Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

IMMEDIATE RECOVERY PHASE 1 2021 - 2022

Addendum to Draft Annual Plan 21/22

Introduction

This paper sets out the immediate recovery proposals for the health board. This is an addendum to the Draft Annual Plan submitted on 31 March 2021 which set out our renewal approach and priorities.

These proposals focus on the accelerated actions which can be taken within Powys starting immediately from Quarters 1 and 2 to deliver an improved position through the remainder of the Annual Plan period 2021/ 22. The focus is diagnostics, planned care, cancer and advice and support to patients and the arrangements needed to support acceleration. The anticipated impact and milestones are included.

Alongside this we are also gearing up the more transformative work set out in our annual plan, which will shift the balance of provision to Powys where possible embedding new ways of working.

The residents of Powys access care and treatment across multiple providers and systems in England and Wales. Recovery planning to date has taken place at speed and in varying degrees of development. Ongoing liaison with providers is required in the first quarter of 2021/22 across providers in both NHS Wales and those following the process and timetable set out by NHS England/ NHS Improvement.

Scale of Challenge

The seriousness and significance of the impact of the pandemic on the Powys population cannot be understated.

A total of **17,000 Powys** residents are now on waiting lists for treatment

This equates to **1 in 8 people** in Powys

Over **3500** Powys residents are waiting longer than 52 weeks

There are enormous complexities emerging as a result of the pandemic that mean that these figures are likely to be the starting point of an increase in need. The issue of inequity and health inequalities standing out particularly strongly in relation to population health.

The health board commissioned a report to understand the issues and the impact locally. Current projections relating to impacts on health are noted below (baseline of 2019/2020 - impact in 2022/2023). This is just one component of what will be a multi-faceted 'syndemic' impact for our population but illustrates some of the expected increases in health need:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, Catherine Woodward, 2021).

The continuing pandemic makes it difficult to calculate the full scale of impact therefore this proposal sets out an initial phase focused on the existing backlog of waiting lists.

This is a first but important step in mitigating the exacerbation in health need, as it will directly address the issue of patients having to wait significantly longer, which has the potential to result in patient harm and negative patient experience and outcomes.

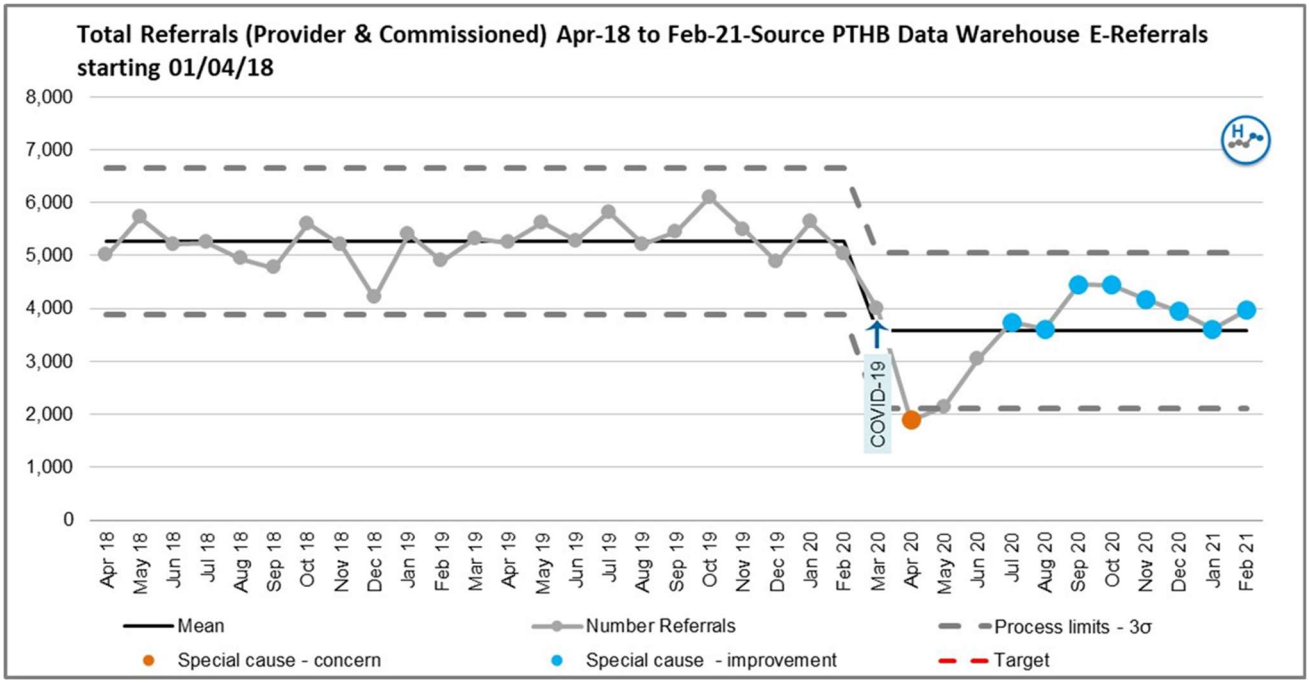
Delivery during the pandemic

Demand

Significant changes in demand were seen in Powys, as they were nationally across Wales and the rest of the UK. Demand had gradually been increasing in the Autumn 2020, but the second wave did impact referrals during quarter three and four.

The mean referrals since the COVID 19 step change in March 2020 are 32% lower than pre-COVID mean levels, although the most recent data points show a special cause for improvement.

Table 1: Total Referrals (Apr 2018 – Feb 2021)

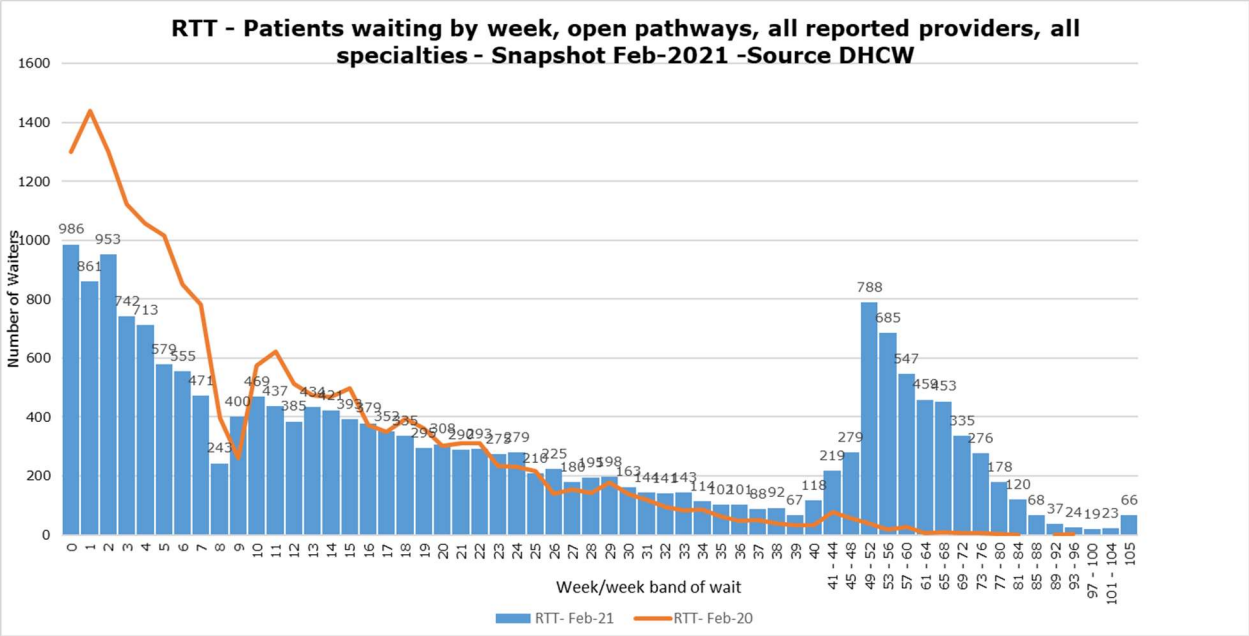


The latent demand in the population is expected to be significant. Although referrals rates have remained below pre-COVID average this is unlikely to reflect a change in the health needs of the population, given the emerging evidence base on an increase in health issues.

It is still presumed that demand has been and continues to be suppressed by the pandemic and the complex impact on healthcare usage behaviours. Recent soft intelligence is showing increased demand in later staging urgent suspected cancers in Commissioned providers.

The health board continues to assume as a reasonable case that this demand will resurface and the total referred demand may significantly exceed pre-Covid.

The graph below outlines the open pathway snapshot and pattern of waiters for all Powys residents, in all reported providers, including reportable AHP specialties. The time period for comparison is February 2021 and February 2020.



The position at February 2021 displays the ongoing challenge as a result of national service suspensions during the first wave, e.g. a backlog of patients that now sit over 40 weeks (4834 patients).

The total waiting list in Feb-21 has 1285 extra patients waiting but shows significantly lower volumes within the earlier weeks e.g. 0-8 as a direct result of reduced referrals.

Capacity

As a Powys provider the service capacity has held up well and essential services have been maintained.

Some specialties are now returning to near pre-COVID levels of activity. Exceptions to this include theatres in specialties such as oral surgery, and the impact of COVID safety precautions in Endoscopy services resulting in an ongoing 40 -50% reduction of capacity.

Enhanced infection prevention and control arrangements are to continue during this year, constraining core capacity and extra capacity.

Trajectories submitted in the Minimum Data Set (MDS) return as part of the Draft Annual Plan 21/22 identify that current capacity will not match the expected demand or deal with the backlog fully.

Whilst some improvement is being seen in waiting lists for our directly provided services in the latest available performance data for the end of year, this is a small proportion of the Powys resident waiting backlog. There is not the same improvement being seen in commissioned services.

There are already actions underway to address this. The Planned Care Programme in Powys takes forward the National Programme with a focus on care as close to home as possible, shorter waiting times, improved access and outcomes and high quality and sustainable services. Regional solutions will be pursued alongside our renewal priorities set locally. Current discussions are focused on ophthalmology and building cataract operating capacity.

The health board's recovery planning is not restricted to a narrow view of planned care services. Work is progressing at a system level to transform delivery across all six renewal priorities and further proposals will be developed for the medium and longer term. However there is an immediate and critical need to manage access, address risk for patients and carers, reducing and mitigating harm and addressing the sustainability of clinical services.

Renewal Priorities

The renewal priorities set out in the Draft Annual Plan respond not only to the immediate short term problems of backlogs in healthcare, but to reset our ambition, gaining a better understanding of our clinical pathways and the outcomes for the population:

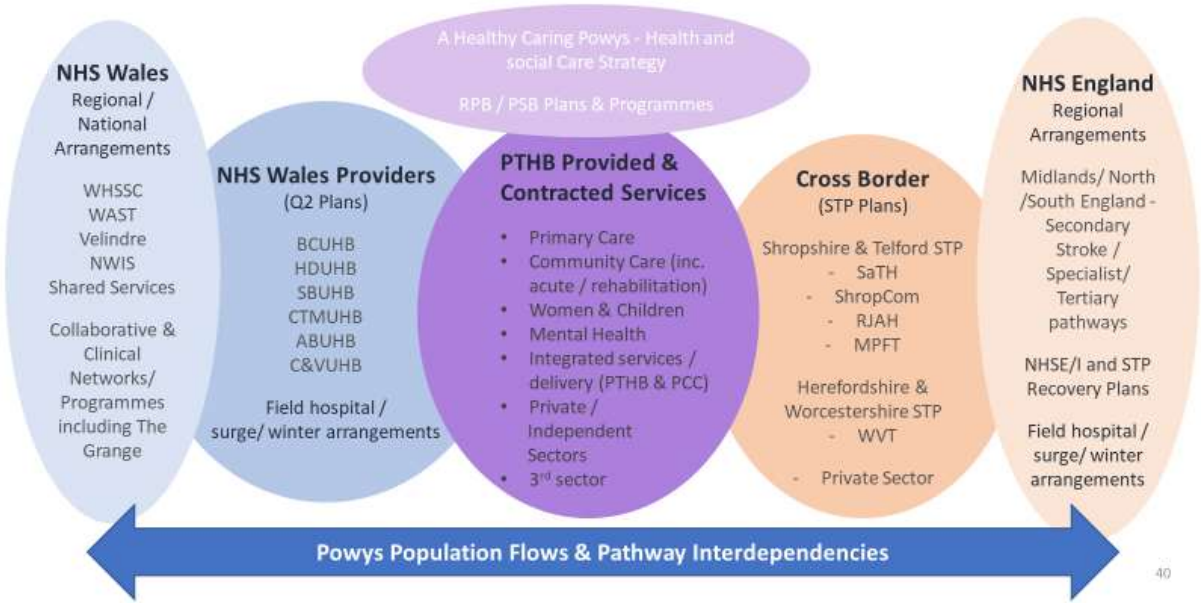
Transformation Approach

We have an existing transformation approach which we need to build further to face this challenge head on, but we are not starting from a blank page. Work in developing the Draft Annual Plan highlighted that our health and care strategy **'A Healthy, Caring Powys'**, developed with the people of Powys, stands us in remarkably good stead moving forward.

We need to change the currency from 'waiting times' to an 'active offer', improving the experience and outcomes for those waiting. This will build on existing prioritisation based on risk and potential harm and the acceleration in innovative ways of working this year:

- Self and supported care approaches, structured with an emphasis on shared decision-making to focus on wellbeing and take action on improving health.
- Digital care and support is transformative, resulting in more rapid and accessible service provision.
- An increased focus and capability of service provided in peoples own homes, had led to significantly improved outcomes and reduced risk of harm.
- Innovation, trying new things, improving ways of working and adapting to new challenges has been key.
- The agility and drive shown by the health service and partners will underpin the recovery and renewal of our work moving forward.

We have an existing whole system approach which builds on our unique position as both a commissioner and a direct provider of healthcare in a complex 'system of systems':



Whilst this proposal is focused on the initial phase of recovery costs there are important considerations to be further discussed relating to Funding of recovery for our cross border flows for our highly rural population.

Workforce

This initial phase has significant workforce implications. There will be a substantial workforce programme required to implement the proposals which will be managed through a combination of redeployment and a mix of recruitment mechanisms.

This is not starting from a zero base and this is not the first time that significant workforce challenges have been set and managed this year. The health board have successfully implemented major programmes to respond to Covid-19 and will draw on the learning from the past year in exploring options for its workforce to deliver these proposals.

Phase One Proposals

The key proposals for phase one are set out in the following table and the outline of the scope, outcomes and benefits, measures, key actions / milestones follow.

Estimates are given of the numbers of patients to provide the size and scale of the backlogs and the impacts that can be gained as a result of this investment.

These are approximations based on the data available at the time of the proposal and our assumptions in relation to core delivery capacity and current covid restrictions as well as the status of recovery planning across multiple systems. This will continue to be refined and tested as plans across England and Wales are progressed.

Renewal Priority
Advice, Support and Prehabilitation - Patient Liaison Service - Advice Support and Prehabilitation - Clinical Referral Guidance
Diagnostics, ambulatory and planned care - Planned Care RTT reduction - Endoscopy - Eye Care - Modernisation of Outpatients
Long Term Conditions and Well-being - Enhanced Long Term Conditions Service
Children and Young People - Enhanced Neurodevelopment Service
Tackling the Big Four - Cancer Improvement Team - Rapid Diagnostic Centres - Respiratory Service
Recovery & Renewal Infrastructure - Recovery & Renewal Team

ADVICE, SUPPORT AND PREHABILITATION

Scope

This establishes:

- A Patient Liaison Service in Powys (for delayed patients including out of county)
- An Advice, Support and Prehabilitation service
- A Clinical Referral Guidance service (including virtual MDT) in preparation for phase 2

The waiting list for elective treatment is over 17,000 for Powys. It is recognised that the same patient may be on more than one list but, in simple terms, this is about 1 in 8 of the Powys population. Over 3,500 of waits are already longer than a year. As Powys has no District General Hospital (DGH), is highly rural and is spread over 100 miles patients are waiting across around 15 out of county DGHs. The people waiting are often those who are older with disabilities. Deprivation in terms of access to services (including access to broad-band and transport) is also a significant factor.

These services will help people who are often older, disabled and living remotely to:

- be kept up to date about their waiting time
- be supported in navigating complex pathways spanning more than one organisation
- be reviewed quickly if their condition deteriorates
- have advice, support and "pre-habilitation" to help patients be as fit and pain free as possible with the best chance of an improved outcome (including medicines optimisation for those on orthopaedic waiting lists and obesity services)
- understand whether there are alternative services

Work will be also undertaken in preparation for Phase 2 to redesign two key pathways in Powys with the longest waiting times in Powys for Orthopaedics and Ophthalmology:

- tightening up pan Powys referral criterial
- developing alternatives within Powys
- further developing prehabilitation
- providing pre-referral advice and guidance
- developing virtual MDTs to moderate external referrals
- and the use of referral management where it is evidenced based.

Outcomes/Benefits

- Improved patient expressed and clinical outcomes through access to pre-habilitation
- Reduced risk of harm
- Patients most at risk of inequality through the impact of delayed elective care
- Patients supported to navigate waiting times spanning more than one organisation
- Swift reassessment of deteriorating patients
- Patients provided with access to advice and support whilst waiting on external waiting lists in order to improve outcomes; or if needed (through choice / clinical validation)
- Prevention of concerns. (If just 5% of the patients waiting over a year follow the concerns route this would be 170 new concerns – potentially involving 850 days of clinical and senior management time to resolve – as well as the risk of redress)
- Redesign of the key pathways including orthopaedics to ensure earlier advice help and support, evidence based external referral to more timely alternatives.
- Sharing of good practice across multiple health boards and NHS Trusts

Measures

- Powys patient experience surveyed to ensure they feel informed and supported if on an external waiting list, with rapid problem solving

- Tracking reduction in the overall Powys population waiting list (currently over 17000)
- Tracking of a reduction in the number of Powys patients waiting over a year
- Tracking of harm
- Concerns at less than 2% of the number of patients waiting over 52 weeks.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Recruitment or redeployment
	Equipment secure
	Establish Programme Board
Q2	Patient liaison and patient tracking established across pathways spanning more than one organisation Tracking of reduced waiting list Tacking of harm reviews Tracked reduction of patients waiting over 52 weeks.
	Access to prehabilitation
Q3	Strengthening of clinical guidelines and redesign of orthopaedics and ophthalmology pathways
Q4	Reduction in the overall waiting list Reduction in the number of Powys patients waiting over a year Concerns maintained at less than 2% waiting over 36 weeks.

DIAGNOSTICS, AMBULATORY AND PLANNED CARE

Scope

- To reduce the RTT backlog within Planned Care with no patient waiting over 36 weeks by 31 March 2022 for treatment or a first outpatient appointment.
- To support the National Endoscopy Programme regional plans to significantly reduce the routine endoscopy and surveillance backlog to within the 8 week target where possible.
- To bring performance against the Eye Care Measure in line with WG 95% target by 31 March 2022.
- To ensure significant improvement and modernisation in OP specifically follow ups in line with National Planned Care Outpatient Strategy.

Outcomes/Benefits

- No patient waiting over 36 weeks for treatment or 1st outpatient appointment by the end of March 2022
- Eye care measure in line with WG 95% target by the end of March 2022
- Significant improvement and modernisation in OP specifically follow ups in line with National Planned Care Outpatient Strategy
- To support the work of the National Endoscopy Programme to achieve the 8 week diagnostics target and ensure no delays in surveillance
- Reduction in waiting times, RTT, Diagnostics & Eye Care Measure
- Patients seen and treated in a timely manner utilising face to face and virtual appointments/reviews

- Patients care closer to home / reduction in patient miles with positive impact on care and environmental impacts
- Additional clinical capacity within Powys, avoiding unnecessary appointments
- More sustainable service through additional staff working in multi-disciplinary teams
- Potential to retain staff trained in Powys and support employment in a rural economy

Measures

- Significant reduction in backlog from peak in Nov 20 with over 1400 patients waiting 36 weeks and over to March 21 position with under 700 patients waiting 36 weeks +
- 52 week position has deteriorated due to lack of theatre staffing capacity and in reach consultant long term absence (orthopaedics) and vacancies (dental) also a number of in reach consultants have been delayed in return from DGH Covid response (Oral Surgery, Gynaecology, ENT).
- Referral demand has increased during Q4 2020/21 and continues to increase. Quality of referrals in some areas of service is an issue as they have not been physically seen in primary care.
- USC/Urgent Endoscopy activity recommenced in late July 20. The USC/Urgent backlog was cleared during Q3 – Q4 2020/21. The surveillance backlog will be cleared by May 21. The service has seen a large increase in USC/urgent referrals.
- Implementation of plans for PTHB to become a JAG Training Site underdevelopment
- In April 21 recruited the first PTHB trainee clinical endoscopist (funded at risk) as part of the NEP recruitment & training programme.
- Senior Nurse Managers for Theatres/Endoscopy recruited and commenced in post in February 2021. Plans have been developed for separate Endoscopy and Theatre teams to enhance service provision, clinical skills and recruitment.
- Elective Surgery re-started in December 20 including orthopaedics, ad hoc lists available only currently due to theatre staffing capacity/challenges.
- Cataract service restarted in August 20, with core service and WLIs PTHB achieved no cataract waits over 36 weeks at 31 March 2021. However there is a significant backlog in other eye care treatments with patients currently waiting over 83 weeks.
- Eye Care Measure performance 64% as at 31 March 2021. No delays or backlog with Wet AMD service. Shortfall in capacity and delays with glaucoma service with increase in overdue follows to over 400 patients.

It is anticipated that there would be a backlog of 5494 patients by the end of March 2022 if no action taken; this can be cleared only party with core activity; it is estimated that circa 3700 of this will be reliant on the additional investment.

The position is similar for diagnostics which will similarly be addressed using both core activity and additional investment. The overall backlog is estimated at 3700 patients at the end of March 2022 if no action taken – with approximately 1480 patients directly related to this investment.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmation
	Recruit to theatre staff
	Confirm additional in reach & WLI sessions required
	Secure private sector GS via NHS procurement
	Utilise agency theatre staffing whilst recruitment process in train
	WLIs commence
	Scope & plan repatriation
Q2	Conclude theatre recruitment. Staff to commence in post

	Continue with other staff recruitment.
	Additional capacity/WLIs continue
	Agree repatriation plan/formal SLA/LTA arrangements reviewed
	Additional capacity in place to address backlog
Q4	Backlog cleared
	Repatriation to commence phased approach

Key activities

Description	**Rationale**
Reduction of backlog – Treatments (staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads.
Reduction of backlog – Waiting List Initiatives In Reach	Additional in reach WLI required to support achievement of RTT, Diagnostics
Reduction of backlog – Private Sector Provision General Surgery	Pre-covid sessions for GS in Brecon were 1 session a month, additional sessions have been requested from in reach provider but are not available. Therefore private sector option to address backlog and support backlog going forward in terms of displacement of routines by urgent cases.
Reduction of backlog – Endoscopy (staffing, consumables, overheads)	To address backlog of routine patients waiting over 8 weeks supporting NEP Programme. NB underlying deficit in colonoscopy national skills shortage
Reduction of backlog – New Outpatients (staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads. Backlog reduction will be undertaken in tandem with OP modernisation in line with WG OP Strategy
Reduction of backlog – FU Outpatients(staffing, consumables, overheads)	Additional lists required to address treatment backlog. Includes staffing, consumable, overheads. Backlog reduction will be undertaken in tandem with OP modernisation in line with WG OP Strategy. (excludes respiratory)
Reduction of backlog – 52 week WG Risk Stratification (included as per WG (OS) instruction 23/4	Letters to patients waiting 52 weeks & over. Main specialities Oral Surgery & Orthopaedics requires clinical resource from Assistant Clinical Director Dental & MSK Physio & Admin
Service Sustainability/Increasing PTHB Offer – Equipment for Endoscopy & Eye Care	To provide infrastructure to support sustainability, regional offer & repatriation.

LONG TERM CONDITIONS AND WELL-BEING

Scope

The implementation of an enhanced Long-Term Condition service within Powys in order to support the population who live with one or more long term health condition (or who are at risk of developing one) to manage their health with the support of health professionals using a biopsychosocial approach. Key features of the model are that it is:

- Value based
- Person-centred
- Takes account of the context in which people live

It has been identified that the current model for Long Term Condition management being delivered by the Pain and Fatigue Management service could be further developed to deliver a supported self-management service for a wide range of Long Terms Conditions.

Outcomes/Benefits

- Improving activation levels
- Reduced burden on Primary Care
- Reduced scheduled and unscheduled hospital admissions
- Reduced WAST attendances/conveyances
- Reduced episodes of sickness from vocation
- Improved compliance with medication and treatment regimes
- Reduced pharmacological wastage
- Improved self-reported wellbeing
- Improved citizen satisfaction
- Healthier population
- Improved psychological wellbeing
- Improved engagement with Health Care
- Reduced demand on Primary Care
- Reduced demand on Outpatient demand
- Reduced demand on social care
- Reduced inpatient demand enabling improved flow and capacity
- Reduced WAST demand
- Improved medicine management
- Socioeconomic benefit – Working for a Healthier Tomorrow (Black, 2008)
- Reduced wastage e.g. improved conversion rates for bariatric surgery

Measures

The percentage of people in Wales living with at least one chronic condition was increasing prior to the Covid-19 pandemic with the biggest rise in the percentage of people living with multiple chronic conditions. This percentage has increased by 56% over the previous 10 year period if you take population growth into account.This is the equivalent of 64% more people living with multiple chronic conditions.

The health board commissioned a report to further understand the 'syndemic' impact of the pandemic in addition to the existing known growth in long term conditions. Current projections relating to impacts on health are noted below (baseline of 2019/2020 - impact in 2022/2023). This is just one component of what will be a multi-faceted impact for our population but illustrates some of the expected increases in health need:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.

- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, Catherine Woodward, 2021).

It has been identified that there are actions that can be taken locally to mitigate the impacts and ensure both prevention and self management are provided as part of the future model for long term conditions this will underpin the work to address backlogs, ensuring an active offer is made to those waiting for care.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 – Q4	Additional support provided to patients

CHILDREN AND YOUNG PEOPLE

Neurodevelopment

Scope

The assessment of children with possible neurodevelopmental conditions is a complex and resource intensive process. Timeliness is absolutely key, the earlier a child is diagnosed then the more likely he or she is to receive the support and intervention required to optimise their development and thrive. Additionally, families who are well supported are less likely to face issues that undermine the family unit. Delayed assessment of children and young people with possible neurodevelopmental conditions has the potential to increase harm.

The demand on this service is threefold; the requirement for 26-week Referral to Treatment; the requirement to complete the assessment in 12 weeks and the provision of post-diagnostic support, intervention and review.

This proposal will enhance existing provision, enabling a move to a more sustainable, Multi-Disciplinary Team model to ensure that children and young people are seen, assessed and provided with holistic, safe, timely, high quality treatment and support to address their needs.

The proposal is to ensure dedicated input and support is available through the creation of a Powys Neurodevelopment MDT which will include:

- advanced clinical practitioner
- dedicated consultant community paediatrician support
- dedicated consultant psychiatrist
- dedicated paediatric therapy
- additional learning disabilities nursing support
- dedicated educational psychological support
- additional administration to ensure clinical staff can focus on clinical duties.

Outcomes/Benefits

- To achieve compliance with 26 week Referral To Treatment (RTT)
- To clear over 36 weeks waiting backlog within 9 months
- To improve the experience and outcomes for children and families, supporting engagement through timely assessment, intervention and review
- Reduction in length of time to first assessment and subsequent review
- Deliver cost-effective clinical service model: multi-disciplinary team and nurse and therapist follow-up

Measures

Prior to the pandemic, the team were compliant with 26 week RTT.

Due to the impact of COVID on service levels, there is a backlog to be reviewed and assessed. The recovery of this service is challenging with a large number of children with long referral to treatment times. As of the 28th February 2021, there are 185 children waiting for their first appointments with 55 exceeding 30+ weeks waiting and 210 children waiting to complete the process and receive a diagnosis following their first appointment. The total caseload therefore sits at 395 children either waiting for a first assessment or completion.

The additional investment will mean that backlog for first appointments will be cleared by the end of July 2021. Those subsequently needing diagnostic assessment will then be cleared by the 31st September 2021.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 - 4	Delivery of enhanced Service
Q4	Backlog cleared, children and young people newly referred receiving their first appointment within the RTT 26 week target.

Cancer Improvement Team

Scope

Cancer is one of the health board's key recovery priorities and commissions most cancer care from NHS England and NHS Wales health boards. Having multiple clinical pathways across a vast number of providers (including the geographical differences) means the health board cannot currently track patients through their cancer journey, or mitigate for potential harm.

Also, there is a lack of information that the health board has about patients and their pathway journeys. The recently published Suspected Cancer Pathway performance measures and the Pathway Review Framework by Welsh government demonstrated a need to have more of a clinical and operational oversight of the patients to ensure quality of care.

This proposal outlines the workforce required for the health board to be able to better understand the needs of its patients who are travelling through the Cancer journey, and be able to support safer care by anticipating any possible delays to optimal patient outcomes. The proposal is to ensure dedicated input and support which will include:

- Clinical Lead
- Harm Review Officer
- Cancer Improvement Manager
- Cancer Tracking Officer

Outcomes/Benefits

- Better understanding of Cancer landscape for Powys patients.
- More seamless patient pathways
- Patients referred, diagnosed and treated in a more timely manner through better coordination
- Additional clinical capacity within county
- Ability to gather data in house on patient pathways across providers
- Safer, more timely care for patients
- Harm mitigation and clinical review
- Compliance with Welsh Government requirements
- More focused allocation of resources
- Clearer planning of services
- Address current gap in Cancer workforce
- Accurately establish and track the backlog of Cancer patients

Measures

We currently have limited access to data on Cancer patients, and also due to the backlog we need to create a dedicated team focused on cancer tracking, review and management of patient pathways with strengthened clinical input and harm review processes for Cancer patients.

There will be many patients waiting for care from English trusts, although the current data is not available through IFOR at present.

The latest data (SCP DU Dashboard) shows number of patients waiting beyond target (SCP) in cancer/oncology services across Wales (data on Powys is not available separately).

Table showing All Wales potential volume of delayed SCP demand entering system March 2020- February 2021. This doesn't include English data. Powys have 4% of the population.

2020/2021 USC Monthly Referral Volumes as a Percentage of Monthly Mean May-19 to Feb-20														
Tumour Site	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Potential Delayed Referrals
Acute Leukaemia	50%	100%	50%	-	200%	50%	100%	100%	150%	200%	200%	100%	-	- 2
Brain/CNS	100%	105%	111%	137%	158%	153%	237%	121%	179%	89%	137%	132%	-	- 87
Breast	71%	47%	55%	76%	93%	83%	100%	116%	112%	101%	96%	110%	-	2,393
Children's cancer	133%	22%	78%	144%	122%	100%	156%	144%	178%	122%	189%	133%	-	- 29
Gynaecological	77%	45%	60%	86%	99%	89%	99%	101%	97%	79%	91%	98%	-	2,451
Haematological	89%	57%	64%	88%	111%	101%	106%	101%	96%	93%	98%	102%	-	117
Head and neck	59%	34%	53%	76%	88%	71%	81%	83%	81%	64%	66%	76%	-	4,735
Lower Gastrointestinal	89%	33%	53%	76%	80%	78%	98%	91%	91%	89%	96%	97%	-	4,808
Lung	87%	46%	62%	75%	90%	82%	85%	91%	72%	72%	73%	77%	-	1,386
Other	83%	22%	38%	57%	67%	59%	57%	54%	46%	46%	42%	56%	-	4,670
Sarcoma	67%	52%	70%	80%	83%	75%	109%	95%	103%	119%	134%	105%	-	69
Skin	56%	31%	50%	72%	87%	83%	85%	76%	79%	61%	66%	80%	-	7,892
Upper Gastrointestinal	76%	35%	56%	84%	115%	89%	99%	103%	103%	88%	88%	91%	-	2,638
Urological	88%	38%	49%	61%	78%	68%	81%	77%	78%	73%	73%	80%	-	6,072
All Wales	75%	37%	53%	74%	89%	79%	90%	90%	88%	77%	80%	88%	-	37,125

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Band 7, 6, 4 and clinical lead job descriptions agreed and vacancy created
	All vacancies advertised
	Engagement with GPs, national networks and PTHB teams
	Engagement with CHC about process change
	Engagement with neighbouring health boards and trusts
Q2	Posts appointed to
	Staff induction
	Information gathering to start
	Consultations with stakeholders to begin- B7 CSIM
	Raise profile of team through Comms and engagement
	Pathway tracking mechanism decided
Q3	Harm Reviews underway and managed
	Single point of contact created
	Pathway tracking underway
	Develop Model of Care for Powys
Q4	Pathway Tracking Continue
	Pathways reviewed

Rapid Diagnostic Centres

Scope

A value based approach to cancer diagnostics for those with vague symptoms in Powys which supports timely, safe and accurate diagnosis of cancer. This proposal enables better compliance to the Suspected Cancer Pathway measures and greatly improves outcomes.

This will utilise neighbouring provider Rapid Diagnostic Centres (RDCs) in the first instance and then, secondly considering a Powys provided service. RDCs offer a value based, single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer. They also offer a personalised, accurate and rapid diagnosis of patients' symptoms by integrating existing diagnostic provision and utilising networked clinical expertise and information locally.

Outcomes/Benefits

- Earlier and faster cancer diagnosis
- Equitable access to cancer diagnostics in Powys
- Increased capacity through more efficient diagnostic pathways by reducing unnecessary appointments and tests
- Delivers a better, personalised diagnostic experience for patients by providing a series of coordinated tests and a single point of contact.
- Early identification of non-specific but concerning symptoms
- Patients diagnosed closer to home / reduction in patient miles
- Improved compliance with SCP performance targets
- Improved outcomes for cancer patients
- Improved PROMs

Measures

Pre-COVID the diagnostic services in Wales were unsustainable with Endoscopy in particular having approximately 35,000 people waiting and this has continued to grow.

There is a known shortfall in MRI and CT capacity pre-COVID and this has also continued to grow. We provide limited diagnostics in house in Powys and usually access provision through neighbouring providers.

Measuring impact against the outcomes of the Neath Port Talbot RDC pilot programme will be completed. NPT RDC pilot results included:

- Time from referral to diagnosis significantly reduced from a mean of 84 days to 6 days.
- Cost per cancer diagnosis was reduced from £2,397 to £652 · Approximately 30% of patients diagnosed with cancer were identified at a potentially curative stage of disease
- 35% of patients were given a significant non-cancer diagnosis and referred to appropriate specialists or back to their GP for ongoing care
- GP perception and patient experience has been overwhelmingly positive to date with initial survey data from CTMUHB indicating 96% of patients being highly satisfied.

The current development of RDCs in England and Wales is being scoped.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Establish current developments in neighbouring NHS England Cancer Alliances
	Engagement with neighbouring health boards to see what RDC models they are developing
	Implementation Specification underway-based on All Wales document
Q2	Stakeholder consultations
	Negotiations to establish pathways
	Vague Symptom pathway developed in line with national pathway
	Implementation Specification developed
Q4	Evaluation

BIG FOUR – RESPIRATORY

Respiratory Service Proposal

Scope

To develop a pan-Powys Respiratory MDT, forming a key part of a unified Powys Respiratory Service, to provide holistic, joined up, equitable care for patients, which is closer to home.

PTHB does not currently employ any respiratory consultants, and pre-COVID-19 pandemic, respiratory physicians from a neighbouring health board and English trust delivered in-reach clinics in the north of county, whilst patients in Mid and South Powys travelled to out of county district general hospitals to see respiratory consultants.

Community-based respiratory support is provided by three PTHB Community Respiratory teams and the health board has one Respiratory Physiologist, who commenced in post in May 2020 to clinically led the development of respiratory diagnostics in Powys. The COVID-19 pandemic delayed the establishment of the new service, but this is now underway.

Outcomes/Benefits

- Additional staff will be part of the service physically or virtually
- More patients will be supported from the team within Powys, reducing the number of Powys patients admitted to/attending district general hospitals outside of the county
- A review of patients in receipt of home oxygen to ensure that oxygen is prescribing is clinically appropriate, which will likely lead to some financial efficiencies
- Standardised practices will be in place
- A more equitable service model in place through the county-wide MDT
- The pulmonary rehabilitation programme will be delivered digitally and offered equitably across Powys in a timely way

The pan-Powys Respiratory MDT will

- Support admission avoidance, through the ability to provide additional advice, assistance and treatment in Powys
- Support the delivery of the national COPD pathway, led by the National Unscheduled Care Board, in Powys through the provision of a more response-based service (as opposed to the current planned care-based service)
- Facilitate supported discharge of patients back to community hospitals or their home from district general hospitals outside of Powys
- Allow for 'referral redirection' i.e. referrals which might otherwise go out of county can be redirected through the MDT to appropriate support available within Powys
- Reduce patients waiting for a respiratory diagnosis – the longest-waiters would be prioritised alongside clinical risk stratification (predicted no patients would be waiting after 12 months through diagnostics in Powys and resultant freed up capacity in neighbouring health boards)
- Increase diagnostics and treatment closer to home / reduction in patient miles
- Enable equitable and sustainable service (career progression and succession planning)
- Standardisation of clinical practice through one respiratory service for Powys

Measures

Enhanced respiratory diagnostic provision will also be developed in Powys to support timely, safe and accurate diagnosis of respiratory conditions within county, closer to home. This will reduce the number of patients who currently attend out of county (or are waiting) for respiratory diagnostics at DGHs in neighbouring health boards and English trusts.

There are 530 patients awaiting consultant follow up in North East Powys. The MDT will prioritise and support the review of these cases and complete the follow up.
There are 70 patients waiting for pulmonary rehabilitation (twice weekly 6 week programme). The additional temporary capacity will ensure that this is cleared by the 30th September 2021. At the end of March there were 153 patients waiting for respiratory diagnostics which would be cleared within 10 months.

Key actions & milestones

Quarter	Milestone
Q1	Funding confirmed
	Job descriptions agreed
	Consultation processes commenced with existing staff
	Posts advertised
	Recruitment commenced
Q2 – Q4	Additional PR programmes delivered
	MDT delivered
	Diagnostics provided in Powys
Q4	Backlog cleared.

RECOVERY AND RENEWAL INFRASTRUCTURE

Recovery and Renewal Team

Scope
To establish a Recovery & Renewal Team comprising programme leadership, administration, business intelligence and expert advisors.

Outcomes/Benefits
To ensure the overarching renewal and recovery programme delivers at the required pace and scale, with a focus on impact and outcomes and robust governance.

Measures

Programme Teams ensure that there is:

- accelerated delivery- value is embedded and can be demonstrated
- focus on impact and outcomes which can be measured
- a consistent approach to reducing inequalities
- robust governance with the ability to adapt, adopt and evaluate
- shared learning and a link to the overarching strategy of the organisation

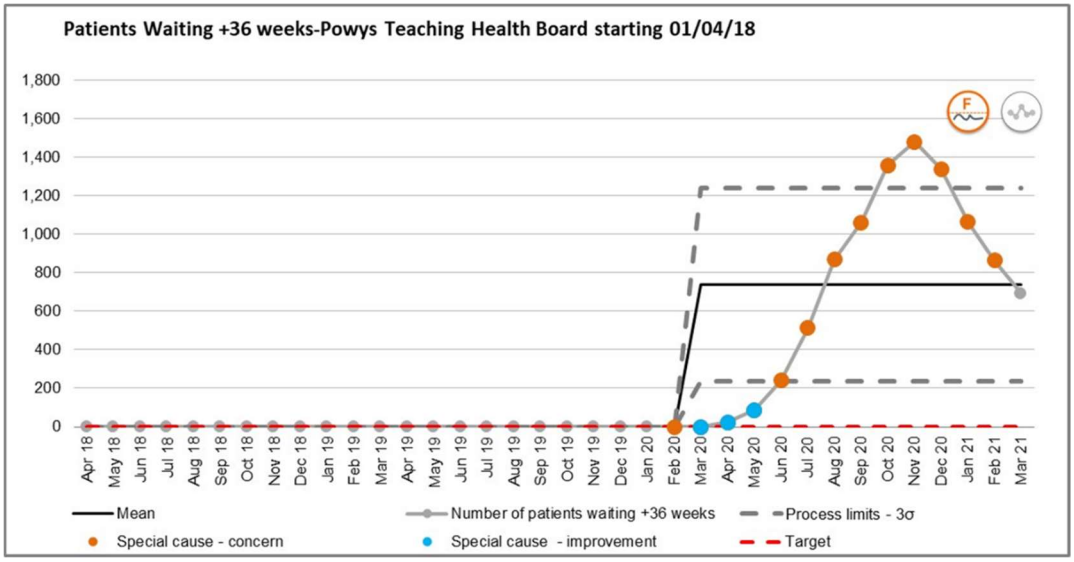
Key actions & milestones

Quarter	Milestone
Q1	Interim Team in place using mix of deployment methods
Q1	Funding confirmed
	Job descriptions agreed and recruitment undertaken
Q2	Full team in place

Appendix 1: Summary of Key Performance

POWYS PROVIDER REFERRAL TO TREATMENT (RTT)

The Powys provided RTT waits position for March has improved with 77.4% of 3419 patients waiting less than 26 weeks on an open pathway (excluding diagnostics and therapies). The number of patients waiting over 36 weeks has decreased to 690, of those 536 are waiting longer than 36 weeks (part of the original suspension cohort). The SPC chart below shows that although consistently failing to meet the target there is defined improvement for this cohort of long waiters, prior to COVID PTHB had never breached 36 weeks.



Looking in detail at the 36+ week waiters the information team have modified their reports in line with DHCW (NWIS) over 52-week reporting. Below is a summary table of the complete waiting list by DHCW (NWIS) aligned banding. The challenge can be seen within 53-76 weeks, and consists of predominantly routine patients who were waiting during the suspension period. This backlog continues to be the greatest challenge for the health board and the NHS in Wales.

Tables summarising RTT performance as a provider – source DHCW:

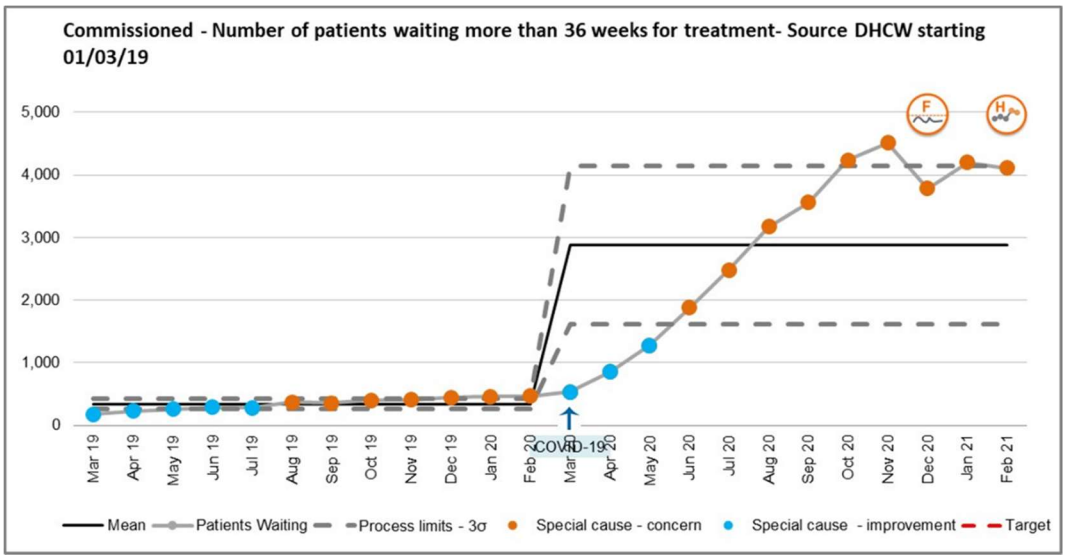
Snapshot Month: Mar-2021	Powys Provider RTT - Waits Open Pathway (exc. D&T)					
Specialty	**0 to 26 Weeks**	**26 to 35 Weeks**	**36 to 52 Weeks**	**53 to 76 Weeks**	**77 to 104 Weeks**	**Grand Total**
100 - GENERAL SURGERY	274	34	4	55	3	370
101 - UROLOGY	90	16	15	5		126
110 - TRAUMA & ORTHOPAEDICS	367	59	47	170	7	650
120 - ENT	316	45	40	17		418
130 - OPHTHALMOLOGY	640	63	14	18		735
140 - ORAL SURGERY	128	27	12	160	12	339
143 - ORTHODONTICS	17	4		27	5	53
191 - PAIN MANAGEMENT	68					68
300 - GENERAL MEDICINE	68	5	2	1		76
320 - CARDIOLOGY	82	10	10	9		111
330 - DERMATOLOGY	21					21
410 - RHEUMATOLOGY	77	8	2	1		88
420 - PAEDIATRICS	11					11
430 - GERIATRIC MEDICINE	47	5	6	38	2	98
502 - GYNAECOLOGY	234	13	2	4	2	255
Grand Total	**2440**	**289**	**154**	**505**	**31**	**3419**

The continuing challenge into the new financial year will be this cohort of patients and the increasing new referral rate, for the provider these longer waits are found predominately in general, and oral surgery, and T&O. At a high-level Powys Teaching Health Board mirrors the position across Wales and England for patients waiting on RTT pathways. As with other health care providers ongoing work to minimise patient harm include risk stratification of new and existing waiters, this ensures appropriate management and access to treatment. At an All Wales level the health board engages with the national programmes for essential services, and working with Welsh Government to scope and adopt transformation plans to modernise the patient pathways.

COMMISSIONED SERVICES REFERRAL TO TREATMENT (RTT)

The position of commissioned RTT waits for Powys residents does not show the same improvement as the provider for long waits. The combined February position exc. D&T, and for open pathways displays that 59.7% of 13,413 patients wait under 26 weeks on an RTT pathway, and 4016 patients wait longer than 36 weeks (this is the latest snapshot to include both English and Welsh providers).

SPC chart of +36-week waiters in commissioned services – Feb 2021



The above SPC chart clearly shows the impact of service suspensions which started at the end of March 2020. The impact of this suspension and further backlog is universal across the commissioned system affecting all specialties and providers. At a high-level health care is failing to meet the target with ongoing special cause variation, as the number of breaches remain close to the upper control limit. If improvement does not occur during quarter 1 there will be a required further shift change. Finally, without significant system changes the cohort of long waiters is unexpected to reduce quickly. National work streams linked to outpatient transformation, and initiatives are ongoing and the provider fully engages with the process. The commissioning assurance process continues in Powys to assess and ensure the best possible care for residents and all long waiters are risk stratified by the relevant care provider.

COMMISSIONED PROVIDER WAIT DETAILS BY WEEK BANDS

Work has been successfully completed with the main English providers, this now allows granular long wait reporting e.g. +52 weeks and beyond.

The below summary tables show the position of Powys main commissioned care providers against the refreshed week wait bands.

DHCW (NWIS) individual weeks waits reporting stops at 104 weeks, patients waiting over this are amalgamated into an over 104 weeks band.

The latest snapshot for Welsh Providers is March 2021 and February 2021 for English.

Commissioned RTT - Waits Open Pathway Snapshot March 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main Welsh Providers		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
Aneurin Bevan Local Health Board	56.4%	1055	179	136	379	120	2	1871
Betsi Cadwaladr University Local Health Board	44.0%	224	36	42	143	53	11	509
Cardiff & Vale University Local Health Board	52.8%	191	26	34	82	27	2	362
Cwm Taf Morgannwg University Local Health Board	40.5%	168	44	34	117	45	7	415
Hywel Dda Local Health Board	57.3%	728	143	82	237	76	4	1270
Swansea Bay University Local Health Board	44.8%	721	176	115	403	135	61	1611
Grand Total	**51.1%**	**3087**	**604**	**443**	**1361**	**456**	**87**	**6038**

Commissioned RTT - Waits Open Pathway Snapshot February 2021 (exc. D&T)								
Source DHCW	% < 26 weeks	Patients waiting by band						
Main English Provider Groups		0 to 26 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
English Other	76.5%	166	11	19	18	3		217
Robert Jones & Agnes Hunt Orthopaedic & District Trust	64.6%	1344	179	225	291	42		2081
Shrewsbury & Telford Hospital NHS Trust	69.9%	1872	245	172	356	32		2677
Wye Valley NHS Trust	65.8%	1748	330	275	256	46	2	2657
Grand Total	**67.2%**	**5130**	**765**	**691**	**921**	**123**	**2**	**7632**

The commissioned RTT position for our residents in Welsh providers is significantly challenging with two of our three main providers Aneurin Bevan UHB and Swansea Bay LHB having a considerable over 52-week backlog. The position of the English providers is more positive with a slight reduction in long waiters through quarter 4, showing potentially a quicker system recovery than Wales albeit they were less challenge pre-COVID.

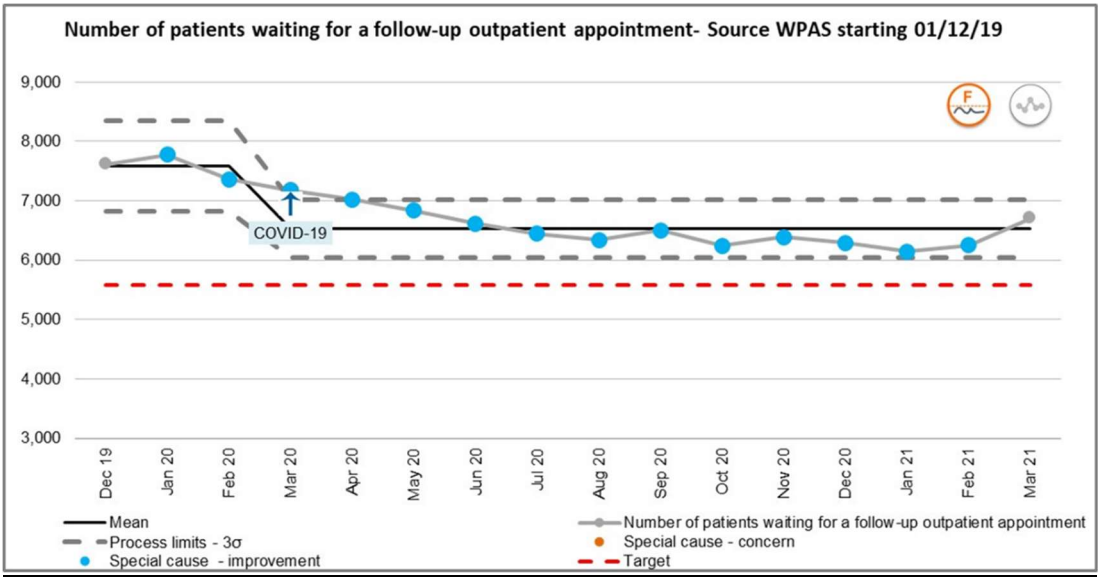
FOLLOW-UPS

Follow-up (FUP) outpatient measure for total waiting is not meeting the 20% reduction target from the March 20 baseline.

PTHB has managed its total patients waiting FUP position well during COVID with relatively good levels of activity via non-face to face contact, and undertaken list validation all working towards reducing the total waiters.

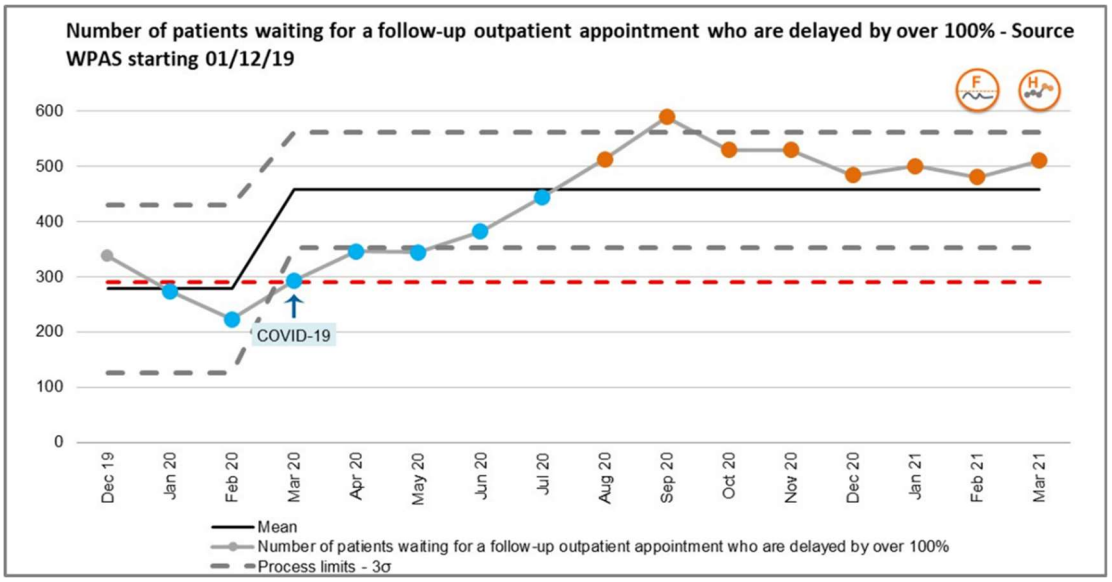
Although March-21 has seen an increase of patients on a FUP pathway (above COVID mean) the trend for the last 12 months is improving in line with national guidelines. Challenges remain with service overall capacity, and clinic slots prioritising clinically at risk patients, the health board will not meet its target of total FUP reduction without a system or target change.

SPC table below of total FUP's waiting



For long waiting FUP's e.g. patients waiting beyond 100% the performance is consistently not meeting the target of 290, this target is again set prior to the COVID pandemic, and will be unattainable with current service pressures. As above the challenge is around capacity and in-reach fragility across key specialties, general surgery and medicine, T&O, ophthalmology and mental health e.g. adult mental health and old age psychiatry.

SPC table below of FUP's waiting over 100%

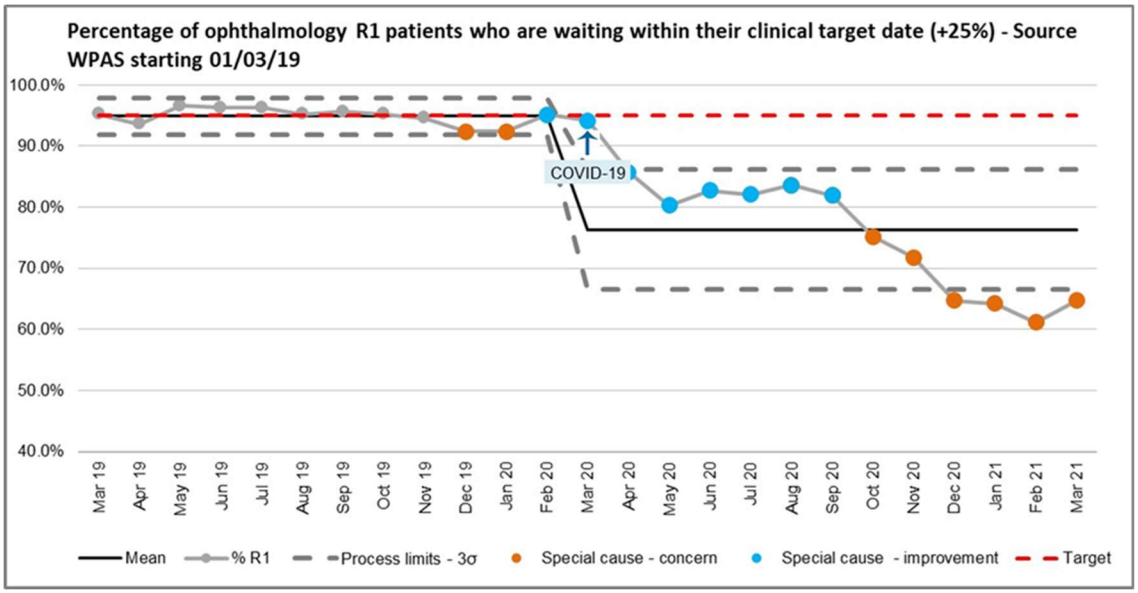


EYE CARE

As an essential service the Eye Care provision in Powys has remained robust when compared to the All Wales performance this year. However as predicted in Quarter 2, a second peak of COVID and in reach service fragility has resulted in Ophthalmology service retraction resulting in reduced capacity, this impact has continued through Q3 & Q4. The performance has been challenging and remains a special cause for concern consistently failing to

meet the target. There has been slight improvement in March to 64.7% but at present this is not a trend. All Wales performance for the previous period was 43.5% and Powys continues to rank 1st in Wales.

SPC chart of R1 measure



For the local HRF measure "Percentage of patient pathways without an HRF factor" performance has remained strong exceeding the <2% target, reporting 0.6% for March.

DIAGNOSTICS

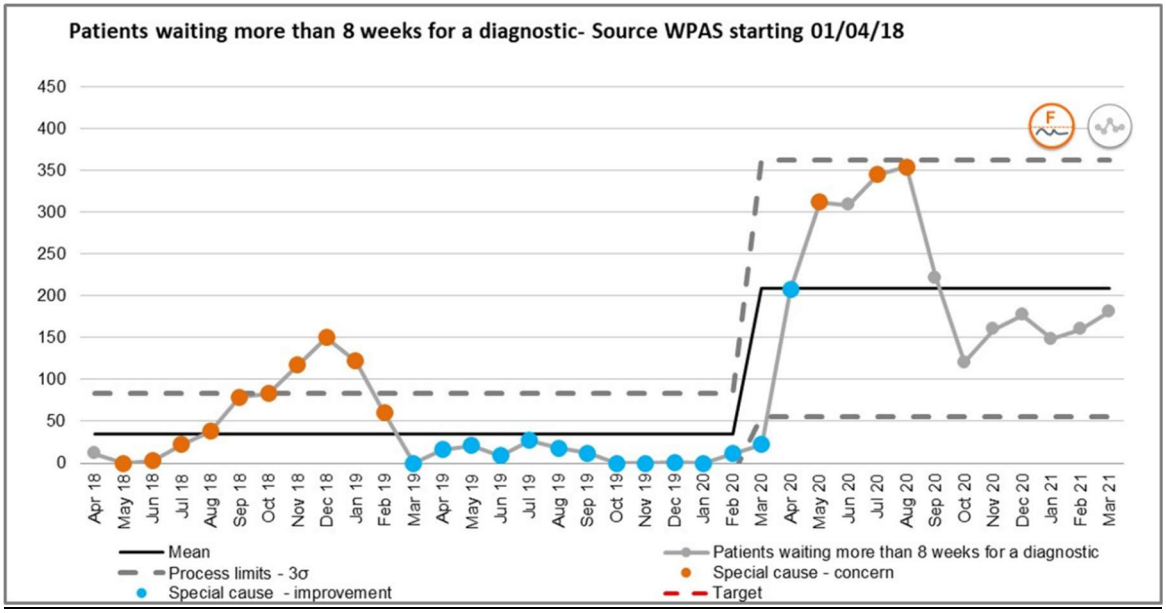
The latest March position shows an increased 181 patients breaching the 8 weeks wait target, key specialties not meeting the target include diagnostic endoscopy & non-obstetric ultrasound. When looking at long term trends and the impact of COVID pandemic the resulting suspension of services created a significant backlog.

Currently although below the 2020/21 mean (209) the health board consistently fails to meet the target of zero (this aligns to the All Wales position although PTHB ranks 1st with the least breaches).

Although there has been improved special cause variation during Q3 this hasn't continued and without a system change current performance is not predicted to improve.

Key challenges for both the Endoscopy, and Radiology (non-obstetric ultrasound) service are, ongoing fragility of in-reach service providers, continued COVID capacity restrictions, and staffing capacity challenges as a result of sickness or shielding, these continue to result in patient delays for routine procedures.

All referrals continue to be risk assessed, and clinically urgent patients continue to be seen within best practice timescales. Service restoration work continues and the provider fully engages with regional plans, and programmes e.g. National Endoscopy Programme.


Patients waiting more than 8 weeks for a diagnostic- Source WPAS starting 01/04/18
450
400
350
300
250
200
150
100
50
0
Apr 18
May 18
Jun 18
Jul 18
Aug 18
Sep 18
Oct 18
Nov 18
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Sep 20
Oct 20
Nov 20
Dec 20
Jan 21
Feb 21
Mar 21
Mean
Process limits - 3σ
Special cause - improvement
Patients waiting more than 8 weeks for a diagnostic
Special cause - concern
Target