



Review of Follow-up Outpatient Appointments

Powys Teaching Health Board

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Contents

The Health Board has good arrangements for managing local delayed follow-ups and arrangements to support service transformation but must do more to assess clinical risks, improve Board scrutiny and understand the situation for the majority of Powys patients who are treated out of county.

Summary report

Introduction	4
Our findings	6
Recommendations	7

Detailed report

The Health Board has good arrangements for managing local delayed follow-ups and arrangements to support service transformation but must do more to assess clinical risks, improve Board scrutiny and understand the situation for the majority of Powys patients who are treated out of county	9
The Health Board has a systematic approach to identifying the volume of local follow-up outpatients but needs to assess the clinical risks associated with delayed follow-up appointments and needs to better understand the situation for Powys patients treated out of county	9
The Health Board is successfully reducing the number of patients delayed who are treated locally but could improve reporting and assurance arrangements for all Powys patients	12
Short-term operational arrangements are in place to help reduce delayed follow-ups and recently adopted programme management arrangements should support longer-term service transformation	19

Appendices

The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between April and June 2015 (booked patients)	24
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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. They form a critical first impression for many patients, and their successful operation is crucial in the delivery of services to patients.
2. Outpatient departments see more patients each year than any other hospital department with approximately 3.1 million patient attendances¹ a year, in multiple locations across Wales. A follow-up appointment is an attendance to an outpatient department following an initial or first attendance. The Welsh Information Standards Board² has recently clarified the definition of follow-up attendances as those 'initiated by the consultant or independent nurse in charge of the clinic under the following conditions:
 - Ñ following an emergency inpatient hospital spell under the care of the consultant or independent nurse in charge of the clinic;
 - Ñ following a non-emergency inpatient hospital spell (elective or maternity) under the care of the consultant or independent nurse in charge of the clinic;
 - Ñ following an accident and emergency (A/E) attendance to an A/E clinic for the continuation of treatment;
 - Ñ an earlier attendance at a clinic run by the same consultant or independent nurse in any Local Health Board/Trust, community or GP surgery; and
 - Ñ following return of the patient within the timescale agreed by the consultant or independent nurse in charge of the clinic for the same condition or effects resulting from the same condition.'
3. Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales³. Follow-ups have the potential to increase further with an aging population which may present with increased chronic conditions and co-morbidities.

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

² Welsh Information Standards Board DSCN 2015/02.

³ Source: Stats Wales 'Consultant-led outpatients summary data by year'. Accident and Emergency outpatient attendances have been excluded, as there exists another data source for A/E attendance data in Wales (EDDS), which is likely to contain different attendance figures to those in this particular data set.

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4. Health boards manage follow-up appointments that form part of the Referral to Treatment Time (RTT) pathway and are subject to the Welsh Government RTT target of 26 weeks. 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.
 5. In 2013, the Royal National Institute for the Blind raised concerns that patients were not receiving their follow-up appointments to receive ongoing treatment and in 2014, it published a report **Real patients coming to real harm – Ophthalmology services in Wales**. The Welsh Government's Delivery Unit is working with health boards to develop ophthalmology pathways and the intention is that better targets for this group of patients will emerge from this work. However, this represents only one group of high-risk patients, as overdue follow-up appointments for ophthalmology patients can result in them going blind whilst waiting. Clinical risks remain for other groups of patients, and questions around efficiency and effectiveness for the management of follow-up outpatients in other specialities remain.
 6. Since 2013, the Chief Medical Officer and Welsh Government officials have worked with health boards to determine the extent of the volume of patients who are overdue a follow-up appointment (referred to as 'backlog') and the actions being taken to address the situation. Welsh Government information requests, in 2013 and early 2014, produced unreliable data and prompted many health boards to start work on validating outpatient lists. Due to the historical lack of consistent and reliable information about overdue follow-up appointments across Wales, the Welsh Government introduced an all-Wales 'Outpatient Follow-up Delay Reporting Data Collection' exercise⁴ in 2015.
 7. 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, and by what percentage they are delayed based on their target date⁵. Data submitted for the period January to March only related to patients that did not have a follow-up appointment booked (un-booked).
 8. From April onwards, health boards were also required to submit data relating to those patients who had an outpatient appointment booked (booked). The revised returns are beginning to provide a better indication of the scale of delayed follow-up outpatient appointments. However, there continues to be data collection issues in relation to patients who 'could not attend' (CNA) or 'did not attend' (DNA) and also patients on a 'see on symptom' pathway. The Welsh Government will be issuing a revised Data Set Change Notice (DSCN) to further develop the reporting requirements of delayed outpatient appointments. The current number of patients across Wales reported to be waiting for an overdue follow-up appointment and not yet booked for an appointment is in the region of 521,000.

⁴ **Welsh Health Circular (WHC/2015/002)** issued in January 2015 and the **Welsh Health Circular (WHC/2015/005)** issued in April 2015 introduces the Welsh Information Standards Board's **Data Set Change Notice (DSCN) 2015/02** and **2015 DSCN 2015/04** respectively.

⁵ Target date is the date by which the patient should have received their follow-up appointment.

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9. As part of its NHS Outcomes Framework 2015-16⁶, the Welsh Government has developed a number of new outcome-based indicators relating to outpatient follow-up appointments. This includes ophthalmology outpatient waiting times for both new and follow-up appointments based on clinical need, along with a broader measure relating to a 'reduction in outpatient follow-ups not booked' for all specialties.
 10. Given the scale of the problem and the previous issues raised around the lack of consistent and reliable information, the Auditor General has carried out a review of follow-up outpatient appointments. The review, which was carried out between April 2015 and June 2015, sought to answer the question: **Is the Health Board managing follow-up outpatient appointments effectively?**
 11. Powys Teaching Health Board (the Health Board) has particular operational service delivery arrangements which can be summarised as:
 - Ñ provider services – these are services that are provided locally by the Health Board; and
 - Ñ commissioned services – these are services commissioned from other Welsh health boards and English NHS trusts and are provided out of county.
 12. In 2014-15 there were some 99,000 outpatient follow-up attendances of which 83,000 (approximately 83 per cent) were seen 'out of county' ie, by commissioned health providers. This report refers to services provided directly by the Health Board unless specifically stated otherwise.

Our findings

13. Our review has concluded that the Health Board has good arrangements for managing local delayed follow-ups and arrangements to support service transformation but must do more to assess clinical risks, improve Board scrutiny and understand the situation for the majority of Powys patients who are treated out of county.
14. The reason for our conclusion is that:
 - Ñ The Health Board has a systematic approach to identifying the volume of local follow-up outpatients but needs to assess the clinical risks associated with delayed follow-up appointments and needs to better understand the situation for Powys patients treated out of county:
 - The Health Board has a good understanding of the Welsh Government data standard requirements, is improving the range of information available but needs to fully understand the delays being experienced by patients treated out of county.
 - The Health Board has adopted a systematic approach to data quality validation of its follow-up outpatient waiting list but there has been no assessment of the clinical need for a follow-up or of the clinical risks to patients waiting beyond their target date.

⁶ Welsh Health Circular WHC (2015) 017

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- Ñ The Health Board is successfully reducing the number of patients delayed who are treated locally but could improve reporting and assurance arrangements for all Powys patients:
- The Health Board is successfully reducing the numbers of patients delayed in services which it provides locally.
- Although the Health Board has information on the numbers of patients delayed for services it provides, the Board and its sub-committees do not yet receive sufficient information to provide assurance that Powys patients are not coming to harm while delayed.
- Ñ Short-term operational arrangements are in place to help reduce delayed follow-ups and recently adopted programme management arrangements should support longer-term service transformation:
- Short-term operational arrangements are in place to help reduce the number of delayed follow-up outpatient appointments.
- The Health Board's recently adopted programme management arrangements should support the planning and delivery of transformation within outpatient services.

Recommendations

15. We make the following recommendations to the Health Board.

Reducing patients waiting for a follow-up

- R1 Working with visiting consultants, ensure that patients on the follow-up outpatient waiting list clinically need a follow-up appointment and where they do consider if an alternative pathway to attending clinic would be appropriate, such as follow-up by telephone.

Follow-up outpatient reporting

- R2 Ensure that there is sufficient information on delayed follow-up outpatient appointments including clinical risks for all Powys patients regardless of where patients are treated, and this is reported to relevant sub-committees so that the Board can take assurance from monitoring and scrutiny arrangements.

Clinical risk assessment

- R3 Working with visiting consultants, 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.

Service Level Agreements Commissioning and Reporting

- R4 Ensure that all Service Level Agreements are fit for purpose, ie, that they set out: how risks will be managed, the costs of additional sessions and appropriate incentives and sanctions.
- R5 Ensure that performance against Service Level Agreements is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.

Detailed report

The Health Board has good arrangements for managing local delayed follow-ups and arrangements to support service transformation but must do more to assess clinical risks, improve Board scrutiny and understand the situation for the majority of Powys patients who are treated out of county

The Health Board has a systematic approach to identifying the volume of local follow-up outpatients but needs to assess the clinical risks associated with delayed follow-up appointments and needs to better understand the situation for Powys patients treated out of county

The Health Board has a good understanding of the Welsh Government data standard requirements, is improving the range of information available but needs to fully understand the delays being experienced by patients treated out of county

16. In August 2014, the Welsh Government required all health boards to adopt a single definition of a delayed follow-up which is 'any patient waiting over their clinically agreed target review date' and since then has continued to develop and improve reporting templates and guidance to health boards.
17. The Health Board has a clear understanding of the Welsh Government's definition and data requirements for reporting patients who are waiting for a follow-up outpatient appointment. It has met its submission requirements to the Welsh Government for patients that are treated in Powys by services provided directly by the Health Board.
18. The Health Board spent time developing tools to extract information from its Patient Administration System (Myrddin). Since December 2014 a range of reports has been available, on a self-service basis, for staff to identify and manage local follow-up patients.
19. The Health Board has good information on patients requiring follow-ups for outpatient services provided locally by the Health Board which allows it to identify patients:
 - Ñ requiring a follow-up appointment but who have not yet reached their target date;
 - Ñ requiring a follow-up appointment but who have no target date recorded; and
 - Ñ past their follow-up target date with delay measured in weeks past their target date.
20. Despite having information on patients who receive locally provided outpatient follow-ups, there is little or no information provided for Powys patients who are followed up in out-of-county services. At the time of our review, the Health Board was in discussion with providers of commissioned services to explore what information could be provided on patients waiting for a follow-up outpatient appointment.

The Health Board is currently not sighted of the outpatient follow-up situation regarding Powys patients treated out of county. The lack of information regarding this aspect of commissioned services is a significant issue given the volume of patients who are seen out of county.

21. In February 2015, the Health Board implemented a Standard Operating Procedure (SOP) called the Monthly Follow-up Outpatient Waiting List. The SOP describes the approach and responsibilities for creating, validating and reporting information to the Welsh Government. It also clearly sets out the escalation process if data issues cannot be resolved between the Business Intelligence Team, who create the list and the service leads who are responsible for validation.
22. The uncertainty surrounding how to calculate delays for booked patients means that the Health Board cannot yet report with confidence accurate information for this group of patients. The Health Board includes patients who DNA and CNA as waiting for an appointment. The Health Board met with the NHS Wales Informatics Service (NWIS) and colleagues from other health boards on 6 July 2015 to help clarify some of the issues identified above. This should help provide a basis for improving the accuracy of reporting the number of booked follow-up outpatients who are delayed.

The Health Board has adopted a systematic approach to data quality validation of its follow-up outpatient waiting list but there has been no assessment of the clinical need for a follow-up or of the clinical risks to patients waiting beyond their target date

23. In June 2014, the Health Board set up a task and finish group called the Waiting List Meeting whose main purpose was to improve performance of RTT for locally provided services. The terms of reference for the group also include reference to follow-ups 'to prevent the occurrence of outstanding follow-up appointments'. Since December 2014, the group has actively reviewed and discussed follow-ups. At the time of our review the group was reviewing both its terms of reference and membership as it was no longer a task and finish group.
24. With the increasing national focus by the Welsh Government on delayed follow-up outpatient appointments, the Health Board recognised that it did not have a policy setting out the expected standard for the management of outpatient waiting lists. In February 2015, the Executive Team approved the Outpatient Follow up Not Booked Policy, which only applies to services that are directly provided by the Health Board.
25. The policy clearly sets out definitions, management processes and responsibilities as well as procedures to be followed to identify follow-ups not booked, and the escalation procedures to be followed where this has occurred. The policy is designed to:
 - Ñ 'avoid the clinical risk of patients not being seen within timescales requested by the clinician responsible for the individual's care';
 - Ñ ensure patients are offered appointments within an appropriate timescale;
 - Ñ ensure robust reporting of Follow Ups Not Booked, so that all appropriate parties are aware of any slippage against the required standards;
 - Ñ ensure that where there are occurrences of Follow Ups Not Booked, that timely and appropriate action is taken;

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- Ñ ensure waiting lists are managed effectively; and
 - Ñ ensure that an accurate Follow Up position is reported through to the Welsh Government in line with **Welsh Health Circular 2015/05 – Data Set Notice Change to introduce the outpatient Follow-Up delay reporting data collection.**⁷
26. Since January 2015, the Health Board has undertaken regular data quality validation of its outpatient follow-up waiting list to ensure that the information reported to the Welsh Government is accurate. The checks comprise reviewing patient records in Myrddin to ensure that patients have a target date, which allows the Health Board to identify the degree to which patients are delayed. The Health Board has partial booking (Patient Focussed Booking⁸) arrangements in operation for its follow-up outpatient appointments and recognises that there will be patients who appear as un-booked but in fact have been allocated an appointment that they have not yet confirmed.
27. The Health Board has also introduced a new outcome field in Myrddin called ‘Follow Up not required at this time’. This helps to ensure that patients with long-term conditions, particularly patients in the paediatric service, without a target date are appropriately coded. It can be seen from the information reported to the Welsh Government that there were 24 patients without a target date in January 2015 and as a result of data validation this had reduced to zero in April 2015.
28. We were told that patients identified as being delayed were booked into clinics in line with the Outpatient Follow up Not Booked Policy, which in practice means that they are booked in to the next available clinic slot. If there are capacity issues then the Locality Management Team will review the need for additional clinics.
29. Whilst the approach to data quality validation helps the Health Board to identify the total volume of patients on its follow-up list, it does not enable it to assess the clinical risks to patients who may come to harm as a result of a delayed follow-up appointment. A report to the Finance & Performance Committee in June 2015 stated that ‘As per the new follow up policy; clinical review of all follow ups should be requested where it is known that a patient’s care will be delayed. In practice, this has been difficult to achieve due to the pressures on the consultant’s time. The current focus will be patients waiting over 50 per cent longer than requested by the consultant.’
30. Despite this, we were told that there has been no clinical assessment undertaken of patients on the follow-up waiting list to establish if patients still need to be seen by a clinician. Such an approach is likely to result in unnecessary demand within the outpatients system and will also be adversely affecting clinic capacity as patients are being seen that may not need to be.

⁷ Powys Teaching Health Board, **Outpatient Follow Up Not Booked Policy version 5**, February 2015.

⁸ **A guide to good practice Elective Services, National Leadership and Innovation Agency for Healthcare**, July 2005, states that the key requirements of patient-focussed booking are that the patient is directly involved in negotiating the appointment date and time, and that no appointment is made more than six weeks into the future.

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31. The Health Board, via a Service Level Agreement (SLA), has visiting clinicians from other Welsh health boards and English NHS trusts providing local outpatient services. Although clinical specialties normally follow clinical guidelines, if they are available, for setting follow-up or review dates, the degree to which clinical guidelines exist varies by speciality and sub-specialty. Staff we spoke to recognised that there is likely to be unexplained variation in the approaches taken by visiting clinicians when setting follow-up target dates and also discharging patients but this was not actively being reviewed.
 32. The Health Board has good local knowledge of the delayed follow-up issues, as the total number of patients within its provider services is small, approximately 6,200 in June 2015. Although the approach taken by the Health Board to data quality validation is improving the accuracy of its follow-up waiting list, the lack of clinical validation hinders the Health Board in understanding the true clinical nature of its outpatient follow-up demand and reducing the potential harm to patients who are delayed. This will affect the Health Board's ability to undertake robust demand and capacity modelling and the subsequent development of appropriate alternative pathways.

The Health Board is successfully reducing the number of patients delayed who are treated locally but could improve reporting and assurance arrangements for all Powys patients

The Health Board is successfully reducing the numbers of patients delayed in services which it provides locally

33. Health boards now record and report follow-up information to the Welsh Government on a monthly basis. The latest submission across Wales in June 2015 indicates that there are around 521,000 patients⁹ waiting for follow-up appointments that have a target date. Of the 521,000 patients only 26 per cent have a booked appointment. This is because patients may have recently been added to the waiting list and have not yet been booked an appointment.
34. Approximately 231,000 of the 521,000 patients waiting across Wales have been identified as being delayed beyond their target date. Of this, 121,000 (52 per cent) are delayed more than 100 per cent beyond their target date¹⁰. The all-Wales analysis at the end of June 2015, however, should be treated with some caution, as health boards know that their follow-up waiting lists are inflated. For example, in addition to the 521,000 patients with a target date, there are around 363,000 patients that do not have a target date. Our work has indicated that many of these are likely to be data errors, or patients without a clinical need for an appointment.

⁹ These may not be individual unique patients as some patients may be waiting for a follow-up appointment with more than one speciality or more than one consultant.

¹⁰ The percentage delay is calculated as follows – For example, Original Outpatient Attendance = 1 November 2015, Target Date (the date that a follow-up appointment should take place) = 1 December 2015 and Census Date = for example, 15 December 2015. The patient should have an appointment within 30 days of their original outpatient appointment but 45 days had elapsed and on 15 December the patient was 50 per cent delayed past their target date.

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35. At the end of June, for services provided locally by the Health Board, there were just over 6,200 patients waiting for a follow-up appointment of which some 800 patients were delayed (**Exhibit 1**). Of the 800 patients delayed approximately 500 (65 per cent) had a booked appointment and 108 (13 per cent) were delayed more than 100 per cent beyond their target date.

Exhibit 1: Analysis of length of delay over target date at June 2015 (all delayed patients)

	Total number of patients delayed	Delay over target date			
		0% up to 25%	Over 26% up to 50%	Over 50% up to 100%	Over 100%
Powys tHB (Provider)	816	441 (54%)	153 (19%)	114 (14%)	108 (13%)
All Wales	231,392	49,689 (21%)	26,827 (12%)	34,359 (15%)	120,517 (52%)

*Total number of patients waiting who have a target date.

Source: *Welsh Government Outpatient Follow-up Delays – Monthly Submission*

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- 36.** Since January 2015, the Welsh Government has required all health boards to report the number of un-booked patients waiting for a follow-up outpatient appointment. It is positive to note that there has been a significant reduction in the total number of un-booked patients delayed from 577 in January to 289 in June, which equates to a 50 per cent reduction (**Exhibit 2**). Similar percentage reductions have been made across all categories of delay, except for patients delayed more than 100 per cent past their target date which reduced by some 30 per cent over the same time period. Despite this, it is positive to note that over half of those delayed are in the shortest delay category.

Exhibit 2: Trend in number of patients delayed over their target date in Powys Teaching Health Board (un-booked patients)

	Total number of patients waiting for follow-up with a target date	Total number of un-booked patients waiting for a follow-up who are delayed past their target date				Total
		0% up to 25% delay	Over 26% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	
January	4,597	317	112	82	66	577
February	4,603	271	101	72	41	485
March	4,696	271	75	43	38	427
April	4,607	165	67	41	28	301
May	4,691	168	53	40	31	292
June	4,890	156	49	38	46	289

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission.

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37. Since April 2015, the Welsh Government has also required all health boards to report the number of booked patients waiting for a follow-up outpatient appointment. Although there are not enough comparable periods to form a conclusion on the overall trend, in June it can be seen that 527 (39 per cent) of patients with a booked appointment were delayed. Of those delayed, 62 patients were delayed more than 100 per cent past their target date ([Exhibit 3](#)).

Exhibit 3: Number of patients delayed over their target date in Powys Teaching Health Board (booked patients)

	Total number of patients waiting for follow-up with a target date	Total number of booked patients waiting for a follow-up who are delayed past their target date				Total
		0% up to 25% delay	Over 26% up to 50% delay	Over 50% up to 100% delay	Over 100% delay	
April	1,640	412	147	167	76	802
May	1,518	403	129	101	81	714
June	1,364	285	104	76	62	527

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission.

38. It is interesting to note that whilst the Health Board has been successful in reducing the number of patients who are delayed, the demand, as represented by the total number of patients waiting for a follow-up, gradually increased in June and was 4,890 (or 6,254 if you include booked patients).
39. As part of this review, we focussed on four specialties (General Surgery, General Medicine, Gynaecology and Ophthalmology), both to look at the work being done to improve the reliability and accuracy of the follow-up lists, but also to determine local arrangements to improve the management and delivery of follow-up outpatient services.
40. [Exhibit 4](#) shows the total number of un-booked patients waiting for a follow-up appointment and the percentage of those patients who are delayed beyond their target date in these specialties. The information available for booked patients is limited to three months and thus there are not enough comparable periods to form a conclusion on the overall trend in each speciality. [Exhibit 4](#) includes the June 2015 position regarding booked patients for comparison and [Appendix 1](#) contains more detailed information on the position of booked patients in April, May and June.

41. The number of patients waiting for a follow-up across all of the specialities has been relatively stable, but the trend in the number of delayed patients varies and is summarised below:
- Ñ General Surgery – there has been a reduction in the number of patients delayed between January and June, and the proportion of patients delayed is also reducing and was 11 per cent in June.
 - Ñ Ophthalmology – there was relative stability in the numbers of patients waiting for a follow-up of approximately 1,200 until June when the numbers rose to just over 1,300. Despite this, there has been a significant reduction in both the number and percentage of patients delayed. This is positive to note given the focus on ophthalmology services both within the Health Board, and also at a national level.
 - Ñ General Medicine – there has been a significant reduction in both the number and percentage of patients delayed particularly between April and May.
 - Ñ Gynaecology – between March and June the trend is one of relative stability in the numbers of patients waiting for a follow-up appointment, and the actual number of patients delayed is small with five delayed in January and one delayed in June.
42. The proportion of un-booked patients delayed is relatively low for each of the four specialities. The position regarding booked patients reveals that both the actual numbers delayed and the proportion of patients delayed is higher. It is positive to note that most (65 per cent) patients who are delayed do have a booked appointment.

Exhibit 4: The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between January and June 2015 (un-booked patients)

Specialty	January	February	March	April	May	June Unbooked	June Booked
General Surgery							
Number of patients waiting for a follow-up	369	359	370	332	336	365	140
Number and percentage of patients delayed beyond target date	51 14%	49 14%	57 15%	33 10%	43 13%	39 11%	59 42%

Specialty	January	February	March	April	May	June Unbooked	June Booked
Ophthalmology							
Number of patients waiting for a follow-up	1,220	1,167	1,277	1,218	1,259	1,333	229
Number and percentage of patients delayed beyond target date	92 8%	47 4%	56 4%	20 2%	24 2%	13 1%	74 32%
General Medicine							
Number of patients waiting for a follow-up	506	540	529	518	494	533	144
Number and percentage of patients delayed beyond target date	68 13%	60 11%	53 10%	40 8%	16 3%	16 3%	68 47%
Gynaecology							
Number of patients waiting for a follow-up	290	304	259	257	241	244	130
Number and percentage of patients delayed beyond target date	5 2%	5 2%	2 1%	3 1%	1 0%	1 0%	35 27%

Source: Welsh Government Outpatient Follow-up Delays – Monthly Submission

Although the Health Board has information on the numbers of patients delayed for services it provides, the Board and its sub-committees do not yet receive sufficient information to provide assurance that Powys patients are not coming to harm while delayed

- 43.** Backlogs and delays in outpatient follow-up appointments have been an issue for many health boards for a number of years. However, until recently few health boards across Wales routinely analysed or reported follow-up outpatient information as part of their performance reporting to the Board.

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44. A review of recent Board minutes and papers in the Health Board found little information is reported on either the volume of delayed follow-up appointments or the clinical risks associated with delayed follow-ups. The Health Board has an Integrated Performance Report which is regularly reported to the Board and includes performance information for high level objectives and Tier 1 targets, however, information relating to outpatient follow-ups is not included.
45. The Finance and Performance Committee, for the first time, received information on delayed follow-up outpatients at its May and June 2015 committees for services provided locally by the Health Board. The information reported covered the position as at January 2015 and April 2015 respectively. Reports included summary information regarding contributing factors for the delays and also action to be taken. Whilst the reports recognise that there will be improvements in some services, it also states that 'there remains a risk in some clinical specialties, particularly in Mid Powys as a result of on-going capacity issues. Particular areas of concern are rheumatology, ophthalmology and ENT.'¹¹
46. The Health Board does not yet receive information regarding follow-ups from services it commissions. We were told that for 2015-16 the Health Board will require all providers of commissioned services to provide information on the same basis as that required by the Welsh Government. As part of developing its monitoring arrangements for both its 2015-16 Long Term Agreements and also SLAs, the Health Board has included references to new to follow-up outpatient attendance ratios based on National Service Standards and follow-up appointments to be managed within agreed timescales.
47. The Quality and Safety Committee receives reports on complaints, claims and incidents. Information regarding complaints is provided by speciality with a short description of the issue. However, the information does not separately identify complaints made in respect of delayed outpatient appointments. Patient safety incidents where harm is assessed as moderate or above is reported. Serious untoward incidents affecting Powys patients treated by other providers are also reported to the Quality and Safety Committee. Despite a national focus on ophthalmology, the Quality and Safety committee have not received reports on the clinical risks associated with delayed follow-up appointments for this speciality or information regarding what the Health Board is doing to reduce risks.

¹¹ Finance and Performance Committee, Agenda item 3.5 Follow-up performance summary 30 June 2015.

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48. In June 2015, the Health Board approved its Performance Management Framework for 2015-16, which seeks to describe ‘the culture and context that the Health Board wishes to create to enable the organisation to be successful¹²’. This was the first time that the Health Board had developed such a framework. Work is being undertaken to identify and agree a set of key performance measures covering measures in the National Outcomes Framework and the Health Board’s own Annual Plan as well as performance trajectories and risk assessments for each of the Health Board’s strategic objectives. It is positive to note that an implementation plan has been developed which clearly sets out the actions and timescales for implementation of the framework across the organisation.
 49. At the time of reporting, the Health Board was also undertaking a self-assessment against the Auditor General’s checklist for managing elective waiting times¹³. Work is also being undertaken to identify and agree the level of information on elective care waiting times that will be reported to the Finance and Performance Committee. The new reporting regime is anticipated to include information on outpatient follow-ups.
 50. The Health Board needs to ensure that its new performance reporting regime improves the information reported to the Board and its sub-committees on follow-up outpatients so that it is not only aware of the numbers of patients delayed but also that it is aware of the clinical risks associated with delayed follow-ups and potential harm for all Powys patients. Such information would enable the Health Board to more effectively manage operational and contractual activity to address the follow-up delays that present the highest clinical risk of patients coming to harm, irrespective of where services are actually delivered.

Short-term operational arrangements are in place to help reduce delayed follow-ups and recently adopted programme management arrangements should support longer-term service transformation

Short-term operational arrangements are in place to help reduce the number of delayed follow-up outpatient appointments

51. As mentioned earlier in this report the Health Board established a Waiting List Meeting and since December 2014 follow-ups, for its locally provided services, have been a standing agenda item. The group is chaired by the Locality General Manager for the North, and membership, although currently under review, covers key operational functions. The group monitors the performance of follow-up appointments and it also validates the position before it is reported to the Welsh Government. It is also the main body that agrees the actions to be taken to reduce the follow-up backlog.

¹² Powys Teaching Health Board meeting 24 June 2015.

¹³ Auditor General for Wales, **Managing Elective Waiting Times – A checklist for NHS health boards**, March 2015.

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- 52.** A number of key individuals we spoke to described some services as being fragile and that when host organisations were under pressure to provide services, they tended to prioritise their own services over those being provided by visiting clinicians to Powys. Clinic cancellations have a significant impact on delays as a number are only held on a monthly basis. Given these issues, it is positive to note that the approach taken by the Health Board to manage delayed follow-up appointments involves service delivery changes, improvements to information and information systems as well as commissioning additional adhoc clinic sessions.
- 53.** In order to address some delayed follow-ups, additional clinic sessions have been secured on an adhoc basis via existing SLA arrangements. Although SLAs are in place for visiting clinicians they do not adequately cover key aspects of the commissioning arrangements with external organisations, for example, the management of risk and indemnity, the lack of sanctions and incentives and the lack of an agreed rate for additional sessions. The performance of commissioned services, in terms of actual sessions delivered against the number commissioned is not regularly reported to the Board or its sub-committees. The Health Board has recently undertaken a review of its commissioning arrangements and recognises that arrangements need to improve.
- 54.** Within localities, we were told that there is a pragmatic approach to dealing with delayed patients, for example, one locality is booking follow-up appointments before new routine patients. All localities recognised the need to balance performance on the RTT and also deal with delayed outpatient follow-up appointments. This approach is possible as the number of patients is relatively small.
- 55.** To better understand the nature of follow-up demand, the introduction of the new outcome option in Myrddin 'Follow Up not required at this time' provides an additional outcome option and results in patients being discharged when clinically safe to do so and removed from the waiting list. This approach then relies on the patient to self-refer if symptoms reoccur and to have access back to see a consultant.
- 56.** Managers we spoke to were complimentary about the range of information and reports available to them for both identifying and managing delayed follow-up outpatient appointments. Reports are also available identifying patients who require a follow-up appointment but have not yet reached their target date, which helps to manage future capacity requirements.
- 57.** The Health Board is dealing with operational aspects of follow-up outpatient delays and has begun to change how some follow-up services are delivered. There are a number of service developments taking place in some specialties and localities. Business cases have been produced for each of the service changes and we were told that many service changes were recently implemented and would be evaluated at an appropriate time. Many of the service developments have wider service benefits and do not solely focus on follow-ups. Examples of this include:
- Ñ the introduction of new ophthalmology pathways using optometrists for follow-up care;
 - Ñ using optometrists in North Locality to refer patients in to the ophthalmology service;

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- Ñ the appointment of an Ear, Nose and Throat Specialist Nurse in Mid and South Powys providing ear care which includes follow-up patients;
 - Ñ the appointment of a Consultant Nurse Endoscopist in Mid and South Powys; which will increase follow-up capacity;
 - Ñ redesigned carpal tunnel pathway; and
 - Ñ nurse led clinics for diabetes and paediatrics.

58. It is clear that the Health Board has an ongoing challenge in meeting its follow-up outpatient demand. If patients with complex co-morbidities and chronic conditions continue to increase then not only will there be a corresponding increase in outpatient activity but that activity is also likely to increase demand for follow-ups. The Health Board recognises that it cannot continue to deliver outpatient services in a traditional manner and that it needs to transform services. The major challenge now facing the Health Board is about modernising services to meet future demand alongside its desire to provide services closer to home for Powys patients.

The Health Board's recently adopted programme management arrangements should support the planning and delivery of transformation within outpatient services

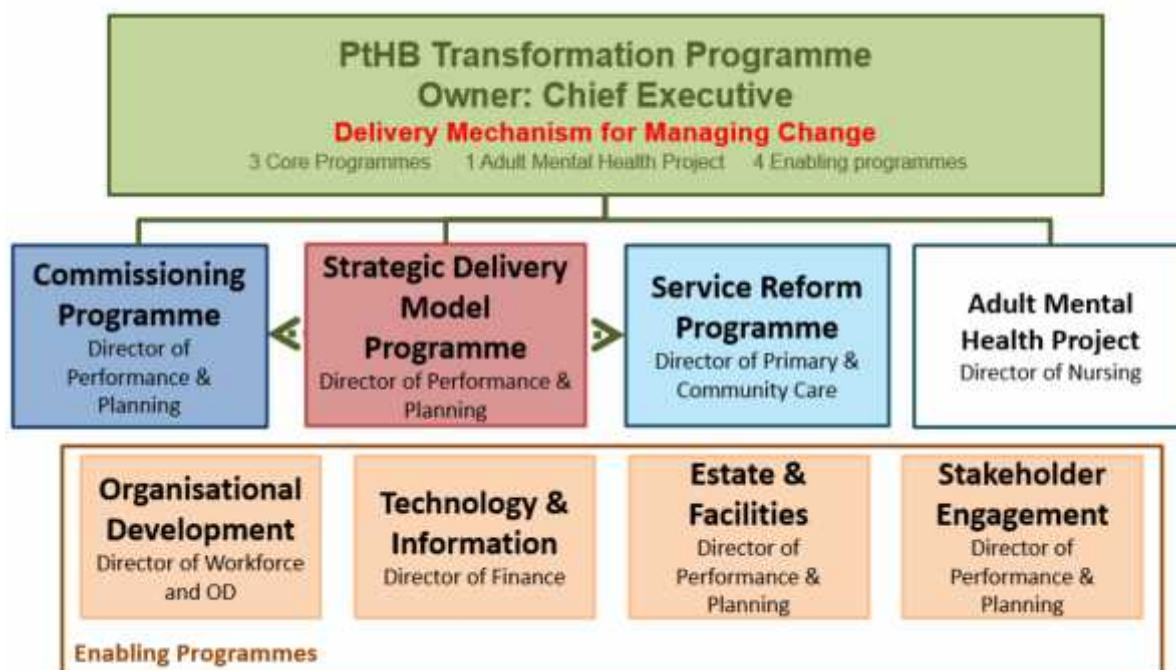
- 59.** All health boards are required to develop integrated medium term plans (IMTPs). The Health Board's IMTP 2015-18 'truly integrated care centred on the needs of the individual' was taken to and discussed at the full Board meeting in April 2015 and was approved by the Welsh Government in June 2015.
- 60.** The IMTP identifies three strategic priorities; enhancing primary and community care, integrated working and excellent commissioning. It recognises that services need to change and states in its IMTP:

'We anticipate that over the coming 3 years there will be change. Firstly, we intend to support people to make positive changes in their own health and wellbeing. Secondly many of the services we "buy" on behalf of the people of Powys are needing to change and we will be working together with others to help design and implement those changes, and last but certainly not least, the services we provide in Powys will also need to change and we look forward to engaging positively with people to deliver better services for all.'

Source: Powys teaching Health Board – Integrated Medium Term Plan 2015-18

- 61.** The Health Board has developed a Transformation Programme, which is its delivery mechanism for managing change (**Exhibit 5**). The Health Board commissioned an independent capacity and demand modelling exercise, which was completed in December 2015 and underpins its approach to transformation.
- 62.** The programme comprises three core programmes, four enabling programmes and an adult mental health project. The three core programmes will:
- Ñ develop the strategic delivery model for how future services will be provided;
 - Ñ strengthen commissioning arrangements; and
 - Ñ reconfigure the provider organisation.

Exhibit 5: Heath Board Transformation Programme Structure



Source: Powys teaching Health Board – Integrated Medium Term Plan 2015-18

63. The approach to transformation is relatively new within the Health Board and many of the programme boards have only recently been established, for example, the Service Reform Programme Board was established in May 2015 and the Strategic Delivery Model Programme Board was established in July 2015. It is anticipated that all programme boards will be established by October 2015.
64. There is a specific project, which is part of the Commissioning Programme, to reduce outpatient follow-up appointments and to reduce waiting times for follow-ups. The Health Board's IMTP identifies the priority services where outpatient and day care repatriation models will be implemented; Orthopaedics, Rheumatology, Cardiology, Urology, Ophthalmology, Dermatology and Endoscopy. In April 2015, the Health Board approved its Annual Plan 2015-16 and one of its strategic priorities is to deliver the Service Reform Programme for planned and unscheduled care services. Work is currently being undertaken to identify opportunities for repatriating services into Powys, which includes reducing outpatient follow-ups in secondary care.
65. From the approach taken to transformation it is clear that the Health Board is taking a whole system approach to improving services including outpatients. It has developed a high-level plan for the portfolio of programmes and projects, which will be further developed into key milestones and dependencies when all the programmes have been fully established in October 2015.

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- 66.** As the Health Board further develops its delivery plans it needs to establish regular and appropriate reporting to the Board and other committees in line with its Performance Management Framework. This should cover both progress made against key milestones for its transformation programme as well as reporting performance on outpatient services.

Appendix 1

The number of patients waiting for a follow-up appointment and the percentage who are delayed by selected speciality between April and June 2015 (booked patients)

Specialty	April	May	June
General Surgery			
Number of patients waiting for a follow-up	220	178	140
Number and percentage of patients delayed beyond target date	102 46%	82 46%	59 42%
Ophthalmology			
Number of patients waiting for a follow-up	286	245	229
Number and percentage of patients delayed beyond target date	152 53%	96 39%	74 32%
General Medicine			
Number of patients waiting for a follow-up	148	180	144
Number and percentage of patients delayed beyond target date	103 70%	118 66%	68 47%
Gynaecology			
Number of patients waiting for a follow-up	203	159	130
Number and percentage of patients delayed beyond target date	50 25%	48 30%	35 27%

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