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Dyddiad/Date: 1 September 2023

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Russell George MS  
Chair,  
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Welsh Parliament

By email: [SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

Dear Chair

Re: NHS waiting times

Further to your letter of 16 July 2023, I apologise for our slightly late response, but please find below responses to each of the areas laid out within your request.

### Recovery Targets

**Two of the recovery targets set by the Welsh Government in its April 2022 plan for transforming and modernising planned care and reducing NHS waiting lists have already been missed, and our projections suggest that at the current level of activity, the revised target dates may also be missed.**

- 1. The data released on a health board by health board basis shows there is variation across health boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your health board, and what action is being taken to address the waiting times in those specialties.**

Delivery plans for all specialties were reflected within the Annual Recovery Plan submitted (and updated) by the Health Board earlier this year. Within the resource framework available to the Health Board during 2023/24, we have set out activity and waiting list / time improvement trajectories for the year ahead.

Our plans focus on expansion of activity levels, recruitment to key roles / disciplines where we experience workforce challenges, and the transformation of our planned care delivery, reflecting the principles set out in the Welsh Government transformation and modernisation plan for NHS Wales. Our priorities include maximisation of See on Symptoms/Patient Initiated Follow Up (SoS/PIFU) delivery models for outpatients, further increasing the volume of care delivered via virtual / digital platforms and operational application of the efficiency and productivity principles reflected in the GIRFT (Getting It Right First Time) reviews conducted in several specialties.

The specialties that pose the greatest challenges to recovery of pre-pandemic waiting times in the shortest time-period are elective orthopaedics, ENT and Urology, reflective of the wider challenge across NHS Wales. The Health Board has been successful in reducing the overall number of specialties in which we experience waiting times challenges.

- 2. What role have you/has your health board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should health boards have a greater role in identifying the targets.**

In setting current targets, health boards have been approached for informal advice.

- 3. The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for health boards to deliver. The first two targets have been missed. Can you confirm whether your health board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your health board will achieve each of the recovery targets.**

Within the resource framework available to the Health Board during 2023/24, we have set out activity and waiting list / time improvement trajectories for the year ahead.

Progress in respect of delivery is illustrated in the attached overview.

Due to the volume and size of waiting lists backlogs that developed as a consequence of the pandemic, all health boards are experiencing challenges in the delivery of time/volume specific targets. Full delivery of these targets by March 2024 will require additional resources above the levels currently available.

### **Workforce**

- 4. Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).**

It is important to acknowledge our context and geography as a Health Board.

Across the three geographical areas, there are different age profiles within our population and therefore our workforce, specifically:

- a decrease in working age population from 2.5%, 4.5% and 12.2% for Carmarthen, Pembrokeshire and Ceredigion respectively;
- an increase in population 65 years of age and older c.17-20%; and
- a decrease in children aged under 15 years of age of between 0.8% (Carmarthen), 10.1% (Ceredigion), and 5.5% as the midpoint (Pembrokeshire).

This means that across our workforce, we are experiencing and will continue to experience growing gaps within our workforce generally and within specific clinical groups.

In terms of our registered health care professionals, the groups/services most impacted are as below:

1. Medical roles across all sites and gaps within most specialities medical, surgical, psychiatry, anaesthetics and radiologists;
2. Nursing has a consistent gap of c.10% year on year with significant gaps in Mental Health & Learning Disabilities (MHLD) and Midwifery; and
3. Allied Health Professional and Scientists: Radiographers and Sonographers, Psychologists etc

Ongoing engagement with HEIW and partner organisations is necessary to ensure the workforce education and training needs are met, addressing known gaps in education/training provision to increase workforce supply options and build greater workforce sustainability.

To achieve this, we continue to collaborate with HEIW and partners to:

- Share insights and identify possible options to create bespoke opportunities for Hywel Dda, to enable greater development opportunities for our workforce, as well as to attract local individuals to work, train and remain in Hywel Dda.

This includes service-level review of education and training needs, to identify “gaps” and opportunities to create appropriate pathways, to promote equitable development opportunities for all staff.

- Promote a more dynamic skill mix, with the need to identify a ‘workforce escalator’ to continue developing staff at a greater pace, to mitigate the workforce from becoming static and to address known risks; for example, attrition rates on current Grow Your Own (GYO) programmes.

Underpinning our IMTP, we have conducted a detailed analysis of the workforce challenges as identified above and gives an analysis of the actions being taken.

## **5. What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff.**

We employ the following practice(s) to support mental health at work:

- Dedicated internal Staff Psychological Wellbeing Service to promote and support mental health at work – individuals, teams and leaders;
- Comprehensive range of resources, signposting and information on mental health at work available for all staff through our own SharePoint pages;
- Bespoke care pathways for staff around mental health and psychological trauma;
- Collaborative working with the wider OD teams to support systemic approaches to wellbeing at work;
- Psychological wellbeing/good mental health is a key part of our Good Day at Work framework; and

- Access to a range of psychological support/intervention services, including our own 121 Service, Spring (for mild to moderate PTSD), Ecotherapy Retreats for staff, Recovery in Nature Days and signposting to some key external services.

Our Staff Psychological Wellbeing Service provides input on mental health and psychological wellbeing to a range of programmes including:

- Junior Doctor's programme
- Nurse Preceptorship programme
- New Consultant's Development Programme
- LEAP – Leadership programme (B7 and above)
- Inform – leadership B6 and below
- Wellbeing Champions Induction programme
- STAR – Nurse leadership programme

We also provide bespoke sessions on a range of psychological wellbeing at work topics on request for teams and services.

Hywel Dda Creative Collective is a creative online community of staff members, designed to help improve the well-being of our staff by encouraging colleagues to take part in creative activities.

The collective provides a creative outlet, supportive community and a space away from traditional high-pressure roles to experiment, learn and share ideas through arts and culture.

- 6. Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position). Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).**

### Nursing Usage

Utilisation Type	Average monthly FTE	Average monthly FTE	Actual				Projection								
			Apr FTE	May FTE	Jun FTE	Jul FTE	Aug FTE	Sep FTE	Oct FTE	Nov FTE	Dec FTE	Jan FTE	Feb FTE	Mar FTE	
Additional	87.80	36.51	32.77	36.12	32.01	36.44	34.33	34.33	34.33	34.33	34.33	34.33	34.33	34.33	34.33
Bank	307.19	247.05	253.91	238.85	240.86	250.36	245.99	245.99	245.99	245.99	245.99	245.99	245.99	245.99	245.99
Overtime	53.03	91.94	83.16	76.82	80.76	85.17	81.48	81.48	81.48	81.48	81.48	81.48	81.48	81.48	81.48
Off Contract Agency	30.96	45.98	42.64	31.10	13.81	0.05	-	-	-	-	-	-	-	-	-
On Contract Agency	246.20	291.76	301.58	298.02	321.60	319.38	322.05	312.05	302.05	291.05	279.05	267.05	257.05	247.05	
<b>Grand Total</b>	<b>725.18</b>	<b>713.23</b>	<b>714.06</b>	<b>680.91</b>	<b>689.04</b>	<b>691.40</b>	<b>683.86</b>	<b>673.86</b>	<b>663.86</b>	<b>652.86</b>	<b>640.86</b>	<b>628.86</b>	<b>618.86</b>	<b>608.86</b>	

Note: Projection assumes International Nurses OSCE assessment pass rate of 50% is maintained.

### Nursing Cost

Utilisation Type	2021/2022	2022/2023	2023/24		
	£	£	Apr 23 - Jul 23 £	Aug 23 - Mar 24 £	Total £
Agency	29,090,938	29,952,657	11,063,000	17,310,000	28,373,000
Bank	13,180,831	11,692,712	4,274,186	8,548,371	12,822,557
Overtime	6,204,200	6,455,761	1,940,697	3,881,393	5,822,090
<b>Grand Total</b>	<b>48,475,969</b>	<b>48,101,131</b>	<b>17,277,882</b>	<b>29,739,764</b>	<b>47,017,646</b>

The projection for agency usage to the end of the financial year is included above and takes account of overseas nurse recruitment. Further work is currently being scoped to reduce agency work further and this detail will be known later in September 2023.

The recruitment of International Nurses has continued throughout the beginning of 2023/24 to assist with stabilisation of the Nursing Workforce within the Health Board. The cohorts of International Nurses that have or are due to arrive in May, July, September and October will continue to assist in reducing the reliance on agency staff.

The Health Board also implemented Wagestream to allow staff to draw down pay ahead of monthly pay dates, which supports faster payment to bank workers.

Actions to reduce reliance on agency workers is included in the workforce plan technical document in response to Q4. As above, plans to further reduce reliance are currently being developed.

**During the evidence session on 12 July, the Director of the Welsh Confederation told us:**

***“There’s huge evidence to show that people tend to stay in their roles longer if they started their career locally and are given that opportunity to develop, and that has big knock-on positive effects for the communities more widely as well”.***

**7. Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.**

Whilst it difficult to prove a causal link due to the multiple factors that impact retention, the availability of training and development opportunities can be a contributory factor, as identified through exit data, which states that 38.8% of respondents felt that they did not have adequate training and development opportunities. In addition, as part of the Thinking of Leaving Surveys, this identified that lack of training, career progression and development opportunities contributed to 7% of the respondents.

#### Leadership and Management Programmes

- Junior Doctor Programme
- Nurse Preceptorship programme
- New Consultant’s Development Programme
- LEAP – Leadership programme (B7 and above)
- Inform – Management Programme for those (Band 3 -Band 6)
- STAR – Nurse leadership programme

#### External/Internal Non-Registered Workforce Development

- Expanded the offer from the internal Agored Cymru Centre status to include Level 3 programmes in Primary Care, Physiotherapy, Occupational Therapy, Podiatry, Rehabilitation Support, Perioperative Care, Speech and Language and Dietetics. This also includes the offer to Primary and Social Care of full qualifications and units to support development.
- Providing a Community/Social Care Clinical Induction to support the upskilling and retention of the wider Health and Social Care Sector

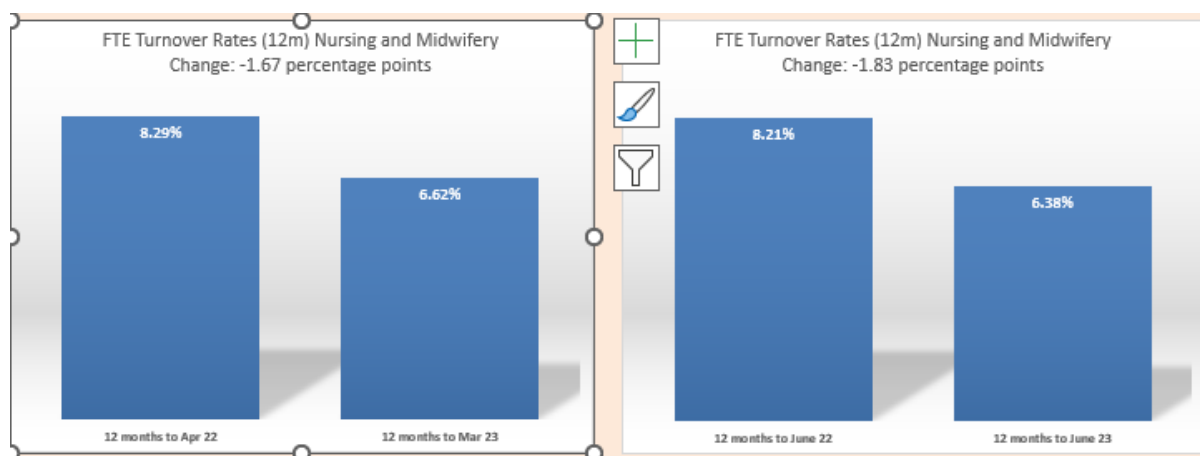
#### Future Workforce Pipelines

The Health Board has a ‘Grow Your Own’ ethos. Recognising the number of youth population that are not able to access university provision in their chosen career locally, this often results in them not returning to their local community until much later in life, if at all.

The lack of both full and part time provision locally impacts the development opportunities for school leavers and our workforce. To mitigate these issues, the following action have been taken:

- Collaboration with University of Wales Trinity St Davids (UWTSD) and HEIW to extend the pathway for therapies by creating a Level 4 qualification as a way of widening participation into university provision. This provides an opportunity to grow our own Allied Healthcare Professionals in Wales as part-time local provision for university education becomes available and universities accept the Level 4 as an entry requirement into higher education. To date, 22 staff are working through the programme and a further 13 starting in 2023/2024.
- In 2019, the Health Board launched the Apprenticeship Academy, which predominantly focused on the Healthcare Apprenticeship (HCA) Programme, having recruited 195 participants to date. The HCA was fundamentally introduced to create an additional pipeline into nursing, keeping the population local. Acknowledging the local population demographics and ageing workforce, the need to widen participation was crucial and therefore entry requirements reflected values as opposed to achievement of prior qualifications. In addition, an outcome of the programme was to increase Welsh speakers, addressing gender bias within nursing and this has had an overall positive impact on workforce demographics.
- Following the HCA model and the lack of workforce supply of estates skilled tradesmen, an apprenticeship programme was developed to support local individuals to qualify in Electrical and Mechanical Engineering, which includes seven apprentices to date. Working with local learning providers, the pathways are being reviewed to ensure they meet the required entry points for roles within the trade. This has provided challenges for those who live in Ceredigion as no local training provision is available.
- Through the established Grow your Own Nursing Pathway, there are 213 Health Care Support Workers accessing various stages of the pathways, including the Level 4 Certificate in Healthcare and the part-time nursing degree. These pathways not only develop our workforce but keep talent locally to provide a nursing pipeline.
- Career Framework mapping is underway to identify roles that lack a career pathway, allowing the workforce to understand the routes available to progress.

Recognising this is only one of the interventions to reduce attrition, there has been a significant reduction in the 12-month turnover rate, down from 9.84% in June 2022 to 8.18% turnover in June 2023.



### Impact of industrial action

- 8. Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.**

The impact of recent industrial action on planned care delivery varied between each date of action. Whilst specific numbers are difficult to quantify due to difficulties in differentiating cancellations specifically due to industrial action versus other factors, our local experience indicates approximately 600 outpatient appointments and 20 planned elective operations were cancelled on each date of action.

### Innovation and good practice

**We know there are examples of innovation in all health boards, but have concerns that unless successful innovations are rolled out across health boards the impact of such innovations and the extent to which they can deliver the radical transformation needed to address the backlog will be limited.**

- 9. What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.**

Within the national Planned Care Programme, there are opportunities for Health Boards to share good practice and promote learning and innovation. The Health Board has shared and promoted good practice in relation to delivery of improvements to the number of patients awaiting delayed follow up care and how long waiting patients can be supported whilst awaiting access to care.

Conversely, the Health Board has adopted learning from other parts of Wales in relation to expansion of patient self-management / care programmes and straight to test models for diagnostic care.



**10. Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional working between different health boards?**

We meet with the NHS Executive on a monthly basis to consider progress and shared learning opportunities both on a national and regional basis. Opportunities for shared learning include application of treat/assess in turn guidance, clinical validation, and latest clinical guidance regarding interventions not normally undertaken.

**11. During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff and services to meet priority needs. What action has your health board taken to learn from this experience, and maintain agility and flexibility.**

As an ongoing consequence of the COVID-19 pandemic, our current configuration of planned care delivery differs from the configuration in place prior to the pandemic. This includes delivery of specific procedures / pathways in alternative locations, protection of elective capacity in key locations, delivery of outpatient care via virtual/digital platforms and the increasing application of See on Symptoms/Patient Initiated Follow Up models to release outpatient capacity to be prioritised for new patient demand.

**Regional approaches**

**Resources and demand are not always equitable across health boards, and the Welsh Government's plan for tackling waiting times commits to introducing "regional and wider models of care to ensure equitable access" on the basis that "the challenges we face are too large for health boards to tackle alone". During the evidence session on 12 July we heard about some examples of regional working.**

**12. What action is your health board taking to ensure that opportunities for regional working are considered, developed and implemented. Please provide an update on how your health board is working with others on a regional basis.**

**A Regional Collaboration for Health (ARCH)**

Across South West Wales, the Health Board is actively engaged in a well-developed regional partnership programme (ARCH) involving Swansea Bay UHB and Swansea University. ARCH has three priorities, which guide our work and actions; these are:

- Priority 1: NHS Service Transformation;
- Priority 2: Workforce, Education and Skills; and
- Priority 3: Research, Enterprise and Innovation.

The ARCH governance structure puts an emphasis on NHS Regional Recovery from Covid and demonstrates regional leadership with Chief Executives, Directors of Planning, and Chief Operating Officers chairing all regional groups. Individual programmes within the ARCH portfolio benefit from executive and clinical leadership, as well as programme management resource.

ARCH has recently prioritised its activity and resources to ensure delivery of national priorities.

ARCH NHS Regional Service Transformation Programmes are:

- Regional Diagnostics: We have established a Clinical Reference Group and working groups for Radiology, Endoscopy, other Diagnostics, such as cross over with Pathology, Cardiac Diagnostics, Workforce Planning, Data, Demand, and Capacity. We are updating our Programme Definition Document for October 2023.
- Stroke: Developed a business case for a Comprehensive Regional Stroke Centre (CRSC). Currently supporting regional teams to develop regional programme plans for pre-acute stroke services (believed stroke (process and conveyance)); Acute Stroke Services; Post-acute stroke services (early supported discharge, rehabilitation); and delivering the CRSC regional business case.
- Orthopaedics: We have established a regional Orthopaedics Network Board to plan and inform service delivery across our regional facilities.
- Regional Pathology: Regional Pathology Network management approach and development Regional Pathology Hub Centre of Excellence development (for Cellular Pathology, Microbiology (PHW), Genomics (AWMGS), Blood Sciences/Laboratory Medicine, Digital transformation). Currently producing an outline business case for the centre of excellence and introducing an Operational Delivery Network to manage future regional pathology services delivery.
- South West Wales Cancer Services: Programme Business Case submitted to Welsh Government in June 2023 setting out regional ambitions for regional Cancer service.
- Neurosciences: Developing plans and proposals for a Regional Neurosciences Service.

ARCH is currently in the process of finalising programme delivery, handing over delivery to operational teams and closing programmes for:

- Dermatology: Establishing a regional Teledermoscopy service.
- Eye Care: Glaucoma and Ophthalmic Diagnosis and Testing Centres; new Cataract theatres in Ammanford and Singleton, and a regional Diabetic Retinopathy service.
- Cardiology: Developed a regional Acute Coronary Syndrome Pathway business case, approach to cardiac pacing repatriation for Hywel Dda UHB patient to receive treatment in Morriston, and delivered an Echo Cardiography Assisted Reality Project, an evaluation and next steps.
- Oral Maxillofacial Surgery (OMFS): Working with the operational and clinical teams to develop a regional OMFS plan before handing over the plans to operational teams from October 2023.

The ARCH Senior Leaders Development Programme brings together twenty nine senior leaders from Swansea Bay UHB and Hywel Dda UHB in a unique blend of learning from Swansea University's School of Management in the Faculty of Humanities and Social Science, the Faculty of Science and Engineering, and the Faculty of Medicine, Health and Life Sciences. This workforce and education programme focuses on operational leadership and applying engineering and production planning approaches to health service delivery.

ARCH Research, Enterprise and Innovation supported programmes develop capacity and capability for research and innovation to positively impact patient outcomes and experience, as well as promoting economic development:

- The Swansea University led Swansea Bay City Deal Campuses project transforms the:
  - Morriston health campus and establishes new Institute of Life Sciences facilities in Morriston to enable and support research and innovation collaborations between health teams, academic staff and industry.
  - Singleton University Campus creating a national centre of excellence with community and performance sport infrastructure, attracting Sports Tech and related companies and establishing Swansea as a sport and well-being innovation test bed that aligns community sport and wellbeing with world-class facilities with elite teams, national governing bodies, and technology and research.
- The Carmarthenshire County Council led Pentre Awel project is the first development of its scope and size in Wales providing world-class medical research and health care delivery and supporting and encouraging people to lead active and healthy lives.
- The ARCH Regional Innovation and Research Strategy builds on areas of synergy in the ARCH partner organisations' strategies and seeks to develop opportunities for collaboration at scale – things that we are better doing together than apart. The strategy will be published in early 2024.
- Developing our innovation and research organisations – TriTech Institute, and Joint Clinical Research Facility – into regional services that enable creative solutions to operational and clinical challenges.

### Mid Wales Joint Committee

The Health Board is a member of the Mid Wales Joint Committee, whose membership comprises the statutory health and care organisations covering the Mid Wales region including the three Local Health Boards, Welsh Ambulance Services NHS Trust and three Local Authorities. The Joint Committee is a formally designated regional planning area within Wales and its role is to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales.

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning and Delivery Executive Group which is led by the Chief Executive of the Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee.

The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Mid Wales Planning and Delivery Executive Group held a planning workshop on 27<sup>th</sup> February 2023 to discuss and agree the proposed priorities for Mid Wales for 2023/24, which are:

- Urology: Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.

- Ophthalmology: Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Hywel Dda University Health Board, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the Multi-Disciplinary Team approach to Ophthalmology services across Mid Wales.
- Cancer: Establish the new Chemotherapy Day Unit at Bronglais General Hospital. Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments. Review palliative care pathways to identify opportunities for simplifying models through a shared cross organisational workforce approach.
- Dental: Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised. Identify what improvements could be made to general NHS Dental services provision across Mid Wales. Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.
- Clinical Strategy for Hospital Based Care and Treatment and regional solutions:
- Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions with key deliverables for 2023/24 as follows:
  - Develop additional capacity for General Surgery provision at Bronglais General Hospital
  - Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales
- Cross Border Workforce arrangements: Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including:
  - Development of new and enhanced roles
  - Recruitment
  - Retention including peer support and development of portfolios
  - Joint training including apprenticeship and leadership development programmes

**13. Please provide information about how many patients have been transferred across the boundaries of your health board for diagnostics and treatment. This should include patients transferred to your health board by other health boards, and those your health board has transferred to other health boards. Are there organisational or cultural barriers preventing this from happening.**

The Health Board applies a Hywel Dda wide patient access policy. Whilst we will always endeavour to offer patients treatment as close as possible to home, patients are advised they may access treatment at any of our locations across the Health Board area. As such, records of the number of patients who access care away from their local / nearest hospital are not routinely collated.

The Health Board routinely commissions services from neighbouring health boards, including Swansea Bay UHB, Aneurin Bevan UHB, Cwm Taf Morgannwg UHB, Cardiff & Vale UHB and Powys tHB as part of annual Long Term Agreements (LTAs). Due to pressure on capacity and extended waiting times at each Health Board, there have been no formal arrangements agreed in the past 12 months for patients to be treated at neighbouring health boards, outside of existing agreed and commissioned pathways.

### **Seasonal pressures**

**We have previously heard that progress to separate planned care from urgent care in Wales has been slow. During the evidence session on 12 July 2023, witnesses emphasised that planning for winter 2023-24 has already begun.**

**14. How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.**

Our planned care delivery plan for 2023/24 include the provision of protected and dedicated elective inpatient capacity at our hospitals and forecast activity levels reflect planned delivery of elective volumes through the Autumn / Winter period. We have also introduced a stand-alone Day Surgical Unit at Prince Philip Hospital, which is protected from urgent and emergency care pathways.

### **Supporting patients**

**15. What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait.**

The Health Board has adopted and implemented Welsh Government Deputy Chief Medical Officer guidance on treatment of patients, reflecting consideration of clinical need and length of wait. We have delivery plans in place to target longest waiting patients.

**16. How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.**

From August 2022 to July 2023, our validation team removed over 15,000 patients from the waiting lists (31% yield). Reasons for removing patients include referrals for mild conditions where a patient has indicated they no longer require treatment, duplicate referrals or a patient has received treatment elsewhere.

We have also directly contacted longest waiting patients to establish if they still require treatment. Additional clinical validation has resulted in further patients being removed due to a change in clinical pathways following revised clinical guidelines on effectiveness.

**17. The Welsh Government has invested £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog.**

We have set up a functional VBHC Programme

Welsh Government has invested in Value Based Health Care approaches, seeking to improve the outcomes that matter to patients.

In response to this investment, the Health Board has put in place a comprehensive VBHC Programme that is described in a strategy document through three primary goals:

- Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising, and delivering healthcare.
- Develop the knowledge and skills of our staff to put the theory of VBHC into practice.
- Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

In order to deliver against these goals, the VBHC Programme has put in place:

- A substantiated VBHC Team consisting of multi-disciplinary skillsets both within a small core team and in supporting functions through the organisation.
- Digital Patient Reported Outcome Measures (PROM) collection Solution.
- Licensing costs for validated assessment tools.
- Development and delivery of VBHC Education Programme, with delegates from across NHS Wales.

We are collecting PROM digitally and at scale.

Against goal 1, PROM data is now being routinely collected in 22 service areas, with a further 8 ad hoc collections that have been undertaken manually or have been ceased. These collections have led to HDUHB becoming the leading UK PROM collector on the DrDoctor platform at the end of 2022. The PROM data collected provides insight into the outcomes that are important to our patients, and how they are experiencing their condition. This insight can then be used by service teams to consider the way that they provide services sustainably into the future.

We are making a real impact to patients and healthcare services.

Within cardiovascular services, and in response to the All-Wales Cardiovascular Atlas of Variation, VBHC work has been undertaken to improve Heart Failure services. The outcomes from this have demonstrated a 51% reduction in Acute Heart Failure admissions and a 50% reduction in Heart Failure readmissions. The productivity gains that accompany these improvements are in excess of £1.3 million per annum.

Alongside the bed utilisation, patients are now seen, diagnosed and up titrated with Heart Failure medication 92% quicker than they were previously and their key PROM indicators in general wellbeing and specifically anxiety and depression have improved significantly more than anticipated.

In order to focus on improving backlogs and waiting times, PROM data and analysis is available for, but not limited to the following areas:

- Heart Failure
- Trauma and Orthopaedics – Shoulders and Elbows
- Trauma and Orthopaedics – Hips and Knees
- MSK Physiotherapy Services
- Rapid Cancer Diagnostic Clinic
- Cancer Prehabilitation
- Lung Cancer
- Colorectal Cancer
- Chronic Pain – Biopsychosocial Service
- Irritable Bowel Syndrome
- Inflammatory Bowel Disease
- Lymphoedema
- Cellulitis
- Ophthalmology – AMD
- Dermatology

Monitoring the PROM status of patients provides data on their experience of their conditions and enables the Health Board to evaluate different treatment pathways and interventions. In some cases, PROM data may be used to directly avoid unnecessary follow up or outpatient activity, providing remote care as appropriate.

We are striving to use Value to address systemic challenges.

In addition, a Rapid Value function has been set up, which is not reliant upon the collection of large PROM data sets, but instead considers the waste inherent in the delivery of services. This work includes:

- Re-instatement of the Treat and Repatriation Service in PPH for NSTEMI patients
- Procurement of SleepAngel pillows
- Point of Care Testing in Emergency Departments
- Community Pharmacy - Triage and Treat
- Respiratory and Diabetes
- Endoscopy
- Women's and Children - Maternity
- Cardiovascular diagnostics
- Atrial Fibrillation
- Stroke
- Anaesthetics
- Acute Kidney Injury
- Biosimilar medication review

### **Financial performance**

**During our scrutiny of the Welsh Government's draft budgets for 2022-23 and 2023-24 we have considered health boards' financial positions, including the extent to which they are achieving their statutory responsibilities under the NHS Finances (Wales) Act 2014 i.e. their duties to manage their resources within approved limits over a three year rolling period; and to prepare, and have approved by Ministers, a rolling three-year Integrated Medium Term Plan. Unfortunately, our scrutiny of the 2023-24 draft budget showed a deterioration in financial positions, with six out of the seven health boards projecting (as at January 2023) end of year overspends.**

**18. Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.**

The Health Board's Financial Plan for 2023/24 is to deliver a deficit of £112.9m, after savings of £19.5m. Our Financial Plan therefore does not recover the cumulative deficit incurred to date (which was reset to 1 April 2020) and as a result of this, we will not achieve our statutory financial duty over a three-year period.

The Financial Plan for 2023/24 presents a significant deficit position after Welsh Government funding for the exceptional economic challenges in relation to inflation, recovery schemes and residual Covid-19 costs.

There remains a risk to the deliverability of the financial plan around the expectation of Welsh Government to our savings target and manage the extraordinary pressures realised in the year. This currently represents a risk of c£30m to our plan.

Scenario options to mitigate this have been discussed at Board in August, and action plans are being developed.

The choices available for the key drivers of the deficit, coupled with other choices and opportunities, are regularly discussed across key governance forums, including the Executive Team and Board.

There will be several steps taken in 2023/24, which we anticipate will support the recovery of the Health Board in as far as is reasonably possible. Our plan prioritises several Planning Objectives (POs) aligned to the Ministerial Priorities and the key programmes of work required to respond to our opportunities framework. We are, in line with Welsh Government's TI expectations, developing a Clinical Services Plan that will begin to bridge the operational challenges we are facing today and our plans for a new hospital network and realisation of our strategy "A Healthier Mid and West Wales".

Developing and implementing any plan to reduce the over-reliance on acute beds in the current climate is exceptionally challenging. Nevertheless, we are developing a clear trajectory across the entire Health Board, which is broken down by site, to achieve an 80-bed efficiency during 2023/24.



We expect this work will not only improve our patient experience and support A&E and Ambulance Handovers performance but will also reduce the current expenditure associated with surge capacity.

The work we have undertaken over the last 12 months to increase our nursing workforce and the focused stabilisation work at Glangwili General Hospital is now bearing fruit with a substantial improvement in the nurse vacancy position at the site.

We expect this to translate into a significant reduction in agency usage, and associated costs, in 2023/24 and this approach will extend to other sites over the next 12 months and beyond, as part of our 10-year workforce plan.

Furthermore, we have significant aspirations to deliver transformative changes within Planned Care to both reduce the 36/52 week waits and support the sustainability and productivity of critical services. This will be a key element of the Clinical Services Plan and the regional planning we are doing with Swansea Bay UHB through ARCH, and BCUHB and Powys tHB as part of the Mid Wales Joint Committee. We also anticipate it will enable some reduction in duplication, support greater efficiency and therefore be an important element in our financial recovery plan.

I trust this response provides the information required; however, should any further details be required, please do not hesitate to contact me once more.

Yours sincerely

A handwritten signature in black ink that reads "Steve Moore". The signature is written in a cursive, slightly slanted style.

**Steve Moore**  
**Chief Executive**