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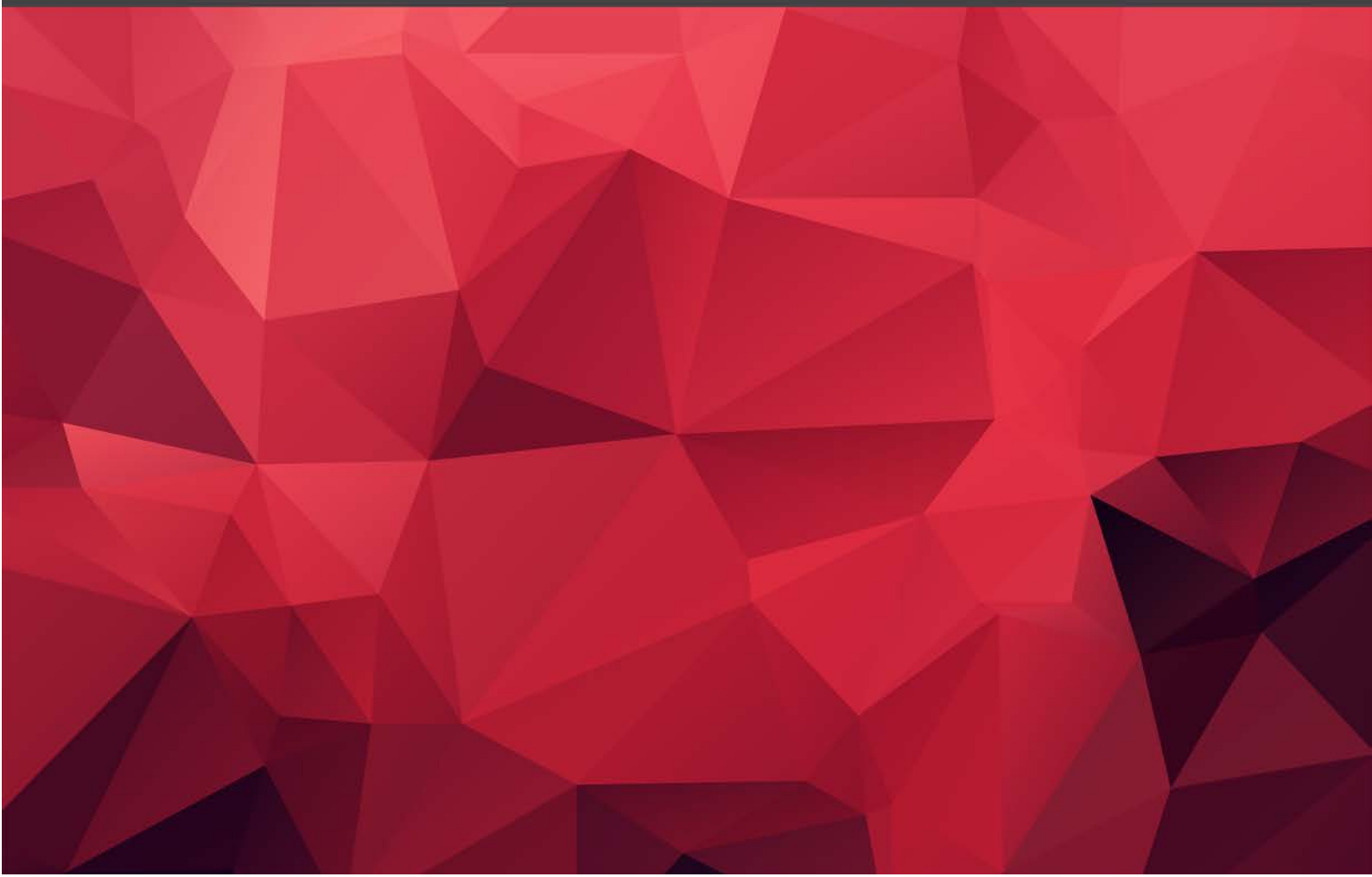
Review of Follow-up Outpatients – Assessment of Progress – **Betsi Cadwaladr University Health Board**

Audit year: 2016

Date issued: August 2017

Document reference: 437A2017



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The person who delivered the work was Andrew Doughton.

Contents

The Health Board has made progress responding to recommendations made in our 2015 report, but it still needs to improve the way it identifies clinical risks and incidents, quicken the pace of service improvement and reduce the backlog of delays.

Summary report

Appendices

Summary report

Introduction

1 Outpatient services are complex and multi-faceted and perform a critical role in patient pathways. The performance of outpatient services has a major impact on the public's perception of the overall quality, responsiveness and efficiency of health boards.

2 Outpatient departments see more patients each year than any other hospital department with approximately three million patient attendances a year[1], in multiple locations across Wales. A follow-up appointment is an attendance to an outpatient department following an initial or first attendance.

3 Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales. Follow-up outpatients are the largest part of all outpatient activity and have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities. Follow-up appointments that form part of the treatment package itself, for example, to administer medication, or to review a patient's condition, are not subject to timeliness targets set by the Welsh Government. Instead, these are managed within the context of clinical guidelines and locally determined target follow-up dates.

4 Since January 2015, each health board has been required to submit a monthly return to the Welsh Government detailing the number of patients waiting (delayed) at the end of each month for an outpatient follow-up appointment based on their target date[2]. As part of its NHS Outcomes Framework 2016-17[3], the Welsh Government has included a revised outcome target to reduce the numbers of patients waiting for an outpatient follow-up that have exceeded their agreed target date.

5 As part of the 2015 audit programme the Auditor General carried out a review of follow-up outpatients across all seven health boards in Wales. The review sought to answer the question 'Is the Health Board managing follow-up outpatient appointments effectively?'

6 We reported our findings for Betsi Cadwaladr University Health Board (the Health Board) in October 2015 and concluded that: 'The Health Board faces growing numbers of delayed follow-up patients and does not fully know its clinical service risk, but is beginning to plan to modernise its outpatient services.' In making this conclusion, we found that:

[1] Source: Stats Wales, Consultant-led outpatients' summary data.

[2] Target date is the date by which the patient should have received their follow-up appointment.

[3] Welsh Health Circular (2016) 023

- the Health Board was clear about the volume of outpatient follow-up demand, but it needed to better understand clinical risks and variations in clinical practice across sites;
- while follow-up waiting lists were increasingly accurate, too many patients were delayed, the trend was worsening, and scrutiny and assurance arrangements needed strengthening; and
- the Health Board was developing a plan to improve the administration of follow-ups and modernise its services, but change was too slow.

7 In 2015, our report made the following recommendations, set out in Exhibit 1.

Exhibit 1: recommendations made in 2015

Recommendations
Welsh Government data requirements
R1 Comply with Welsh Government reporting requirements by reporting on the numbers of both booked and un-booked follow-up outpatients, in line with the revised all-Wales template.
Information to support decision making
R2 Develop the business information warehouse approach for follow-up outpatients by: • expanding the scope, depth and detail of information available to ensure management and staff can access operational information relevant to their departmental business need. • use the information to reduce clinical variation across sites, clinical conditions and amongst clinicians. • using the information to learn from 2014-15 activities to both profile and reduce follow-up not booked (FUNB). Seek to understand why profiling was not as expected and build this into trajectories for 2015-16.
Clinical risk assessment and quality reporting
R3 Identify clinical conditions across all specialties where patients could come to irreversible harm if delays occur in follow-up appointments. Develop interventions to minimise the risk to patients with these conditions who are delayed beyond their follow-up target date. R4 Improve the reporting of clinical risk information in relation to delayed follow-up outpatients to ensure that: • incidents of harm resulting from delays are analysed, escalated and reported; and • scrutiny and assurance focus on the high-risk specialties and clinical conditions.

Recommendations
Outpatient transformation R5 Identify and put in place the change management arrangements and resources needed to accelerate the pace of delivery for long-term outpatient transformation, including: • clinical resources, including medical, nursing and allied health practitioners; • change management capacity and capability; • internal and external engagement with stakeholders; • primary and community care leadership capacity to support outpatient modernisation; • the need to start health economy care pathway redesign early, and deliver this concurrently with other improvement initiatives; and • applying lessons learnt from other recent related projects.

Source: Wales Audit Office

8 As part of the Audit Plan for 2016, the Auditor General has included local work to track progress made by the Health Board in addressing the recommendations made in the 2015 **Review of Follow-up Outpatient Appointments**. This progress update commenced in November 2016 and asked the following question: **Has the Health Board made sufficient progress in response to the findings and recommendations made in the original review?**

9 In undertaking this progress update, we have:

- reviewed a range of documentation, including reports to the board and committees;
- undertaken some high-level analysis of Health Board data submitted to Welsh Government in relation to follow-up outpatient appointments; and
- interviewed a number of Health Board staff to discuss progress, current issues and future challenges.

10 A summary of our findings is set out in the following section with more detailed information provided in Appendix 1.

Our findings

11 Our overall conclusion is that the Health Board has made progress responding to recommendations made in our 2015 report, but it still needs to improve the way it identifies clinical risks and incidents, quicken the pace of service improvement and reduce the backlog of delays.

12 In summary, the status of progress against each of the previous recommendations is set out in Exhibit 2.

Exhibit 2: status of 2015 recommendations

Total number of recommendations	Implemented	In progress	Overdue	Superseded
5	1	4		–

Source: Wales Audit Office

13 We found that the Health Board has made progress against all recommendations although in some areas, pace of improvement has not been at the rate it originally planned:

- the Health Board was fulfilling its requirement to report follow-up outpatient data for both unbooked[4] and booked[5] patients as per the Welsh Government requirement. However, submissions temporarily ceased from November 2016 to March 2017 because of data issues arising from the implementation of the Welsh Patient Administration System (WPAS) in Ysbyty Glan Clwyd. The Health Board has resumed full submissions from April 2017. In addition, the data issues have significantly increased the numbers of patients reported on the follow-up outpatient waiting list from 53,383 overdue patients to 69,537 patients.
- the Health Board is continuing to expand the way it analyses and manages follow-up outpatient information and while this informs operational improvements, it is not yet consistently used to reduce inappropriate clinical variation in practice across sites.
- the Health Board has a clearer understanding of clinical specialties that present the greatest risk of irreversible harm if delays occur in follow up appointments, but not at clinical condition level. Approaches for recording information on such incidents continue to need strengthening. More

[4] Unbooked – patients on the follow-up waiting list but who do not have a booked appointment date.

[5] Booked – patients on the follow-up waiting list but who have a booked appointment date.

positively, oversight and assurance on follow-up outpatients now includes a broader range of specialties.

- transactional efficiencies, improvements and focused investment are resulting in incremental reduction in delays. The Health Board has focused on backlog delays but it still needs to modernise services to ensure they are fit for the future. This will be an ongoing requirement and is happening in a small number of specialties, but needs greater scale, pace and clinician/service driven involvement.

Recommendations

14 We have made no additional recommendations. The Health Board needs to continue to make progress in addressing the outstanding recommendations. These are set out in Exhibit 3.

Exhibit 3: recommendations

2015 Recommendations that are still outstanding
Follow-up outpatient reporting
R2 Improve the range of performance information regularly reported to the Quality and Patient Safety Committee, ensuring that it covers a broader range of specialties and clearly reports clinical risks associated with delayed follow-up appointments.
Clinical risk assessment
R3 Identify clinical conditions across all specialties where patients could come to irreversible harm if delays occur in follow-up appointments. Develop targeted interventions to minimise the risk to patients with these conditions who are delayed beyond their follow-up target date.
Clinical condition level pathways
R4 As part of the Outpatient Transformation Programme, develop and implement lean clinical condition pathways (like that already in place for Cataracts), to improve quality, safety and efficiency of service.
Outpatient transformation
R5 Consider and identify the change management arrangements to accelerate the delivery of the long-term Outpatient Transformation Programme which should include consideration of: • clinical resources, including medical, nursing and allied health practitioners, required; • the change capacity and skills required; and • internal and external engagement with stakeholders.

Source: Wales Audit Office

Appendix 1

Progress that the Health Board has made since our 2015 recommendations

Exhibit 4: Assessment of progress

Recommendation	Target date for implementation	Status	Summary of progress
Follow-up outpatient reporting			
R1 Comply with Welsh Government reporting requirements by reporting on the numbers of both booked and un-booked follow-up outpatients, in line with the revised all-Wales template.	October 2015	Implemented	At the time of the original review, the Health Board was only reporting unbooked patients against a Welsh Government requirement to report both unbooked and booked patients. By October 2015, the Health Board submitted the full follow-up outpatient data set to the Welsh Government. In November 2016, the data submissions to the Welsh Government ceased because of issues resulting from implementation of the Welsh Patient Administration System (WPAS) in Ysbyty Glan Clwyd. The implementation created data issues resulting in significant growth of the follow-up outpatient waiting list. The Health Board is now cleansing and validating the data. We understand that the Health Board recommenced submission of the full data set as of April 2017. This recommendation is therefore complete.

Recommendation	Target date for implementation	Status	Summary of progress
Follow-up outpatient reporting			
R2 Develop the business information warehouse approach for follow-up outpatients by: • expanding the scope, depth and detail of information available to ensure management and staff can access operational information relevant to their departmental business need. • use the information to reduce clinical variation across sites, clinical conditions and amongst clinicians. • using the information to learn from 2014-15 activities to both profile and reduce follow-up not booked (FUNB). Seek to understand why profiling was not as expected and build this into trajectories for 2015-16.	October 2015 – June 2016	In progress	The Health Board has made progress moving to daily and real-time data reporting. The follow-up waiting list is available daily for all sites on the Health Board's IRIS reporting portal. Detailed data is available at a consultant and patient level. However, the Health Board does not proactively share this information with clinicians and so it does not routinely inform discussion about clinical variation across sites and teams. There is, however, a greater use of follow-up outpatient data since our original review: • supporting the Health Board's operational follow-up improvement activity and its monitoring approaches at a management level; and • informing the specific work on the Health Board's priority specialties (those identified by the Health Board as most in need of improvement to reduce potential harm resulting from a delay and/or reducing significant backlog).

Recommendation		Target date for implementation	Status	Summary of progress
Clinical risk assessment and quality reporting				
R3	Identify clinical conditions across all specialties where patients could come to irreversible harm if delays occur in follow-up appointments. Develop targeted interventions to minimise the risk to patients with these conditions who are delayed beyond their follow-up target date.	March 2016	In progress	The original review in 2015 identified that the Health Board was undertaking little work to determine specific specialty-level risk profile. Instead, it was concentrating on ophthalmology as well as a general push to reduce backlog and inappropriate activity across all specialties. The Health Board has not yet produced a risk assessment for follow-up outpatients to determine the clinical conditions where delayed appointments may result in harm. While we have seen no evidence of formal work to determine a corporate-wide position on clinical risk, it is clear that the Health Board is focussing on a broader range of specialties including gastroenterology, orthopaedics, ophthalmology and urology. We are also aware that specialties and individual clinicians are starting to self-assess their risks and take localised improvement action to help mitigate the risks that they have identified. This includes: • prioritising patients with urgent need; and • through discussion with management, amending the clinic templates to reduce the capacity for new patients and increase the capacity for follow-ups. We understand that the systems for outpatient coding and patient outcomes are not sufficiently detailed to be able to inform an analytical review of clinical condition level risk. For example, it is not easy to identify the number of patients with a specific condition on the follow-up waiting list for a specific speciality. As a result, the qualitative approaches to assess condition level risk already adopted in a number of specialities should continue.

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk assessment and quality reporting			
R4 Improve the reporting of clinical risk information in relation to delayed follow-up outpatients to ensure that: • incidents of harm resulting from delays are analysed, escalated and reported; and • scrutiny and assurance focus on the high-risk specialties and clinical conditions.	December 2016		**Clinical risk information** The Health Board uses Datix for incident management, but it is difficult to analyse to determine the risk profile for follow-up outpatients. Interviews indicate that the Health Board is encouraging clinicians to identify harm related incidents that may have resulted from delays. However, compared to other health boards in Wales, the Health Board's incident-reporting rates are low. Within the Health Board, clinician incident-reporting rates also appear low when compared to other staff groups. In the absence of good intelligence on potential harm, the Health Board could more widely adopt an approach to 'red-flag' patients with higher-risk conditions (ie those likely to come to irreversible harm because of a delay). This could help to determine patients that must be seen by the target date based on clinical prioritisation that in turn would allow administrative prioritisation. This would also enable the Health Board to understand the profile of high-risk patients to provide assurance and target improvement activity. **Scrutiny and assurance** Formal oversight rests with the Finance and Performance committee and the Quality, Safety and Experience Committee. Scrutiny has increased on follow-up outpatient delays and now includes a wider group of specialties including ophthalmology, urology, orthopaedics and gastroenterology. The Board is informed through the Integrated Quality & Performance Report. This includes general progress on overdue follow-up outpatient appointments. A Board development session held in October 2016 focussed on performance issues, with specific attention given to follow-up backlog. It is clear that the Health Board wants to adopt a balance between Referral to Treatment (RTT) waiting lists and follow-up outpatient waiting lists. However, this is not always evident in practice. Interviews indicate that additional funding to improve access times tends to be prioritised on RTT backlog, although we are aware that urology follow-up outpatient delays have also been targeted.

Recommendation	Target date for implementation	Status	Summary of progress
Outpatient transformation			
R5 Identify and put in place the change management arrangements and resources needed to accelerate the pace of delivery for long-term outpatient transformation, including: • clinical resources, including medical, nursing and allied health practitioners; • change management capacity and capability; • internal and external engagement with stakeholders;	December 2016	In progress	In our original review in 2015 we found: • short-term operational arrangements to clinically validate the waiting list using a primary care local enhanced service agreement were in place for two years, but these were no longer reducing the number of patients delayed; and • the Health Board was starting to plan long-term sustainable outpatient service pathways and some specialties had already made progress but the pace of change and consistency of service models was a risk. In 2016, the Health Board introduced an ambitious target to reduce follow-up outpatient delays by 75% by March 2017. Management consultants were appointed to support rapid improvement. Their work was shaped around: • a visioning event to determine the key themes to support improvement; and • developing a management focus on improvement action by introducing team-based planning cells whose work is overseen by a mission control group. The target to reduce delayed patients by 75% was not achieved. We understand that this required funding for additional clinical sessions, but the funding was not available. In the absence of the additional funding, the Health Board did achieve a gradual reduction in delays over an 18-month period. **Operational improvement** In October 2016, the Health Board set up a follow-up outpatient improvement group. The group is focussing on five specialties: ophthalmology, urology, orthopaedics, gastroenterology and ENT. It is positive to note that as of November 2016, there has been a reduction in the number of delays in urology and ophthalmology, although these remain high-risk specialties. Currently, the Health Board continues to focus on operational improvements to the management of follow-up outpatients including: • 1% reduction in referrals;

• primary and community care leadership capacity to support outpatient modernisation; • the need to start health economy care pathway redesign early, and deliver this concurrently with other improvement initiatives; and • applying lessons learnt from other recent related projects.			• 5% target for DNA or reducing DNA by 50%; • reduction in hospital initiated cancellations; and • rebalancing new to review ratio. These approaches are likely to result in some efficiency; freeing up capacity. **Service modernisation** There is an ongoing requirement for service modernisation to ensure that services are efficient while also adapting to changes in demand and treatment options. While the Board has had a good focus on transactional improvement, there has been less attention given to transformational change to outpatient models. We were signposted to a variety of innovative and/or new ways of working, but these were largely developed by keen individuals or small teams and there continues to be unwarranted variation in practice across sites. It is promising that the Health Board is starting to address these requirements and is initially focussing on ophthalmology service change. This work is at an early stage, but has brought together internal and external service providers with clinical, administrative and management experience from across the Health Board area to discuss the service options at a clinical condition level. If this approach is successful, the Health Board will consider rolling this out to other specialties. Longer-term sustainable service models are required to help ensure: • service models align to acuity of patient's clinical needs; • prudent workforce approaches are adopted, making best use of skill sets. • workforce and service models are affordable and resilient The Health Board needs to increase the scale and pace of modernisation of its services, at a specialty and clinical condition pathway level. Clinicians need to be engaged in shaping the design of services in partnership with internal and external providers.

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