PAPAC(6)-07-22 PTN1 - Annex 3

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

Integrated Medium Term Plan 2022/25

Appendix 2
Planned Care Recovery

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Appendix 2: Planned Care Recovery

This appendix outlines our plans to restore core activity affected by the Covid-19 pandemic. Welsh Government colleagues should read this appendix alongside the WG minimum data set (MDS) submission.

We are strongly committed to a full restoration of pre-COVID-19 core activity alongside additional activity to recover episodes of care delayed due to the pandemic.

Our recovery plan is comprised of a combination of approaches:

Increase of capacity	*Increasing our outpatient, diagnostic and treatment capacity means that we will eliminate the activity backlog more quickly.* *We will supplement the core activity that we usually have available, with additional externally provided activity to do this.*
Prioritising diagnostics & outpatients	*We will prioritise ensuring that those people waiting for treatment have received a confirmed diagnosis as quickly as possible, prioritising those who have been triaged as being at greatest clinical risk first.* *This will give us greatest confidence that there are no patients waiting for delayed treatment who have serious, deteriorating, conditions not picked up through the triage of referral letters.*
Transformation of pathway	*Like most healthcare organisations, we know that we could transform a number of our pathways and make them more efficient. We had already commenced that journey and will increase our focus upon this in those areas where early transformation would have a particularly positive impact upon the waiting list backlog.*
Information & communication	*We will continue to develop the information that we communicate to patients, and partners, to ensure that likely waiting times are known, that procedures to follow in the event of clinical deterioration are understood, and to ensure that opportunities to utilise transformed or alternative consultation modalities are known about.*

The draft WG Planned Care Recovery Plan, presented to the National Planned Care Programme Board in February 22, contains the following targets. We have mapped our key specialty recovery plans against these.

Measure	Target
Number of patients waiting more than 104 weeks for treatment	Zero by Q2 in 2022 excluding orthopaedics Zero by 2024 – all specialities
Number of patients waiting more than 36 weeks for treatment	Zero by 2026
Percentage of patients waiting less than 26 weeks for treatment	95% by 2026
Number of patients waiting over 104 weeks for a new outpatient appointment	Zero 104 week waits by Jul 2022
Number of patients waiting over 52 weeks for a new outpatient appointment	Zero 52 week waits by Oct 2022
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by Mar 2023 against a baseline of Mar 2021
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Zero by Mar 2024
Number of patients waiting over 8 weeks for a diagnostic procedure	Zero by Mar 2024
Number of patients waiting over 14 weeks for therapies	Zero by Mar 2024
Suspected Cancer Performance	65% compliance - 2023 70% compliance - 2024 73% compliance - 2025 75% compliance - 2026

Opportunities and Challenges

We currently expect 2022/23 to see a concerted focus to return to near-normal levels of core activity.

Level	Description	Situation
0	Covid eliminated	Covid exists but rarely seen
1	Low Covid	Covid circulating in the community, perhaps at levels of last summer, but lower severity (equivalent to Omicron variant)
2	Stable Covid	Approximates to levels of Covid seen over Autumn/Winter 2021
3	Urgent Covid	Rapidly spreading and/or extremely high levels of Covid, with high levels of hospitalisation (e.g. emergence of new variant)

Planning assumption 1:

This will be dependent upon the nature of the covid-19 pandemic progressing as anticipated in the national modelling profiles – we have modelled our profiles upon being at Level 1 throughout 22/23.

Planning assumption 2:

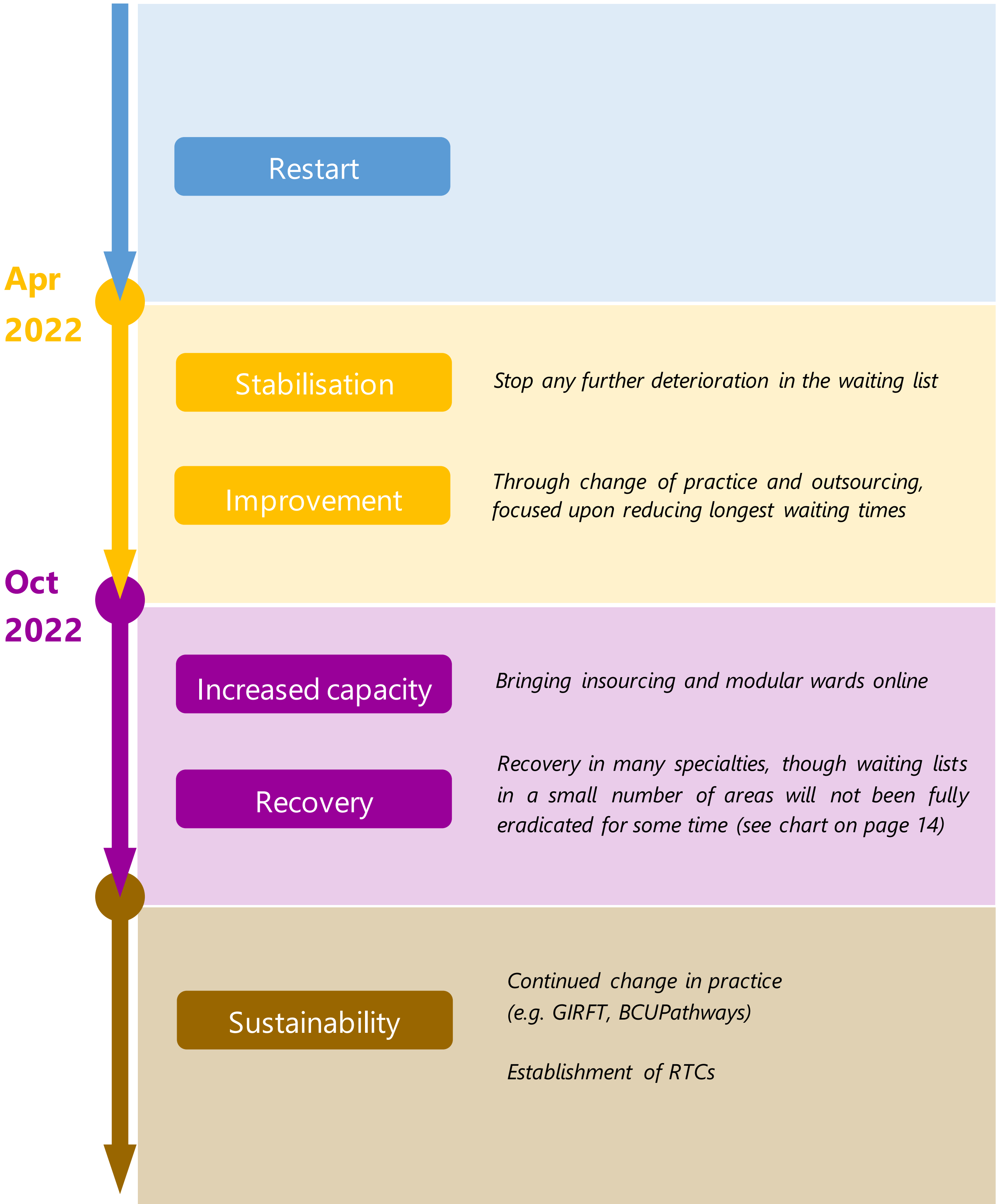
In line with other Health Boards, we have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline for 2022/23.

We know that this level of activity will still be insufficient to deal with the backlog in activity that has accrued during the last two Pandemic years, plus the additional demand that we expect to occur during 2022/23.

To address the shortfall, we are taking a number of different approaches, spread beyond 2022/23 as shown illustratively on the following page.

This multi-stage approach is required to ensure that we

- reduce our waiting times by managing those at greatest clinical risk first
- reduce our waiting times by ensuring specialties particularly affected have tailored and prioritised approaches
- maximise any opportunities to introduce immediate efficiencies through a combination of transactional and early transformational changes
- undertake the necessary transformation work that might not deliver immediate impact upon the waiting list but which will support medium and longer-term impact, which is a key to sustainable services going forwards.


Restart
Apr 2022
Stabilisation
Stop any further deterioration in the waiting list
Improvement
Through change of practice and outsourcing, focused upon reducing longest waiting times
Oct 2022
Increased capacity
Bringing insourcing and modular wards online
Recovery
Recovery in many specialties, though waiting lists in a small number of areas will not been fully eradicated for some time (see chart on page 14)
Sustainability
Continued change in practice (e.g. GIRFT, BCUPathways)
Establishment of RTCs

An outline of the main themes and initiatives to do this can be found in the following table:

Theme	Initiative	Outline
Capacity – core and additional	Outsourcing	Extending current arrangements in orthopaedics and ophthalmology for the full year
	Insourcing	Continue existing arrangements (endoscopy). Implement mixed Surgical specialities contract by Q2
	Partnership and Modular ward(s)	Potentially extend current arrangement at Abergele and open modular ward to increase capacity from Q4
Lean, value-focused support infrastucture - clinical	Radiology sustainability Oncology capacity Pathology	Removal of bottlenecks in diagnostics. We will apply 'Lean' methodology to eliminate steps that do not add any value to the patient yet contribute to delay.
Lean, value-focused support infrastucture - administrative	Validation programme	Complete existing programme of validation work, progressing to a robust and continuous process
Pathway redesign	BetsiPathways e.g. Audiology	Use of different staff group to deliver service, medicalising only when justified
	GIRFT / National Programme in 5 specialities	Range of intitiatives from Feb 22, starting in orthopaedics
	Patient Initiated Follow-up (PIFU) See on Symptoms (SOS) Advice & Guidance (A&G)	OP efficiency, resulting in less no-value or low-value consultations
	Pre-habilitation	Better preparation for treatment to reduce LOS
	'Attend Anywhere'	Embedding virtual clinics as the way forward
Modernisation	Urology Robot	Use of technology to reduce LoS
Building for the future	RTC project	Business Case development
Communication	Launch a Communication Strategy	Full engagement process with Primary and Secondary Clinicians, as well as patients

The particular role played by some of these approaches merits further explanation:

Outsourcing:
We have contracted activity from additional external providers to increase the rate at which we can reduce our waiting lists. These providers will undertake NHS procedures on our behalf for suitable patients. We intend to continue to contract this work in a number of areas, most significantly in orthopaedic surgery and in ophthalmic surgery. We are currently working to further expand this approach both with other NHS providers and also with the independent sector.

Insourcing:
We have contracted external providers to attend BCU premises to deliver assessments and interventions on our behalf for a range of conditions. In 2022/23 this will include using insourcing to provide more endoscopy procedures than we are able to provide with our own staff. In addition we now have arrangements in place for significant additional capacity in a range of mixed surgical specialties in outpatient and day case activity, and are actively exploring the ability to extend this to inpatient activity too.

Modular theatre and ward at Abergele:
As part of the work to address our Trauma and Orthopaedics backlog, we are exploring the potential of deploying a modular theatre and ward at Abergele Hospital. Feasibility studies are currently underway, alongside analysis of the capacity required if transformational opportunities are maximised.

GIRFT (Get It Right First Time):
We are engaged in the national GIRFT initiative, with a local programme for deployment during 2022/23. This has commenced in orthopaedics and ophthalmology. In both specialties there are particularly significant opportunities to contribute to eradicating the backlog waiting list.

The GIRFT programme in the Health Board will expand to include general surgery, urology, and gynaecology during the coming year.

BetsiPathways:
We have identified 20 priority clinical conditions for 2022/23, selected due to the scale of opportunity, which will be used to create value based pathways. These will be put into practice through the year as each is completed.

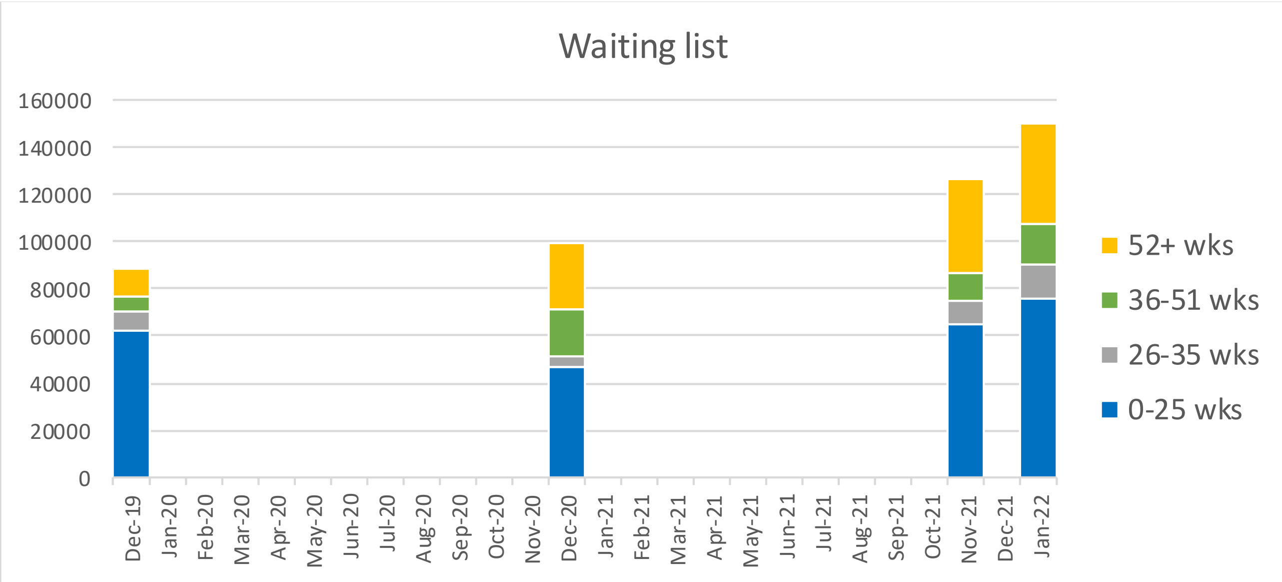
Regional Treatment Centres:
The regional centres are being planned to deliver a new model of Ambulatory planned care, including diagnostics, for the population of north Wales. Clinical pathways are being developed as above, to support a ‘Lean’, high quality, service designed to maximise the opportunities of ambulatory care. This will cover a range of clinical areas including cancer, vague symptoms, eye care, and orthopaedics.

Monitoring of our recovery plan

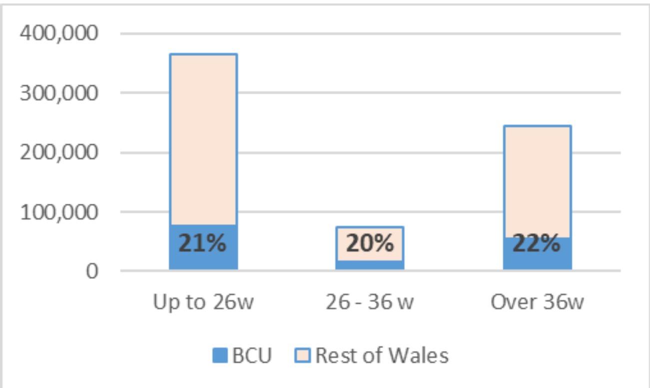
We will actively monitor progress against our recovery plan. If necessary we will take remedial actions in year to seek to maintain our planned trajectories. We will formulate our plans for 2023/24 and 2024/25 based upon this real-time experience.

Current Position

Our current waiting list at the end of each of the last three years, and in January 2022, at aggregated level, expressed in time from referral, is as follows:



Note that the perpetuation of large numbers of longer-waits is a consequence of people moving through from lower waiting groups, and not because of managing waiters out-of-turn.



Proportion of waiting lists by length of wait, in BCUHB December 2021, Source: StatsWales

▪ Phases of recovery

Full recovery is a 3-5 year programme of work (although many specialties will have recovered before then), and phasing is crucial.

Restart

This has comprised of a set of actions tailored to the individual challenges at each Acute Site, bringing clinic and day case activity back first, followed by inpatient treatments. This re-established services and slowed the decline in the waiting list. Urgent and cancer pathways continued to be prioritised.

Stabilisation

Stabilisation is a key pillar of our 2022/23 planned care recovery, returning us to as close to 100% of our activity levels of 2019/20 as social distancing requirements allow. Alongside we will maximise additional capacity opportunity through outsourcing and insourcing. Backlog activity will focussing initially on those waiting in excess of 104 weeks, and then those over 52 weeks.

Note:
Insourcing is where we bring extra capacity into the Health Board to increase the number of episodes of care we can provide, usually through contracting with 3rd party providers and agency to assist.

Outsourcing is where we contract with 3rd party providers (either other NHS providers, or the independent sector), to provide activity for us from their sites.

Improvement & Transformation

A range of activities spanning continuous improvement and system transformation will be pursued to increase value and minimise waste. Activity includes the use of the 'Getting it Right First Time' (GiRFT) programme; the roll-out of our own BCUPathways approach; and the use of Patient Initiated Follow-up (PIFU), See on Symptoms (SoS) and Virtual Clinic approaches.

This work will be progressed throughout the year and also underpins the transformation of outpatient and daycase surgery management required to support our Regional Treatment Centres (RTCs) from 2023/24.

Trauma and orthopaedics is an immediate priority for us, and is covered later. We have commenced transformation in this area, and are now moving to rapidly increase transformational capacity here.

Sustainability

This is the under-lying and long term imperative to ensure all of the above not only delivers recovery, but maintains it.

▪ GMS Primary Care

The covid-19 pandemic has also adversely impacted upon general practice chronic disease reviews, leading to increased waits for people living with chronic conditions.

In September 2021, work was undertaken with the support of the clusters, to understand the backlog of planned care in our GP practices.

Across north Wales the backlog was therefore estimated to be as follows:

Primary Care Planned Care service	Estimated backlog (as at Sept 21)
COPD Review	18,013
Asthma Review	41,241
Diabetic Review	31,440
Blood Pressure Review	77,145
Medication Review	136,543
Shingles Vaccination	41,677
Pneumonia Vaccination	43,072

Since Q3 2021 GP practices and Clusters have been addressing the backlog by providing additional access and putting in place schemes supported by internal transformation monies, such as Long-Term Condition Hubs. Significant inroads have therefore already been made in addressing this backlog but given the high demand for all services in primary care there continues to be a need to support these patients whilst also addressing the annual demand.

Priority is being given across all clusters to reducing the backlog of chronic disease reviews. The approach taken to achieve this reduction is determined by individual clusters based upon local need, local infrastructure, and local expertise. This has included the recruitment of additional Chronic Conditions nurses and increases in the number of sessions currently available across the practices in order to meet with more individuals.

We will regularly monitor the progress made.

▪ GDS Primary [Dental] Care

The covid-19 pandemic has also adversely impacted upon routine general dental care leading to increased waits.

Additional access sessions continue to be provided for both urgent and non-urgent treatment from those contractors wishing to undertake additional NHS activity. We have already seen a steady recovery of access to dental services for children which continues at most practices.

Ventilation improvement funding has been provided, with improvement work close to completion at all practices requiring it, which will further increase capacity during 2022/23.

Additional activity will come on-line in Bangor in Autumn 2022 when the North Wales Dental Academy practice opens.

Additional activity is currently being commissioned in Dwyfor Meirionnydd.

▪ 2022-23 Secondary Care recovery profiling

Aggregated capacity and profiling figures are shown below for Stage 1 and Stage 4 waiting lists. Note that this is aggregated data and that not all specialties have the same profile; an explanation of actions in hard-pressed specialties can be found later in this plan.

A number of assumptions have been made to support our capacity profiles:

Pandemic activity for 2022-2.
As noted on page 4, we have assumed that we remain at 'level 1' throughout 2022-23.

Core capacity for 2022-23, as noted on page 4,
As noted on page 4, and in line with other Health Boards, we have used our 2019/20 core levels of activity (this was the last year before the pandemic) as a baseline estimate of our capacity for 2022/23.

Stage 1 Table (aggregated)

Estimated March 22 Stage 1 waiting list (total) [1]	88123
2022/23 anticipated demand (total) [2]	110772

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand [3]	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231	9231
Core capacity [4]	9475	9475	9475	9475	9475	9475	9475	9475	9475	9475	9475	
Reduction: validation [5]	923	923	923	923	923	923	923	923	923	923	923	923
Transformation: PIFU & SOS [6]	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487	3487
Transformation: misc [7]	24	24	24	71	76	76	76	76	76	76	76	76
Reduction: additional internal solutions [8]	1176	1593	1671	1649	1629	1657	1846	1809	1801	1831	1839	1831
Reduction: outsourcing [9]	382	382	382	735	735	735	735	735	735	735	735	735
Profile Total Waiting list	81887	83761	85974	87887	90193	92456	94558	96886	99185	101446	103729	106028
Profile 104 week breaches	5626	2569	1050	206	52	0	0	0	0	0	0	0
Profile 52 week breaches	24885	21870	18321	15533	12073	10199	8155	4066	1730	1000	601	290

[1] Total current waiting list	Anticipated aggregated Stage 1 waiting list, on 1/4/22, based upon current referral and capacity rate
[2] Anticipated demand	Estimated new referrals during 2022/23, including suppressed referrals due to late presentations because of Covid-19
[3] Anticipated in-month new demand	Anticipated demand ([2] above), distributed on a linear monthly basis
[4] Core capacity	100% Capacity available from within core resources, (maximum core capacity)
[5] Validation	Anticipated reduction of the Stage 1 waiting list, through waiting list validation.
[6] Transformation: PIFU & SOS	This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialities with the reallocation of those slots to Stage 1 patients. We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.
[7] Transformation: misc	This figure includes some quantified areas of transformation but is an overall underestimate, as there are a number of areas still being scoped and quantified and these have not been declared within these tables presently.
[8] Reduction: additional internal solutions	
[9] Outsourcing	Based on the FYE of the contracts for Orthopaedics and Ophthalmology
[10] PIFU and SOS	This figure currently includes an average 20% reduction in outpatient appointments from the application of PIFU and SOS across all specialities with the reallocation of those slots to Stage 1 patients. We believe some specialties have a greater PIFU and SOS potential than this (for example orthopaedics). Work is ongoing to build this into our plans, which will further reduce waits in those areas.

The table below shows, by quarter, our *current* projections of when we will have eradicated 104, and 52 week referral to first outpatient appointment delays in key specialties. In the most hard-pressed specialties we are implementing additional steps to shorten waits, and these will subsequently be modelled into these projections. (Further details can be found in the following section.)

Stage 1 >104 weeks

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
100-General Surgery	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
101-Urology	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
110-T&O	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
120-ENT	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
130-Ophthalmology	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
140-MaxFax	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
141-Restorative Dentistry	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
143-Orthodontics	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
191-Pain Management	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
300-General Medicine								
301-Gastroenterology	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
302-Endocrine	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
320-Cardiology	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
330-Dermatology	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
340-Thoracic Medicine	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
361-Nephrology	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
410-Rheumatology	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
420-Paediatrics	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
430-COTE	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
502-Gynaecology	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Stage 1 >52 weeks

	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24
100-General Surgery	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
101-Urology	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
110-T&O	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
120-ENT	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
130-Ophthalmology	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
140-MaxFax	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
141-Restorative Dentistry	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
143-Orthodontics	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved
191-Pain Management	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
300-General Medicine								
301-Gastroenterology	Not achieved	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved
302-Endocrine	Not achieved	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved
320-Cardiology	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
330-Dermatology	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved
340-Thoracic Medicine	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved
361-Nephrology	Not achieved	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved
410-Rheumatology	Not achieved	Not achieved	Beyond WG target	Achieved	Achieved	Achieved	Achieved	Achieved
420-Paediatrics	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
430-COTE	Not achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
502-Gynaecology	Not achieved	Not achieved	Beyond WG target	Beyond WG target	Achieved	Achieved	Achieved	Achieved

Key

Achieved

Not achieved

Not achieved and beyond the WG target (page 3)

Stage 4 Table (aggregated)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Anticipated in-month new demand [1]	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994	2994
Core 22/23 capacity [2]	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335	2335
Reduction: validation [3]	17	10	13	19	27	30	38	42	49	50	35	52
Reduction: additional internal solutions [4]	232	232	232	232	232	232	232	232	232	232	232	232
Reduction: outsourcing [5]	500	500	500	566	646	646	646	646	646	646	646	646
Reduction: T&O insourcing [6]												
Profile 104 week waits	10797	9671	8591	7583	7050	6555	6184	5879	5699	5494	5085	4928
Profile 104 week waits, excl T&O	6639	5736	4866	4038	3841	3654	3515	3415	3421	3404	3260	3327

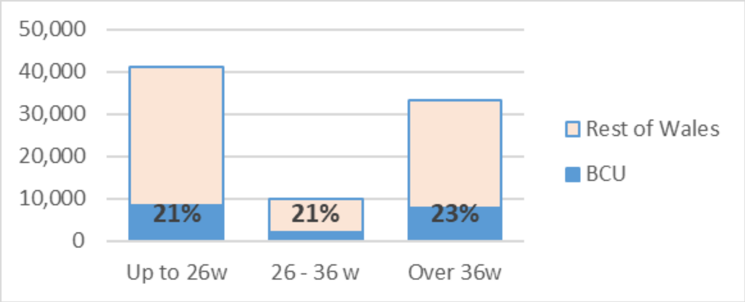
[1] Anticipated in-month new demand	Anticipated demand, distributed on a linear monthly basis
[2] Core 22/23 capacity	100% Capacity available from within core resources, (maximum core capacity)
[3] Validation	Anticipated reduction of the Stage 4 waiting list, through waiting list validation.
[4] Additional internal solutions	Including planned waiting list initiatives, locum appointments.
[5] Outsourcing	Based on the full year effect of the contracts for Orthopaedics and Ophthalmology
[6] T&O insourcing	We are currently exploring the scale of T&O insourcing that can be achieved.

▪ Profiling - individual specialties

The above tables provide aggregated data. Within this data there are some hard-pressed clinical specialties with atypical profiles.

We are implementing the following additional steps, and these will subsequently be modelled into the above projections, to shorten both stage 1 and 4 waits:

- **General Surgery**



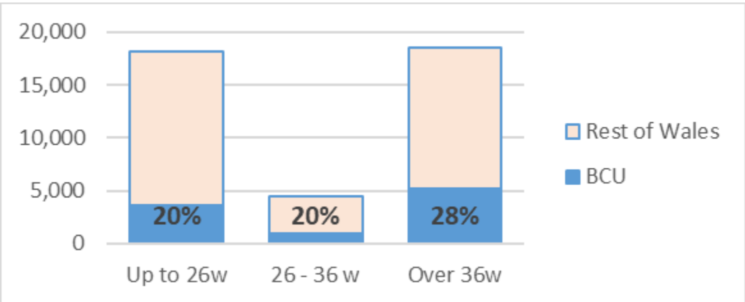
Proportion of waiting lists by length of wait, in BCUHB: General Surgery December 2021, Source: StatsWales

Recovery in General Surgery is complicated by the range of sub-specialties, and the need to concurrently staff emergency surgical rotas on three sites. We have commissioned external support to help us provide creative solutions to maximise capacity for planned care recovery, starting with colorectal surgery, without undermining emergency rotas.

We have agreed a mixed surgical specialties insourcing contract which will be active from July 2022. This will deliver 4,000 outpatient and 1,000 day-case procedures per annum.

The national GIRFT (Get It Right First Time) programme deployment in the Health Board will be expanded to include general surgery in quarter 1 of 2022/23. We expect that this will identify a range of efficiency savings that increase capacity. This additional GIRFT related capacity has not yet been added to the projections shown above, and will impact positively.

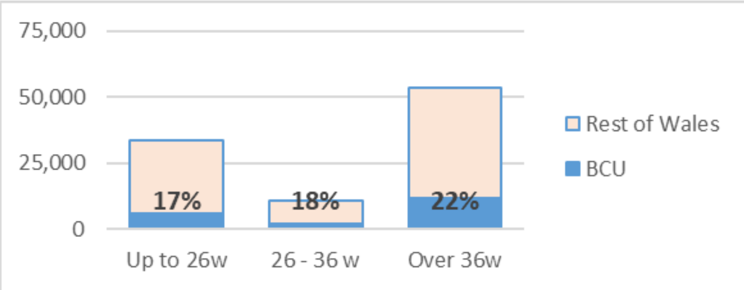
- **Urology**



Proportion of waiting lists by length of wait, in BCUHB: Urology December 2021, Source: StatsWales

A multi-disciplinary Improvement Group has been established with Executive Leadership to focus on the challenges and opportunities facing this service across North Wales. The level of clinical engagement is high and the commitment to make changes strong. This work will encompass the operationalisation of the robot in Bangor, and will provide leadership to the developments, which will emerge from the GIRFT Programme, due to commence in this service in Quarter One of 2022/23. A key focus will be the consideration of the use of non-medical staff to mitigate the effect of a UK-wide shortage of Urology Consultants. From a capacity perspective, the service will be a beneficiary of the proposed Mixed Speciality Insourcing Contract.

- **Trauma and Orthopaedics (T&O)**



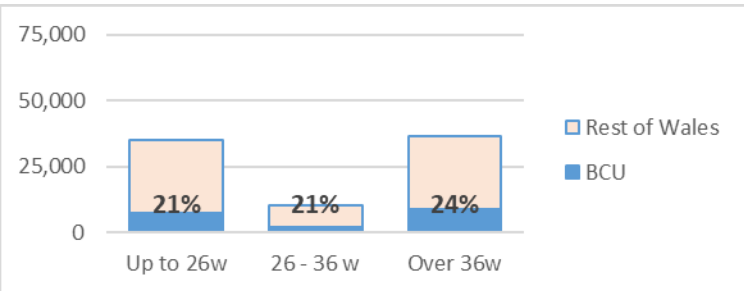
Proportion of waiting lists by length of wait, in BCUHB: Trauma & Orthopaedics December 2021, Source: StatsWales

We are currently remodelling our orthopaedic plan, informed by GIRFT and other transformational opportunities. Because of the extent of transformational potential within orthopaedics, and the impact it will have upon our planned care backlog, we are re-establishing our planned care transformation programme to focus upon orthopaedics only.

Opportunities to significantly increase efficiency have been identified and are consistent when triangulated. The impact is now being modelled, in order to inform the size of outsourcing and insourcing capacity required.

This work is being progressed urgently and we will utilise support offered by Welsh Government to expedite this. Outsourcing contracts with Spire and The Robert Jones & Agnes Hunt Orthopaedic Hospital remain in place.

- **Ophthalmology**

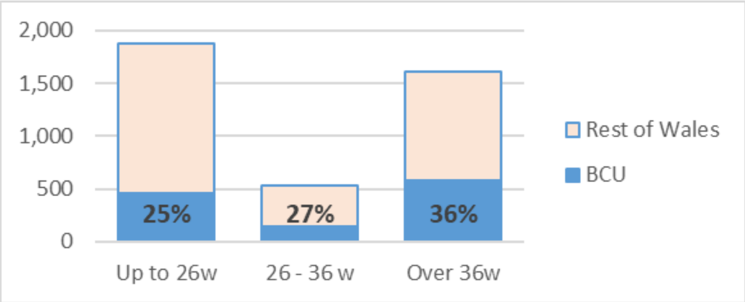


Proportion of waiting lists by length of wait, in BCUHB: Ophthalmology December 2021, Source: StatsWales

The Outsourcing arrangement being used will continue throughout the 2022/23 financial year (and possibly beyond) for cataracts.

Alongside we will continue to work to deliver the Eye Care Redesign Project and GIRFT, which covers a range of conditions and develops the non-medical workforce to deliver care to a large proportion of the patients.

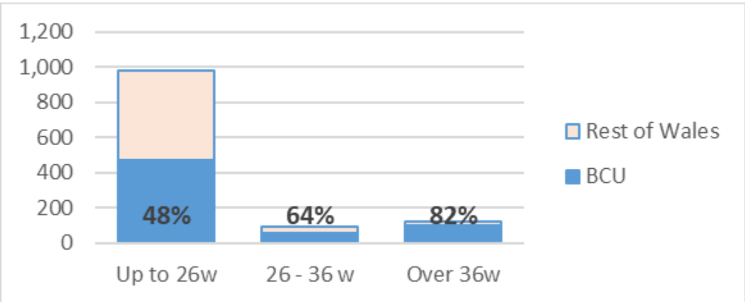
- **Orthodontics**



Proportion of waiting lists by length of wait, in BCUHB: Orthodontics December 2021, Source: StatsWales

Funding for additional orthodontic cases has been offered to all BCU orthodontic providers. Two practices have agreed to undertake additional activity commencing with an additional 60 patients during the last few months of 2021/22. We will continue this approach during 2022/23.

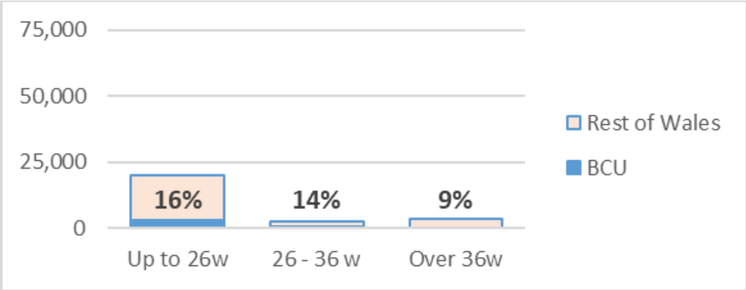
- **Endocrine**



Proportion of waiting lists by length of wait, in BCUHB: Endocrine December 2021, Source: StatsWales

The backlog for Diabetes/Endocrine will be addressed by creating additional internal capacity through waiting list initiatives, and the provision of new senior MDT roles (Nurse Consultant and Endocrine specialist nurse).

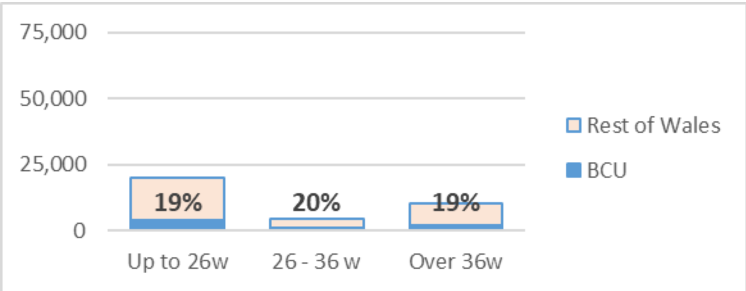
- **Cardiology**



Proportion of waiting lists by length of wait, in BCUHB: Cardiology December 2021, Source: StatsWales

A number of significant transformational efficiencies are being prioritised. Internal and national benchmarking has commenced throughout the service, through our Atlas of Variation programme, with the aim to replicate and embed good practice throughout the service. Pathway work has commenced, focusing on referral management and diagnostics. Lean methodology is being applied to reduce waste.. Cardiac diagnostics remain a challenge for the service, and options are currently being explored.

- **Dermatology**



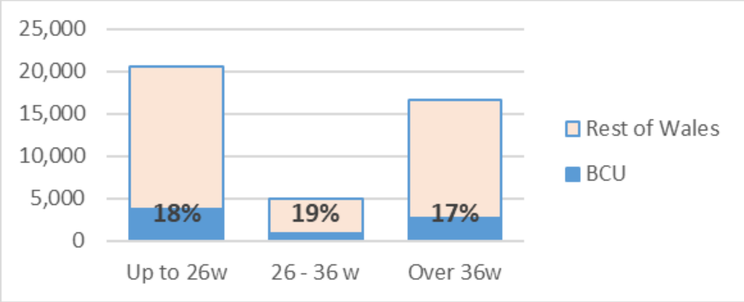
Proportion of waiting lists by length of wait, in BCUHB: Dermatology December 2021, Source: StatsWales

Outsourcing of routine long waits commences in April 2022.

Work is underway to improve referral management which will reduce the downgraded USC burden, which will in turn increase internal capacity for routine patients

An insourcing contract is in place making in-roads into the Stage One waiting list, although this may not deliver achievement of the 52 week target in dermatology until mid 2023.

- **Gynaecology**



Proportion of waiting lists by length of wait, in BCUHB: Gynaecology December 2021, Source: StatsWales

The targets will be achieved through a combined focus on the longest waiting patients, waiting list initiatives and an increase in pan North Wales working, particularly to support the Central Area.

This will be under-pinned by the GIRFT programme, due to commence in Gynaecology in Quarter Two.