Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth

This response was submitted to the Health and Social Care Committee consultation on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

WT 12

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Cadeirydd/Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Mark Hackett**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg.
We welcome correspondence in Welsh or English.

Date: 11th January, 2022

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Russell George MS
Chair, Health and Social Care Committee
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Dear Russell,

Re: Request for written evidence: the impact of the waiting times backlog and the effectiveness of the Welsh Government's Health and Social Care Winter Plan 2021-2022

Thank you for your letter of 30th November 2021 requesting concise and specific answers to the questions provided. I am happy to respond as follows:

Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

Overview

Across the UK, and in Wales, the pandemic has led to an increase in waiting times, and a backlog of elective procedures to be carried out. In addition, we know that there are increasing numbers of people at home with care and support needs going unmet, leading to crisis situations. Swansea Bay University Health Board (SBUHB) is doing everything it can to respond to high expectations and unprecedented demand while also continuing to respond to the pandemic, deal with the impact it has on staffing, on the need for infection control measures, and on service capacity and flow across the system as a whole, and accommodate people's well-earned annual leave.

While the combination of all these factors makes for real difficulty in sustaining services, and the quality of our services is inconsistent and on occasion not at levels we would wish, our staff are working in the most difficult of circumstances, and they continue to respond to the waiting times challenge. We are working to ensure patients are kept well-informed and supported while they wait, and innovating and transforming to tackle the pressures, using new pathways and protocols to deliver delayed planned care services, and manage demand. So far, there are signs both that the growth in the waiting list is starting to plateau, and with increased activity both internally and externally, that the total waiting list will start to fall in spring 2022.

Recently, the Health Board increased the number of elective theatre sessions undertaken by 26 and is now operating at around 80% of the activity undertaken pre-Covid. We plan to bring back an additional 26 sessions through December 2021 to March 2022 including weekend working in orthopaedics utilising 'insourcing', with plans to provide the same in gynaecology and ophthalmology.

The Health Board also has arrangements with a number of independent providers to outsource patients requiring a range of procedures including cataracts, and oral, spinal and hand surgery. In addition, we have insourcing capacity for endoscopy and gastroenterology, and mobile solutions for additional imaging (MRI and CT). Whilst tackling the backlog of patients, the Health Board is also working to transform the way in which care is delivered. This is evident in the work currently being undertaken to deliver the removal of basal cell carcinomas in general practice, but there are other surgical procedures that could equally be provided in primary care. Likewise, we are working with general dental practice to deliver more oral surgery and oral medicine locally, and there are GP cluster-based developments delivering spirometry, echocardiography and audiology.

As part of the work being undertaken to validate the current waiting lists, GPs and secondary care consultants are working together to review those patients still awaiting an outpatient appointment, to identify if treatment can be initiated in primary care or patients directed to a more appropriate care pathway. The initial work undertaken in this area in cardiology and ENT looks very encouraging and there are plans to expand this across the GP clusters and specialties in Q4 2021/22.

It should be noted, however, that the prioritisation of the expansion of the Covid booster vaccination effort will impact adversely on the waiting list backlog and on waiting times. We continually assess, and seek to mitigate, this impact.

Backlogs and waiting times

1. What is the current position on backlogs and waiting times within your health board? How were trends in waiting times changing before the emergence of COVID-19, and what effect has COVID-19 had on waiting times?

1.1. Since the beginning of the pandemic there has been a continuous increase in the number of patients waiting more than 26 weeks for an outpatient appointment, to 24,483 in October 2021. Ophthalmology has the largest proportion of patients waiting more than 26 weeks for an outpatient appointment, closely followed by Orthopaedics and Ear, Nose and Throat.

1.2. Pre-Covid, waiting times for first outpatient appointments were reducing, with approximately 400 patients waiting more than 26 weeks. The total waiting list for outpatients has doubled since the emergence of COVID-19 in March 2020.

1.3. This table summarises the Referral to Treatment (RTT) waiting list numbers, pre-Covid and now:

	RTT waiting list as at:		Variance
Stage	16/**02/2020**	12/**12/2021**	+/-
1	22,478	44,382	+21,904
2	3,989	3,007	-982
3	6,786	8,142	+1,356
4	1,950	2,709	+759
5	15,354	17,836	+2,482
TOTAL	50,557	76,076	+25,519

2. What is the anticipated size of the backlog and the pent-up demand from patients who require diagnostics or treatment? Are patients having to wait longer for some specialities than others, and if so, why?

2.1. At the end of October 2021, the number of patients breaching the 8 weeks' target for diagnostics was 5,939. There was a slow but steady reduction from 6,610 in November 2020. However, due to Covid there are now more patients awaiting a first outpatient appointment, so there is an unknown demand which

is yet to materialise. Conversion rates from outpatients to diagnostic varies by specialty but are approximately 20%, and there are 52,193 people currently on an open pathway for outpatients.

Support services

3. What services (for example, mental health and wellbeing support, pain management support, social prescribing etc) are in place to support people who are waiting for diagnostics and treatment? Given the scale of the current backlogs, how accessible are such support services?

3.1. The Health Board is not currently providing any of these services to patients waiting for diagnostics or treatment. An Exercise and Lifestyle Programme is available to around 100 orthopaedic patients awaiting knee replacements, and the Health Board has plans (using recently received funding) to extend this pre-habilitation service to a wider cohort of orthopaedics patients, and expand the range of services available to include emotional well-being and pain management.

3.2. However, there is now a lot of mental health and wellbeing support available in the community. This is primarily in the form of self-help tools and services. A clickable online poster (see the Appendix) signposts to the main reputable apps, webpages, services, and leaflets in Wales that the general population can access. For example, clicking 'online courses' leads to a webpage Looking after your Mental Health & Wellbeing/Gofalu am eich Iechyd Meddwl a Llesiant (https://padlet.com/ImprovementCymru/wy5v4dk8o7vignlo), with suggestions that could be helpful, including SilverCloud online therapy and ActIF's self-help video course. The poster also links to resources for people with memory issues, children and young people, and people with learning disabilities.

3.3. Internally, as this situation affects our staff too, we are supporting them with their concerns through a 'Talk 2 Me' initiative and delivery of an Arts Council-funded programme to learn from staff experience.

4. How are you working with care services and/or the third sector to support patients, and their carers and families?

4.1. The Health Board has recently received funding from Welsh Government to engage the British Red Cross to provide pastoral support to long-waiting patients in orthopaedics.

4.2. Locally, people often don't know that support, education and respite services are available or signposted online. The SBUHB Outpatients Mental Health winter pressures group is looking at collating information for people with dementia and their care partners into one webpage/portal to access. This will be similar to the bespoke local tidyMinds portal (https://tidyminds.org.uk/) which helps children and young people to understand the way they're feeling, and find the right advice and support. It is hoped that adult and outpatient mental health webpages will be developed over the next five months and will include content from SBUHB, its local authority partners and third sector organisations.

4.3. For affected patients, and their carers and families, allied health professionals have been collaborating across Health Boards to offer the people monthly phone-in consultation slots called 'Ask us about Dementia'. Feedback on the first stage of the initiative, developed without funding, has been good, and Government has allocated funds to take this forward, so that Health Board professionals giving time to this may be reimbursed.

4.4. Partnership working is critical to our work and we utilise existing networks that may be managed by partners to involve people and seek views. These include the Carers Networks (West Glamorgan Carers Partnership Forum and Regional Carers Partnership), the Regional Third Sector Health, Social Care and Wellbeing Network, and the Co-production Network.

Capacity and resources

5. What are your views on whether the health board has the capacity and resources required to deal with the current backlog, including the right number of staff with the right skills mix?

5.1. The Health Board has submitted plans to Welsh Government to deal with the current backlog and provide sustainable solutions for the future. To date, the proposal submitted for the creation of a Centre of Excellence for elective Orthopaedics in Neath Port Talbot Hospital (operational autumn 2022) and an

additional day surgery for ophthalmology in Singleton Hospital (operational end of summer 2022), part of a regional solution with Hywel Dda UHB, have been supported.

5.2. The only outstanding element of the Health Board plans is the creation of three additional theatres in Singleton Hospital to facilitate the transfer of less complex elective surgery from Morriston Hospital. These will dramatically increase capacity and transform surgical volumes. These capital schemes will take time to be completed, and in the interim (3-5 years) the Health Board will need to rely on the use of the independent sector for outsourcing and insourcing capacity.

5.3. The workforce challenges are significant, and the Health Board has already started to explore other options in each situation e.g. utilising Band 4 theatre staff for cataract sessions. We recognise that all Health Boards in Wales and Trusts in England are seeking to solve the same problems and recruit from the same pool of people, so our recruitment approach will need to be competitive to attract applicants and retain successful candidates as employees. A combination of workforce development, international recruitment, local workforce expansion, and a focus on productivity improvement to meet the challenges in the next 3-5 years are required. This must be underpinned with robust digital and physical capacity increases.

Prioritisation

6. Which services have you prioritised in terms of tackling the backlog?

6.1. Throughout the pandemic, the Health Board has adopted the Royal College of Surgeons' (RCS) prioritisation system, P1-4. However, the Health Board has also started to prioritise long-waiting patients in the 10 longest-waiting specialties - these include orthopaedics, ophthalmology, general surgery and dermatology from early 2021/22. We are also mindful of needing to reduce waiting and meet our contractual obligations for regional specialties such as bariatric, cardiac, plastic and thoracic surgery.

7. How are you prioritising people on waiting lists, for example in respect of clinical need and time waiting? Has any consideration been given to taking other factors into account, for example population group or deprivation?

Given your local population, what implications might such an approach have?

7.1. As stated above, the Health Board has used the RCS' prioritisation system. In addition, we have focused on the Welsh Health Specialist Services Commissioners' (WHSCC) priority groups. At present, no consideration has been given to deprivation status, and it is unclear how this could be determined from the current information that the Health Board holds regarding patients.

Information and communication

8. How are you communicating with people who are waiting for care or treatment, and what steps are you taking to ensure that people who are waiting do not feel forgotten? For example, how are you responding to the findings of the Board of Community Health Councils in its report 'Feeling forgotten? Hearing from people waiting for NHS care and treatment during the coronavirus pandemic'?

8.1. The Health Board has written to all patients waiting in excess of 52 weeks, both to enquire about whether they wish to stay on the waiting list and to determine if there has been any improvement or deterioration in their condition. In addition, patients are able to access information on our website: SBUHB: Advice for patients whose operation may have been delayed due to COVID-19.

8.2. Swansea Bay Community Health Council (CHC), the independent watchdog of the NHS in Neath Port Talbot and Swansea, produced a report, 'Is my life worth living', specifically about waiting for elective orthopaedic surgery. It was published in September 2021, and is based on feedback received through a variety of communication channels. 948 people on the orthopaedic waiting list described the impact the wait for surgery is having. The report, and the actions being undertaken in response to the recommendations in it, were presented and discussed at the SBUHB November 2021 Quality and Safety Committee.

8.3. The SBUHB November 2021 Quality and Safety Committee report included information about our programme of regular direct validation of patients who have been assessed and are now waiting for an operation, which commenced in May 2021. Based on information gained from completed assessment forms, which are being used across a range of specialties including orthopaedics and spinal surgery, and other communication, we have been able to offer an Exercise and Lifestyle Programme to around 100 orthopaedic patients awaiting

knee replacements. We have plans (using recently received funding) to extend this pre-habilitation service to a wider cohort of orthopaedics patients and expand the range of services available to include emotional well-being and pain management.

9. Do you have any plans to publish and share information about indicative waiting times for your local population? What challenges or benefits would be associated with this?

9.1. The Health Board is currently developing a dashboard for general practice which will allow GPs to have access to waiting times information, both when they are undertaking a consultation with a patient and if they have any enquiries from patients currently on a waiting list.

Welsh Government support

10. What could the Welsh Government do to support health boards to tackle the backlog, and ensure that people who are waiting for diagnostics and treatment get the care and support they need so that their physical and mental health does not deteriorate while they are waiting?

10.1. During 2021/22, the funding that Health Boards have received has been non-recurring and therefore SBUHB has had to focus on short term interventions such as insourcing, outsourcing and waiting list initiatives. We welcome the announcement of recurring funding for 2022/23 onwards (of which SBUHB's allocation is £21.6m) which will allow for the appointment of substantive staff, enabling sustainable solutions to be established. This funding should be continued, and non-recurrent funding used only for one-off service needs and minimised. Health Boards should be supported to determine local priorities and actions and held to account for resources allocated for delivery of them.

10.2. Non-recurring funding will be required in 2022/23 to ensure that the current initiatives are continued while recruitment takes place and the sustainable solutions are put in place to complement recurrent sustainable investment. This will need to include investing further in more pre-habilitation for patients currently awaiting treatment to ensure that their physical and mental health does not deteriorate and that they are optimised to receive their treatment.

10.3. Capital investments are needed for capacity expansion to address inefficiencies from the historic co-location of elective and urgent surgeries on

the same sites, along with rejuvenating an estate with a large backlog of maintenance requirements. This now needs to be addressed urgently.

10.4. The acceleration of support at a national level for the delivery of 7-day elective and emergency services, underpinned by effective remuneration for medical and other staff, is essential. Current pay arrangements, attitudes and behaviours impede achieving this.

Effectiveness of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022

11. How well are health and care services coping, including any particular pressure points and areas of concern as we move further into winter?

11.1. The exceptional, immense pressure on our operational delivery continues in all areas. Across the health board, there are four key drivers of this pressure:

- community prevalence of Covid from surges is leading us to lose up to 400 staff at any time for periods of isolation or recovery, which impacts directly on maintaining services, and service quality, consistently
- increased private sector demand for people to fill retail and logistics jobs has adversely impacted our ability to attract key staff in health and social care to fill our vacancies
- demand for our urgent and emergency services is back at pre-pandemic levels, in part because there are increasing numbers of people at home with care and support needs going unmet, leading to crisis situations
- as a result of the recruitment and retention issues in social care, particularly domiciliary care, and the impact of incidences of Covid in care homes, we have seen up to 200 care packages a week being handed back

The impact of these drivers is seen in the Health Board's performance reports (which focus on patient harm management - 'the four harms approach' - as set out in the NHS Wales COVID-19 Operating Framework).

11.2. Winter pressures are exacerbated by the restrictions of COVID-19 arrangements on our services and flow across the system which continue to impact on quality and safety and patient experience. While the number of COVID-positive patients being admitted into our hospitals fell earlier in the last

quarter of 2021, it rose sharply in late December. Coupled with an increased length of stay of patients, primarily caused by more frequent delays in patients being able to be discharged to settings other than home, we face significant challenges daily in our ability to both transfer patients from ambulances and to see patients in ED in a timely way. We are frequently running Morriston hospital in excess of 100% occupancy which creates delays in performing urgent operations and in moving improved patients from intensive care to wards.

11.3. In Primary Care and Community Services we are seeing a level of demand that is creating a state of heightened escalation in general practice. The impact of this and demand for community services beyond capacity are areas of concern for our ability to maintain flow out of hospital as we move further into winter.

11.4. Given the above, to facilitate operation of the winter plan, we are committed to accelerating our emergency plans aligned to the six goals for urgent and emergency care https://gov.wales/sites/default/files/publications/2020-07/six-goals-for-urgent-and-emergency-care.pdf, both locally and regionally, based on robust risk assessment across the whole system and on building resilience. Our strategy and plans involve reducing bed occupancy levels and admission demand, and increasing discharge rates through community capacity expansion and improved assessment and discharge processes. These will markedly improve patient flow across our hospital sites. Our specific plans include:

- actively working on reducing time to assessment, increasing utilisation of GP consultation slots in and out of hours, discharges over the weekend and effective ward rounds, and enhancing escalation processes
- establishing four virtual wards aligned to GP clusters, each holding a caseload of up to 50 patients focusing on identification of frailty, step up and admission avoidance where appropriate and step down to facilitate safe, timely and supported discharge. The model will be then rolled out to the other four GP clusters in 2022/23 based on the Health Board resourcing these as part of its 2022/23 Annual Plan
- working very closely with WAST colleagues with a joint commitment to reduce ambulance handover times and mitigate risk in the wider community.

11.5. As reported by the Welsh NHS Confederation https://www.nhsconfed.org/sites/default/files/2021-12/Actions%20taken%20to%20mitigate%20pressures%20in%20health%20and%20social%20care%20system.pdf, SBUHB has implemented the following:

- SBUHB aims to commission up to 100 care beds from the independent care home sector within the Swansea Bay footprint. This is in addition to the routine purchasing of beds for individuals requiring long term care. The scheme will facilitate discharge from an acute hospital bed and provide ongoing NHS care for up to six weeks, pending finalisation of an individual's ongoing needs. Therefore, a pool of step-down beds is being created to ensure individuals leave acute hospital beds in a timely manner
- Further building and supporting the community resilience work-stream by engaging directly with the third sector, citizens, communities and volunteers to identify emergency community actions as part of the overall emergency/ winter plan
- Volunteers are supporting the emergency response through the use of care home volunteers, and wider links with education, to establish potential volunteering opportunities to support the wider community
- Due to the increased burden on unpaid carers, they have reconfigured the unpaid carers liaison group to have an immediate action planning focus, tasked with generating a list of mitigating actions that can be taken with unpaid carers and in communities and services
- Supporting the emotional and psychological wellbeing of children through coordinating the support available through CAMHS, other Health Board emotional and psychological wellbeing services (including Child Psychology, schools, Local Authorities and the third sector) and accelerating capacity building where possible.

11.6. Our winter plan is overseen by the Chief Operating Officer. To maintain resilience through the whole winter period, we have to adapt to new pressure points and emerging areas of concern that result in constantly shifting prioritisation, from delivery and uptake of the influenza vaccination, to reducing the number of clinically-optimised patients waiting in hospital beds, to increasing 7-day working to support flow or flexing capacity to manage peaks in pathway demand. At the time of writing, the immediate priority has become to support the vaccination workforce expansion plans by releasing suitably qualified vaccinators and non-clinical administrative staff from existing roles.

12. What are your views on the effectiveness of this year's approach to winter planning, including the timing of the Welsh Government's winter plan and associated planning at regional/local level? Are these sufficiently joined up?

12.1. Through the mechanism of the West Glamorgan Regional Partnership Board (WGRPB), the plan for winter (https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/december-2021-special/3-1-appendix-1-pdf/) has been developed by service leads across organisations, including Local Authority partners, and linked into the Health Board's winter plan through the Urgent and Emergency Care Programme.

12.2. The planning timeline was:

- September – SBUHB winter planning underway
- Tuesday 5th October - Received the draft Welsh Government Winter Plan for 2021-22 and a request to provide comments by Monday 11th October
- Monday 11th October - CEO submitted comments
- Mid-October – WGRPB working on regional plan incorporating partners' drafts
- **Thursday 21st October – Welsh Government Health and Social Care Winter Plan 2021 to 2022 published**
- Wednesday 1st December - WGRPB Emergency Winter Plan 2021/22 issued to SBUHB Management Board
- Thursday 16th December – WGRPB Emergency Winter Plan 2021/22 presented to SBUHB Board for consideration

12.3. As well as receiving formal Health Board consideration, specific scrutiny was planned on December 22nd as part of the mid-year Joint Executive Team review with Welsh Government. Now in operation, the plan will be reviewed weekly under WGRPB governance, and iterated as the context changes.

13. What lessons can be learned from this year's approach?

13.1. This year we have seen a mild start to winter weather, which is providing extended time to prepare, and accommodate other pressures. However, the current planning and resourcing arrangements are too fragmented and too operationally focused. Therefore, our principal observations are:

- initiate planning as early as is meaningful, based on contextual and planning guidance, as part of annual planning arrangements
- align meeting dates for efficient plan approvals to aid timely plan dissemination and implementation
- consider more bold and courageous changes across the health and social care system which seek to address certain chronic sustainability issues e.g. domiciliary care, community services, and the fragmented emergency care system which needs more rapid integration at health board level
- emphasise policy development nationally that seeks to set direction but which, within that framework, enables health boards to prioritise local factors which need to be addressed; increase direct funding for these plans for health boards to use at their discretion while holding them to account for delivery.

13.2. Locally, winter planning could be based on lessons learned from the previous winter, say in April/May, with a first draft of the winter plan including assumptions in July/August to feed in to the regional and national process, with early clarity on resourcing allocation and governance.

Appendix

Note: also available in Welsh

Yours sincerely

Mark Hackett
CEO