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 19

Ymateb gan: | Response from: Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg | Cwm Taf Morgannwg University Health Board

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Cwm Taf University Health Board: COO's Office

Response to 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

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?

   The UHB has a response in two parts as below:

What is the current position on backlogs and waiting times within your health board?

At the end of November 2021 there were 98,268 patients on a "RTT" reportable waiting list. The breakdown by clinical urgency and present waiting time is provided below. Please note that urgency is re-appraised over time to reflect clinical need.

WL 30/11/21	Urgent	Routine	Ophthalmology (Pt specific)	Not_stated (F/Up or diagnostic)	Total
<26_weeks	13536	22842	4290	5746	46414
26-35_weeks	1464	5402	1318	1522	9706
36-52_weeks	1574	5626	1124	1458	9782
>52_ weeks	3546	22036	3290	3494	32366
Grand Total	**20120**	**55906**	**10022**	**12216**	**98268**

How were trends in waiting times changing before the emergence of COVID-19, and what effect has COVID-19 had on waiting times

Trend analysis of the CTM waiting list position prior to Covid 19 is affected by the boundary change which saw the Bridgend locality move from ABM UHB into CTM UHB. A table showing the monthly number of people on a "Referral to Treatment time" reportable waiting list is provided.

Noting the absence of data for Bridgend, prior to Covid-19, the Old Cwm Taf area had noted a marginal 1% reduction in the waiting list in 2018, followed by a 20% increase in numbers in 2019.

Since Covid-19 there has been an acceleration in the increase, with a 33% increase in the year 1st April 2020 to 31 March 2021 and a 36% increase over the 12 months to November 2021.

Month ending	Number on reportable RTT Waiting list by locality			Vol_change in 12 months			% change in 12 months		
	CT	M	CTM	CT	M	CTM	CT	M	CTM
31/01/2018	34084		34084						
28/02/2018	32898		32898						
31/03/2018	32650		32650						
30/04/2018	33533		33533						
31/05/2018	33883		33883						
30/06/2018	33561		33561						
31/07/2018	34393		34393						
31/08/2018	35121		35121						
30/09/2018	34796		34796						
31/10/2018	34887		34887						
30/11/2018	34764		34764						
31/12/2018	34256		34256						
31/01/2019	33703		33703	-381			-1%		
28/02/2019	33819		33819	921			3%		
31/03/2019	33878		33878	1228			4%		
30/04/2019	34866		34866	1333			4%		
31/05/2019	35804		35804	1921			6%		
30/06/2019	36727		36727	3166			9%		
31/07/2019	38431		38431	4038			12%		
31/08/2019	39744		39744	4623			13%		
30/09/2019	40160		40160	5364			15%		
31/10/2019	41244		41244	6357			18%		
30/11/2019	40731		40731	5967			17%		
31/12/2019	40951		40951	6695			20%		
31/01/2020	41233	20930	62163	7530			22%		
29/02/2020	40678	20805	61483	6859			20%		
31/03/2020	40662	20630	61292	6784			20%		
30/04/2020	40411	20370	60781	5545			16%		
31/05/2020	40885	20429	61314	5081			14%		
30/06/2020	42323	21092	63415	5596			15%		
31/07/2020	44409	22040	66449	5978			16%		
31/08/2020	46590	23066	69656	6846			17%		
30/09/2020	47802	23450	71252	7642			19%		
31/10/2020	48614	23974	72588	7370			18%		
30/11/2020	49058	24515	73573	8327			20%		
31/12/2020	50330	24923	75253	9379			23%		
31/01/2021	51548	25465	77013	10315	4535	14850	25%	22%	24%
28/02/2021	52710	26352	79062	12032	5547	17579	30%	27%	29%
31/03/2021	54198	27252	81450	13536	6622	20158	33%	32%	33%
30/04/2021	55931	28171	84102	15520	7801	23321	38%	38%	38%
31/05/2021	57547	28728	86275	16662	8299	24961	41%	41%	41%
30/06/2021	58954	29398	88352	16631	8306	24937	39%	39%	39%
31/07/2021	60427	29784	90211	16018	7744	23762	36%	35%	36%
31/08/2021	62394	30127	92521	15804	7061	22865	34%	31%	33%
30/09/2021	64468	30564	95032	16666	7114	23780	35%	30%	33%
31/10/2021	65564	31567	97131	16950	7593	24543	35%	32%	34%
30/11/2021	66595	31673	98268	17537	7158	24695	36%	29%	34%

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?

   The UHB has a response in two parts as below:

What is the anticipated size of the backlog and the pent-up demand from patients who require diagnostics or treatment?

The dynamics of the waiting list are dependent upon demand and activity, queuing discipline and patient behaviours. These which are in turn predominantly driven by referrals and conversion rates, overall capacity and productivity rates and clinical priority. Behaviour manifests itself as failures to attend or late notice cancellations.

Big changes have been observed in these elements during covid, with reduced demand, greater use of virtual consults and far lower levels of productivity, driven by infection control measures which have led to increased theatre turnaround times and the duration of an outpatient consultation and reductions in bed capacity.

At this time there is some uncertainty as to how the post covid norm would look, having prepared a number of scenarios.

Are patients having to wait longer for some specialities than others, and if so, why?

There is variation by waiting times across the specialties as is shown below:

Surgical	Waiting list on 30/11/21	<26_weeks	26-35_weeks	36-52_weeks	>52_ weeks	Grand Total	% over 52 weeks
Non_surgical	Anaesthetics	451	133	200	1422	2206	64%
Non_surgical	Cardiology	2946	596	630	1485	5657	26%
Non_surgical	Care of the Elderly	31	8		4	43	9%
Non_surgical	Colorectal	476	96	106	350	1028	34%
Non_surgical	Dermatology	3576	699	638	3699	8612	43%
Non_surgical	Endocrinology	206	47	3	1	257	0%
Surgical	ENT	4479	1027	1031	4276	10813	40%
Non_surgical	Gastroenterology	2103	362	356	693	3514	20%
Non_surgical	General Medicine	1448	218	180	241	2087	12%
Surgical	General Surgery	6392	1359	1443	4099	13293	31%
Surgical	Gynaecology	3594	745	817	2659	7815	34%
Non_surgical	Haem (Clinical)	120				120	0%
Non_surgical	Nephrology	98	11		1	110	1%
Surgical	Ophthalmology	5930	1531	1389	3940	12790	31%
Surgical	Oral Surgery	1227	225	314	976	2742	36%
Surgical	Orthodontics	163	34	36	56	289	19%
Surgical	Orthopaedics	2870	873	837	3106	7686	40%
Non_surgical	Paediatric Neurology	8				8	0%
Non_surgical	Paediatrics	2231	190	97	14	2532	1%
Non_surgical	Respiratory Medicine	1085	133	96	76	1390	5%
Surgical	Restorative Dentistry	58	21	33	88	200	44%
Non_surgical	Rheumatology	850	194	183	426	1653	26%
Non_surgical	Sport and Exercise Medic	12	1	3	3	19	16%
Non_surgical	Thoracic Medicine	453	39	30	2	524	0%
Surgical	Trauma & Orthopaedic	2218	528	501	2242	5489	41%
Surgical	Urology	3389	636	859	2507	7391	34%
	Grand Total	**46414**	**9706**	**9782**	**32366**	**98268**	**33%**
of which	Surgical	30320	6979	7260	23949	68508	35%
	Non-surgical	16094	2727	2522	8417	29760	28%

This is driven by a number of factors, two of the more significant of which are:

- **Overall Demand v Activity Delivered** – Covid has had a disproportionate impact on the UHB's ability to maintain elective surgical activity and aerosol generating diagnostic procedures. Far more so than in delivering outpatient services. As a consequence waiting times for the surgical specialties have increased.

- **Clinical Urgency and Expedite rates** - patients with an outcome which is materially sensitive to the time to treatment are identified as clinically urgent and are brought in for their surgery prior to those whose outcome is less sensitive to the time to treatment. The proportion of demand on a service of patients who are urgent changes specialty by specialty reflecting the case mix. The November 2021 waiting list position for urology and general surgery, both of which have a sizeable number of suspected cancer referrals, shows that without accounting for any other factor there is a large difference in the waiting times.

	Numbers of patients waiting as at 30/11/21 by time band and clinical priority					Proportion of the waiting list (or sub set of it)			
General Surgery	**<26 weeks**	**26-35 weeks**	**36-52 weeks**	**>52 weeks**	**Grand Total**	**<26weeks**	**26-35 weeks**	**36-52 weeks**	**>52 weeks**
Urgent (including expedited)	2531	264	269	441	3505	72%	8%	8%	13%
Routine	2783	819	928	2885	7415	38%	11%	13%	39%
Not recorded	1078	276	246	773	2373	45%	12%	10%	33%
Urology	**<26 weeks**	**26-35 weeks**	**36-52 weeks**	**>52 weeks**	**Grand Total**	**<26weeks**	**26-35 weeks**	**36-52 weeks**	**>52 weeks**
Urgent (including expedited)	1552	96	86	177	1911	81%	5%	5%	9%
Routine	1357	396	580	2087	4420	31%	9%	13%	47%
Not recorded	480	144	193	243	1060	45%	14%	18%	23%

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?

The UHB has a patient support line in place, which has been operational since early Summer 2021 and local GPs are aware of its existence. The line itself does not offer direct patient support but the team direct patients appropriately depending on the nature of the call. Additionally, the call handlers are able to review current waiting times.

From January 2022 the UHB's Wellness Hub will be operational, two of the key programmes on offer are Mental Health and Pain Management; it should be noted however that the programmes go on for around nine month duration for maximum benefit to the patients.

If patients feel that their situation has deteriorated then they are able, as now, to report this to their GP so that a reassessment of their clinical position can be made and the UHB senior medical staff contacted.

From a Therapies perspective, AHPs have set up new and specialist services to contribute to reducing waiting times for patients awaiting diagnostics, assessment and treatment. This is for a variety of patient groups including; those with Persistent Pain, Vascular presentations, musculoskeletal, orthopaedic and Urogynaecological problems as well as signposting to self-management resources. These AHP led services are seeing patients removed from surgical pathways /waiting lists thus saving theatre time, hospital stays and with potentially improved non-surgical outcomes.

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

The UHB is engaged with the British Red Cross, which has put forward a proposal to support carers and families of patients who are awaiting long term treatment.

Therapy staff are being used to review and support long waiting patients by offering therapy led services, including patients within Urogynaecology and Orthopaedics where the waiting time for a specialist is far longer than with a therapy led service.

The UHB is working to ensure that 'therapy first' is rolled out and have the IT systems developed to support this, from the point of referral.

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?

The CTM backlog of elective patients awaiting definitive treatment is very large (awaiting >52 weeks is circa 32000) and current estimates say that it will take in excess of two years to treat the complete backlog of patients, with the current schemes that are in place (utilising the Independent Sector at the current pace, keeping the staff in post as-is and with the validation programmes continuing).

The greatest barrier to consistently deliver elective services are the ongoing Covid constraints (in terms of IPC guidance, spacing, workforce) and the linkages with unscheduled care demands directly impacting on beds (which also links with social care and LOS). At present, we have some significant issues with staff sickness and it is anticipated that this may well increase as Omicron impacts upon health and social care.

It is difficult to assess whether the Board will be able to do this when faced with the challenges that the next few months will bring however the UHB is looking to develop staff with the right skill mix wherever possible.

From a Therapies viewpoint, there is the issue of fragility of small discreet services to be managed – and they struggle with capacity/demand due to increased chronicity / PPE / IP&C measures that increase time and number of staff needed to provide patient interventions.

Prioritisation

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

Cancer patients have continued to be prioritised, followed by clinically urgent patients and paediatrics.

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?

For routine patients, appointments are currently offered definitive treatment / appointments by order of waiting time and urgent patients are prioritised in all areas.

There has not been any consideration in terms of appointing in relation to population group. However when undertaking the recent WG led validation programme, consideration was given the local population of CTM and adaptions to the questionnaire were made; this was also a reason for setting up the patient line, to support any questions that may arise.

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'?

The UHB continues to fulfil its 'warning and informing' obligations under the Civil Contingencies Act duties, using a compassionate yet clear communications and engagement approach that will enable us to continue to improve the trust and confidence between CTMUHB, its patients, communities, stakeholders and staff.

Communications and engagement will continue in much the same way it has done throughout the pandemic which has seen all owned channels (i.e. website and all socials) maximised and used heavily by public, patients, stakeholders and staff.

Outlined below are some of the ways in which we have continued to improve the way in which we communicate and engage with people across CTM over their care and treatment during the pandemic:

- **With Patients and Public** – patient and public-facing information will continue to be published on the CTMUHB website and social media channels which also includes sharing relevant content from Welsh Government and other key organisations to reinforce the critical messages related to care and treatment during the pandemic. Our web information service includes a dedicated 'Latest Service Updates' webpage with FAQs and a dedicated helpline for restarting services.

  From the very start of the pandemic, a closer working arrangement has been established between our Health Board's communications team and those in the Local Authorities which helps with a coherent and co-ordinated sharing of messaging and updates into our communities.

  Through *CTM 2030: Our Health Our Future* (CTM's 10 year organisational strategy), all CTM residents, including patients and service users, have been invited to have their say

around their lived experience/s of health care and treatment within CTM, and their ideas and views around good health care in CTM for the next 10 years and beyond.

From early Jan 2022, CTM will be sharing ways on how its patients and community can access CIVICA. CIVICA is a new service user feedback system to help CTM as an organisation gather information from patients to provide a better understanding of their Patient Reported Experience Measure (PREM). The system will allow CTM to gain an understanding of the patient's journey through our services, alongside those of their family and any carers. The system takes into account many aspects of a patient's experience, such as – were they listened to, if they were treated with dignity and respect, where they were treated, were they involved as much as they wanted to be in decisions about their care and were they given the opportunity to speak in Welsh as well as other equality questions.

- **With Partners and Stakeholders** – communications and engagement with political stakeholders has been a key component within the Health Board's communications approach and a weekly stakeholder briefing was established to ensure clear and consistent messaging related to care, service provision and treatment is available for community and regional representatives.

  This is complemented by bi-weekly briefing sessions between CTMUHB's CEO and Chair and the Leaders and CEOs of all three local authorities, Members of Parliament and Senedd Members. This will continue and enable trusted partners to provide us with key insights as well as cascade Health Board messaging through third party / peer to peer information sharing.

  Any changes to services / access to care and treatment are communicated with, and consulted upon as required, with the CTM Stakeholder Reference Group (SRG), Partnership Panel and Community Health Council (CHC).

- **With Staff** (recognising that many of our staff reside within the CTM footprint and therefore part of the communities our Health Board serves, our focus on communications and engagement includes) – strong visibility, communication and engagement of CEO, Chair, Executive Directors and Independent Board members on changes to care and treatment to ensure staff have access to the latest information on care and treatment for their patients, service users, carers etc.

  Internal communications includes a weekly staff message conveys highlights important developments to services and / changes to care and treatment; these are cascaded across all three local ILGs.

  A Staff Facebook Page was launched during Covid makes access to important updates more easy. With more than 8,000 CTMUHB members, it keeps staff updated on important updates / changes to care and treatment, as well as connecting them with each other across the organisation.

Monthly MicroSoft Teams live staff Q&A sessions ensure staff are connected across the whole organisation on important service changes or updates related to care and treatment across CTM, and facilitates two-way discussion around any impact on patients, service users, carers etc. This has been complemented by localised 'ILG On Tour; staff engagement events.

Media Communications

Media activity has been a key part of the communications-mix throughout the past year, enabling key public messages to be reinforced as well as explain challenges and issues specific to CTMUHB services and treatment. All of this will continue to be the approach throughout winter 2021/22.

All communications will continue to:

- Align to national messaging working with WG and NHS Wales organisations on joined up and shared approaches, sharing collateral and assets where possible;
- Engage directly with stakeholders on joined up messaging / issues handling related to care and treatment;
- Capitalise on the available technology to engage directly with our patients and service users on their care, treatment and experiences;
- Remain agile to supporting operational pressures.

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?

Historically, the Integrated Locality Groups within the UHB have published waiting times, by specialty, however this ceased at the start of the pandemic. Due to the nature of the demands and the changing picture it is not possible to accurately indicate specialty waiting times (for example, a patient could be waiting for a hip replacement under Orthopaedics with an anticipated waiting time of six months, but be grouped with a knee replacement who could be anticipated much longer due to the complexity of the specific knee and the capacity of the surgeon.)

There are also complexities surrounding use of the Independent Sector who continue to offer available capacity (albeit at a reduced number) but these patients would not be complex - therefore this also affects the ability to accurately predict waiting times.

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?

The Health Board will always welcome flexibility around funding, though staff can be difficult to recruit.

A significant element in reducing waits is of course the situation with covid – and the social distancing and changes to elective services that it has brought and which have been used to ensure staff and patient safety. This is, of course, not an issue that can be controlled by Welsh Government and so specific issues will be raised with colleagues when they present themselves.

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

While we are aware that we are still moving into the winter period, the Committee is keen to get a sense of the current position, and how well-prepared for winter staff and services feel.

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

Currently there are bottle necks to discharge patients from acute hospitals which are predominantly centred around delays in allocation of social worker due to capacity and inability to source care home placements. The UHB has also experienced a large increase in delays for patients waiting for packages of care due to the unavailability of packages in the community.

Anything that could help the UHB to discharge patients more quickly would be a valuable key.

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?

Winter guidance was released very late this year and the Health Board plans then required additional re-work to respond to specific items within the WG guidance.

Although Health and Social Care worked in partnership to varying degrees on plans a large proportion of the plans were developed in isolation due to the routes of funding.

Therapies colleagues specifically have reported that the approach could be improved. In particular, they have highlighted the issues with temporary posts, which can be virtually impossible to recruit to. There is a very limited locum workforce anyway combined with the HB rush to snap up the few that are available and suitably trained.

Pressures are present all year but exacerbated in the winter and colleagues need recurrent funding that reflects this to enable us to develop and sustain a service that has some flex in the system.

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

The UHB has received the message from colleagues in the service that short term funding is unhelpful most of the time.