Finance and Performance

Presentation re diagnostic and treatment centre
The challenge

Planned care has been significantly disrupted from the Covid pandemic.
Long waiters over 36 weeks has increased to over 30,000.
Activity is 37% for IP/DC compared to last year.
Turn around times in theatres have increased.
Theatre and ward capacity is still lower due to Covid carve out.

Essential services are still being maintained.
But at reduced activity.
Re-starting of services in a reduced footfall is taking longer than first thought.
Welsh Government has introduced a risk stratification approach, guidance only on stage 4 presently.

<table>
<thead>
<tr>
<th>% of previous activity delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW OPD</td>
</tr>
<tr>
<td>46%</td>
</tr>
</tbody>
</table>

Actions

- Essential service being maintained weekly/monthly monitoring to ensure compliance and increases.
- Meet demand.
- Introduce risk stratification for stage 4 and planned.
- “Once for North Wales” approach for high risk specialties is being implemented.
- Re-start for routine services is being planned, expecting increase in September.
- OPD activity for Cancer is almost back to pre-covid levels.
- Routine referrals is slower.
- Virtual clinics is being planned for further role out.
- SOS and PIFU toolkits are complete and being rolled out.
- Orthopaedic network plan being implemented, strategic business case requires significant review.

Progress to date

- Essential service being maintained.
- Risk stratification being implemented for stage 4 and planned.
- Task and finish group to cover IT governance and PAS to measure risk stratification.
- Clinical engagement re new approach.
- Once for north Wales for p2/3 patients is live in.
- Endoscopy, Ophthalmology (August).
- General surgery August/September.
- Orthopaedics (August/September).
- OPD programme- SOS/PIFU now BAU.
- Virtual clinics requires further push due to roll out issues.
- Review of diagnostic extra capacity for endoscopy and CT.
- Applying this to diagnostic and treatment centre approach as an option.
- Options for non-operative pathways/primary care and field hospital usage.
- Winter plan key and working relationship with unscheduled care.

<table>
<thead>
<tr>
<th>Activity v Plan Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of previous activity delivered</td>
</tr>
<tr>
<td>Provider</td>
</tr>
<tr>
<td>COCH</td>
</tr>
<tr>
<td>RJAH</td>
</tr>
<tr>
<td>BCU</td>
</tr>
</tbody>
</table>

Risks

- Screening programmes re-start increases risk for Endoscopy/breast/diagnostics.
- Routine referrals increase.
- Winter plan needs to be closely integrated with primary care/unscheduled care.
- IT infrastructure to monitor risk stratification (IT update forecast in September).
- No national guidance on stratification for OPD/diagnostics.
- Independent sector (spire contract).
- RJAH contract.
- Patients declining dates due to covid threat requires improved communication strategy.
- Reduced capacity means patients will be waiting much longer within P4 risk stratification.
- Non-operative pathways may require investment and upscaling.
- Full review of risk register is required in August/September to incorporate new risks.
stage 1 (OPD) comparison of pre-covid plan Q3/4 and current Q3/4

- Pre C19 Q3/4 internal plan
- Post C19 Q3/4 Plan internal plan
- % of Pre C19 Internal Plan
Note the pre-covid plan
Could not meet national Target standard
3 key indicators are being measured in the post covid era

1. Number of patients seen
2. Number of patents per sessions
3. Number of sessions per week/month/quarter

East and West witnessed a small dip in August
Due to Fallow sessions at Spire
Annual leave at West

<table>
<thead>
<tr>
<th>Pts</th>
<th>2020-02</th>
<th>2020-03</th>
<th>2020-04</th>
<th>2020-05</th>
<th>2020-06</th>
<th>2020-07</th>
<th>2020-08</th>
<th>2020-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>414</td>
<td>289</td>
<td>98</td>
<td>98</td>
<td>116</td>
<td>164</td>
<td>178</td>
<td>221</td>
</tr>
<tr>
<td>East</td>
<td>292</td>
<td>203</td>
<td>72</td>
<td>87</td>
<td>126</td>
<td>134</td>
<td>110</td>
<td>164</td>
</tr>
<tr>
<td>West</td>
<td>288</td>
<td>223</td>
<td>86</td>
<td>88</td>
<td>120</td>
<td>143</td>
<td>130</td>
<td>143</td>
</tr>
<tr>
<td>Combined</td>
<td>994</td>
<td>715</td>
<td>256</td>
<td>273</td>
<td>362</td>
<td>441</td>
<td>418</td>
<td>528</td>
</tr>
</tbody>
</table>

With an increase in September
Typically seen in Sept. no BH’s, all schools back
Theatre sessions dropped in August at the East Site which was predominantly at the spire. This was due to annual leave and unable to cover all available sessions. No other sites could pick them up either.

In September we are currently undertaking 53% of the pre-covid sessions as BCUHB Centre =53%
West = 49%
East = 34%
Planned Care strategy—providing more capacity

Once for North Wales

Providing complex diagnostics and surgery

EAST

Diagnostic & Treatment centre
• Oscopy unit
• Diagnostic centre
• Day case surgery/polyclinic

WEST

Diagnostic & Treatment centre
• Oscopy unit
• Diagnostic centre
• Day case surgery/polyclinic

Numbers required and location based on D&C of Q3/4 and backlog removal

Provides low complex diagnostic and treatments
Service specification of diagnostic treatment centre (18/9/2020)

OPD- 1 stop pathway approach
Specific specialties that require diagnostics & one stop basis

1. Cancer
   • Max/fax
   • ENT/audiology
   • Obs/Gynaecology
   • Breast
   • Dermatology
   • Urology
   • Respiratory medicine
   • Oncology

2. Non cancer services
   • Cardiac services
   • Orthopaedics
   • Ophthalmology ARMD IVT service
   • Rheumatology (TBC)
   • Therapies (gyms) OT

   Cardiology- HF/stress echo
   Respiratory centre (TBC)

Oscopy suite
Endoscopy
Bronchoscopy
Cystoscopy
Hysteroscopy
Cardiac - TOE?

Pre-operative assessment

Diagnostic
Radiology
Plain film
CT
Ultrasound
Audiology TBC
Neurophysiology
Phlebotomy
Pharmacy
Other support CSSD (TBC)
Near patient testing

Theatres/OPROC
Day case all specialties described
Ambulatory orthopaedics
ODTC

Diagnostic and treatment Centre
Conversion:
- GP request diagnostics
- GP to OPD
- OPD to Treatment
- Pre-OP to Green outcome
- Slandered and complex procedure split

Tools:
- Consultant Connect for Advice and Guidance
- Attend Anywhere for Video
- AccuRX for immediate video
- Traffic light for Pre-OP to procedure

Diagram:
- Managed in Primary Care
- Diagnostics Request
- Advice and Guidance
- Outpatient Referral
- Outpatient Appointment
- Managed in Primary Care (discharged)
- Procedure Required
- Pre-OP (and consent)
- Pre-OP outcome Green
- Pre-OP outcome Amber
- Pre-OP outcome Red
- Procedure
Option 3

EOC
Regional Elective Orthopaedic Centre

Short-stay facility

DTC – EAST & CENTRE
Diagnostic Treatment Centre

Unit for all joint replacements and other 7% unsuitable for ambulatory model

DTC – CENTRE & WEST
Diagnostic Treatment Centre

93% of non-joint replacement surgical activity *

Type of Procedures Within DTC

- ACL Reconstruction
- Therapeutic Arthroscopy of Shoulder
  - SAD
  - Cuff Repair
- Achilles Tendon Repair
- Forefoot & Midfoot Procedures Surgery
- Hand Surgery
  - Carpal Tunnel
  - Tendon Realignment
  - Trigger Finger
  - Dupytrens

Type of Procedures Within EOC

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Short Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex joint replacement</td>
<td>Uni Knees (100%)</td>
</tr>
<tr>
<td>THR (Approx 25%)</td>
<td>TKR (Approx 25%)</td>
</tr>
<tr>
<td>Complex Hindfoot</td>
<td>Complex Hand Work</td>
</tr>
<tr>
<td>Frequency</td>
<td>Theatres required (normal recurring activity)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>2 sessions per day 5x week</td>
<td>12.2</td>
</tr>
<tr>
<td>2 sessions per week 6 days</td>
<td>10.1</td>
</tr>
<tr>
<td>3 sessions per week x 5 days</td>
<td>8.1</td>
</tr>
<tr>
<td>3 sessions per week over 6 days</td>
<td>6.7</td>
</tr>
</tbody>
</table>
## Diagnostic and treatment centre Capital costs:

<table>
<thead>
<tr>
<th>Option</th>
<th>Session</th>
<th>Theatres</th>
<th>Cost £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 3 – backlog + recurring + Out-patient + endoscopy</td>
<td>3 sessions x 5 days x 3 years</td>
<td>10</td>
<td>60m</td>
</tr>
<tr>
<td>Option 5 - Diagnostic and treatment Centre that has limited theatre capacity to clear backlogs and service transformation is undertaken to instigate covid light Daycase pathways within the current DGH’s</td>
<td>3 sessions x 5 days x 3 years</td>
<td>2</td>
<td>6.9m</td>
</tr>
</tbody>
</table>

**Notes**
- All costs are current as at Sept 2020 (PUBSEC 250)
- Costs allow for 2 or 3 storey modular construction
- Enabling includes allowance for substructures, structural frame, plant room and engineering supply
- Costs exclude land costs and legal fees