lists

To provide greater visibility of waiting lists across speciality and regions of the health board a dashboard has been deployed in early August. This enables the operational teams to review

their demand in terms of being able to prioritise urgent referrals and suspected cancer together with those who have been waiting a long time for treatment.

Weekly service access meetings are held corporately to discuss challenges and develop solutions to ensure that we are balancing all of the various competing demands against our available resources as well as providing a forum to support our operational teams in strengthening the collaborative working between specialties across a large geographical area.

To provide a sustainable solution to the validation function, the health board has implemented a mechanism to report outputs of validation activity and with this progress to an internal centralised approach to the management of waiting lists. Plans are in place to validate 46,000 pathways across all waiting lists over the next 5 months.

May 2023 – a validation exercise of patients who had been waiting > 156 weeks for a first appointment was undertaken. The outputs of this returned a 14% removal rate from patients who had received treatment elsewhere or who wished to be removed from the waiting list.

With the above outputs of a managed and complete validation cycle, the forecast for the next tranche exercise of 46,000 is expected to return an 8% removal rate amounting to a total of 3,705 removals from our waiting lists. This releasing capacity to reduce waiting times for patients who need to be seen sooner.

14. Implementation of a value-based approach to recovery

The funding allocated to the health board for 2023/24 is £3.1m. The VBHC/Pathway team has undertaken end-to-end pathway redesign and has supported a number of projects to improve pathways in Community Therapies, Hip and Knee, Prostate and Colorectal Cancer

The Heart Failure pathway is in the process of being finalised (working closely with the national cardiac network). New pathway improvement initiatives are being scoped in Gynaecology, Breast Cancer and Urology.

The outcomes of this work has been an ongoing reduction in backlog of patients waiting for treatment or a first appointment. The value-based approach is helping to ensure pathways follow evidence based best practice, and maximise the deployment of often scarce expert clinical resources by developing alternative pathways that reduce overall waiting times, or make better use of supporting clinical roles.

15. In-year and projected end of year financial position for 2023-24

The health board has set a financial plan for 2023/24 to deliver a deficit position of £134.1m and is facing a significant challenge in attainment of the plan that left unmitigated will adversely impact on future years. The financial pressures driving the deficit (and current adverse performance) being a consequence of continued high demand for urgent and emergency care post the pandemic, combined with necessary measures for elective recovery now being undertaken to address over 35,000 patients currently waiting over 52 weeks for diagnosis and/or treatment and over 9,000 patients waiting over 8 weeks for specific diagnostic tests.

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The health board is facing increased operational costs through investment continuing post Covid, predominately in relation to Medical and Nursing Staff (with staff shortages leading to increased costs from a reliance placed upon use of temporary workforce) and exceptional inflationary pressures in 2023/24. This deficit position requires the delivery of savings amounting to £25.2m, the year-to-date position as at the end of July a deficit of £59.6m (£14.9m adverse to plan). The Health Board remains committed to taking action to mitigate the risks to delivery of the financial plan, noting this represents a £134.1m deficit and as such (without further resource allocations) the Board will not achieve the three-year statutory financial duty in 2023/24.

The health board has instigated Executive led establishment controls to review recruitment to non-patient facing roles and is undertaking a full review of continued use of interim and agency workforce, with trajectories for Nursing and Medical staff groups being determined by professional leads supported by relevant professionals. In addition, a full review of all investments previously articulated within the 2023/24 financial plans is to be completed by close of September 2023, with a view to ceasing where practical to do so investments that can no longer be supported within resource envelopes, with a full review of balance sheet and reserve holdings to also be completed (with delivery of in year recurrent savings plans a priority for the health board). A forecast is currently being developed to reflect these measures and provide assurance over delivery of the plan at close of the financial year.

The above measures are designed to mitigate the risks to outturn in 2023/24. However, the review of non-patient facing roles, high cost interim appointments, use of temporary workforce and full review of investment decisions taken in 2023/24, combined with recurrent delivery of savings plans will strengthen the closing position and provide assurance over delivery of 2024/25 financial plans. The Health Board is to set the principles for development of future plans in the coming months and commence early engagement in development and ownership by leadership teams of the financial modelling undertaken for the 2024/25 financial year.

Yours sincerely,

Carol Shillabeer
Interim Chief Executive