

Follow Up Review of Follow-up Outpatient Services – Swansea Bay University Health Board

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Summary report

About this report

- 1 Patients who receive an appointment in a hospital or clinic but do not need to stay overnight, are categorised as outpatients. The appointment may be for treatment, diagnosis, or a procedure. If subsequent appointments are arranged with the healthcare professional, these are categorised as follow-up outpatient appointments.
- 2 We have reviewed follow-up outpatient services at Swansea Bay University Health Board twice in recent years¹. In 2015, the Auditor General carried out a review of follow-up outpatients across all seven health boards in Wales. Our [Review of Follow-up Outpatient Appointments](#) at the Health Board, concluded that it had good information on the scale of delayed follow-ups and its strategic planning arrangements at that time should help to modernise outpatient services. In our review we made eight recommendations, including:
 - reporting the clinical risks associated with delayed follow-up outpatient appointments:
 - understanding why follow-ups not booked did not reduce as expected:
 - improving validation activities: and
 - improving outpatient modernisation, including evaluating service changes, and associated financial savings.
- 3 In 2018, the Auditor General reported the findings of his assessment of progress against the 2015 recommendations at the Health Board. [Our Follow-up Outpatient Appointments: Update on Progress Report](#) found that the Health Board had made progress in addressing the 2015 recommendations, but more focus was required to reduce follow-up outpatient delays, both through improving operational processes and modernising services.
- 4 Since 2018 there have been significant changes in the healthcare landscape throughout Wales, including the impact of the COVID-19 pandemic on health services, with staff adapting their ways of working and models of care to respond to patients' needs. In addition, the Health Board boundary changed in 2019, and the new Swansea Bay University Health Board was created. In April 2020, NHS Wales published its "[Transforming the way we deliver outpatients in Wales: a three-year strategy and action plan 2020-2023](#)". This strategy set out the need to accelerate the development of new ways of working, the adoption of new technologies, the self-management of stable long-term conditions, as well as the importance of sharing best practice.
- 5 The Health Board's 2021-2022 Annual Plan outlined its approach to planned care recovery and provided strategies for improving the backlog of waiting lists. Plans

¹ At the time of our previous work, the Health Board was the former Abertawe Bro Morgannwg University Health Board.

for the recovery of planned care are detailed in the Health Board's "[Recovery & Sustainability Plan 2022-23 to 2024-25](#)", which includes developing centres of excellence for planned care at Neath Port Talbot Hospital and Singleton Hospital.

- 6 This report sets out the findings from our most recent work on follow-up outpatient services at the Health Board. Our work sought to answer the following overall question: 'To what extent have previous audit recommendations arising from our review of follow-up outpatients in November 2015 and February 2018 been implemented and are delivering the intended outcomes and benefits?'. Our key messages are set out in the following section with more detailed information provided throughout the rest of this report.
- 7 The methods we used to deliver this work are summarised in **Appendix 1**.

Key messages

- 8 Overall, we found that **despite the Health Board starting to transform its outpatient services, it has made limited progress in implementing our previous audit recommendations and continues to carry significant clinical risks associated with delayed follow-up appointments.**
- 9 Our fieldwork found that the Health Board is starting to make improvements to its outpatient services. The Health Board has:
- developed a three-year Outpatients Transformation Programme which clearly sets out the Health Board's approach to improving outpatient performance, as well as addressing the follow-up backlog;
 - met the ministerial target of ensuring that no patients wait longer than 52-weeks for their first outpatient appointment; and
 - strengthened governance arrangements supporting outpatient service delivery through the creation of an Outpatients Board to drive delivery of the Outpatients Transformation Programme.
- 10 The Health Board has also increased the use of 'See on Symptom²' and 'Person Initiated Follow-Up³' pathways, as well as several digital solutions which have the potential to increase efficiency and patient experience. However, the changes initiated by the Outpatient Transformation Programme are new, with projects at an early stage of delivery, and funding to support the programme was only secured for the year 2023-24.
- 11 Plans to address the follow-up outpatient aspect of the programme however give cause for concern. Timescales for delivery of Goal 4 (Follow-Up Prudently) of the

² The See on Symptom pathway support patients with short-term conditions. It allows the Health Board to discharge a patient into the community earlier and then enables them to book an appointment if needed, such as symptoms re-emerging.

³ Patient Initiated Follow-Up provides access for patients with chronic long-term conditions when they need it.

programme is over the period 2023-26. Work has not yet commenced, and the timescale indicates that some action is unlikely to take place for up to 2 years.

- 12 Since our previous work, there remain significant numbers of patients waiting for a follow-up appointment at the Health Board. In September 2023, two-fifths of the patients on the follow-up waiting lists were delayed, with 60% of those waiting at least twice as long as they should be (100% delayed). Many of these were in specialities where delays could increase the risk of harm. Targets to reduce the numbers of patients delayed by March 2024, against a baseline of March 2019, are unlikely to be met. The numbers delayed in March 2019 however are not reported so its difficult to assess progress.
- 13 Of the eight original recommendations from our 2015 report, five recommendations have been superseded due to changes in the plans and organisational delivery arrangements for outpatient improvements. Of the remaining three, none are complete with limited, or no action taken since our previous work.
- 14 We found insufficient mechanisms in place to routinely report clinical risks associated with delayed follow-ups to the Board or committees. Given the high level of patients delayed on the follow-up outpatient waiting lists, many within specialities managing high-risk conditions, we remain concerned about the level of risk and potential harm coming to patients.
- 15 Our fieldwork also found an inconsistent approach to clinically and administratively validating follow-up lists in all specialities. Although, the Health Board has targeted two specialities, ophthalmology, and cardiology, where patients could come to irreversible harm due to delays in follow-up appointments.
- 16 The Outpatients Transformation Programme has superseded several of the previous recommendations, however, there remains scope for the Health Board to further evaluate the findings of service changes because of the outpatient projects and initiatives included in the programme. We found little evidence that evaluation includes a focus on potential savings, and there is limited reporting of progress with the projects and initiatives at Board and committee level.

Recommendations

- 17 Recommendations arising from this audit are detailed in **Exhibit 1**. These recommendations incorporate outstanding actions arising from our previous recommendations. The Health Board's management response to these recommendations is contained in **Appendix 2**.

Exhibit 1: recommendations

Recommendations	
R1	Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments reported to relevant committees of the Board to strengthen scrutiny and assurance arrangements.
R2	Ensure baseline information is provided on the outpatient transformation programme targets to enable assessment of progress.
R3	Ensure that the remainder of the Outpatients Transformation Programme is adequately resourced to enable the aims of the five goals of the programme to be achieved as intended.
R4	Develop evaluation mechanisms to calculate the financial savings resulting from outpatient modernisation project activities.
R5	Ensure oversight of the Outpatients Transformation Programme at Board level.
R6	Develop a programme of clinical and administrative validation which can be consistently applied across all specialities targeted at patients on all follow-up waiting lists.

Source: Audit Wales

Detailed report

Despite the Health Board starting to transform its outpatient services, it has made limited progress in implementing our previous audit recommendations and continues to carry significant clinical risks associated with delayed follow-up appointments

18 This section of the report focuses on the progress the Health Board has made in transforming outpatient services alongside an assessment of progress on the recommendations we made in 2015. We assessed:

- follow-up outpatient aspects of the Outpatient Transformation Programme; and
- actions that the Health Board has taken to address previous recommendations and what more needs to be done.

The Health Board is implementing its Outpatients Transformation Programme and is likely to be the only Health Board to achieve the ministerial target to eliminate 52-week waits for a new outpatient appointment. However, the timeframe for addressing the follow-up aspects of the programme risks waiting lists and delays increasing.

19 The Head of Service Transformation and Modernisation in partnership with clinicians developed the Outpatients Transformation Programme. The programme aims to modernise, transform, and improve outpatient services over a 3-year period (2023-2026). The structured programme has five delivery goals:

- Goal 1: Effective Referral
- Goal 2: Advice and Guidance
- Goal 3: Treat Accordingly
- Goal 4: Follow-Up Prudently
- Goal 5: Measure What's Important

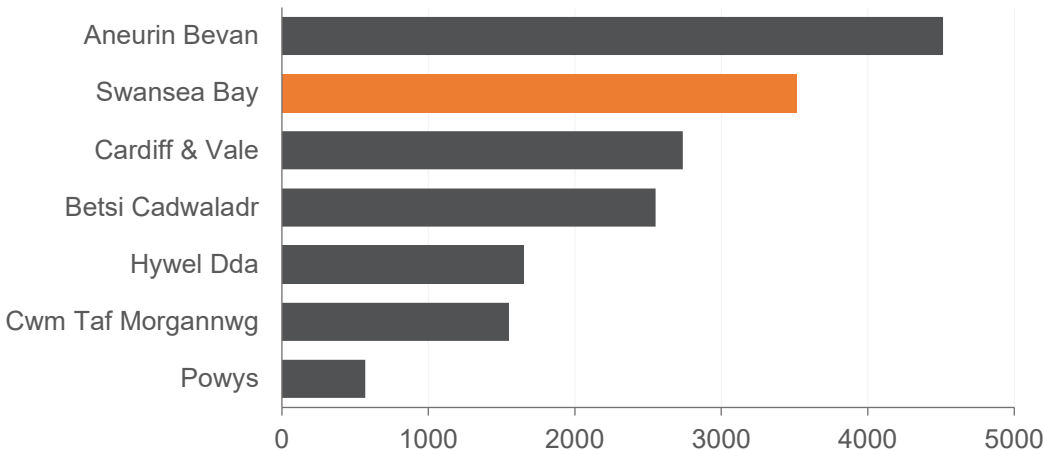
20 The Health Board is currently focusing on the delivery of two projects within the Outpatients Transformation Programme - Referral Pathways and Optimising Outpatient Processes and Delivery, which align to Goal 1, with elements aligned to Goal 3. Project delivery plans also align with Welsh Government strategic documents, as well as the Health Board's Recovery and Sustainability Plan 2022-23 to 2024-25, and its Digital Transformation Programme.

21 Since our previous review in 2018, the Health Board has implemented several digital solutions, which have potentially aided efficiency and improved patient experience, including the Patient Portal. This digital tool allows patients to access electronic copies of their clinical documents and blood results, empowering

patients to take more control of their health condition, as well as providing access to clinical information and resources. 25,000 patients currently have access to the Patient Portal, with the Health Board planning on providing this service to another 100,000 patients in 2024.

- 22 Progress has also been made in the use of alternative patient pathways to reduce the number of patients on waiting lists, including “See on Symptom” (SOS) and “Person Initiated Follow-Up” (PIFU) across specialities, with these person-centred models being utilised where clinically appropriate. On a national level, the Health Board compares well in this area, with 3,516 patients assigned to one of these two pathways in September 2023, the second highest number in Wales (**Exhibit 2**).

Exhibit 2: total number of patients assigned to SOS and PIFU pathways by Health Board, September 2023

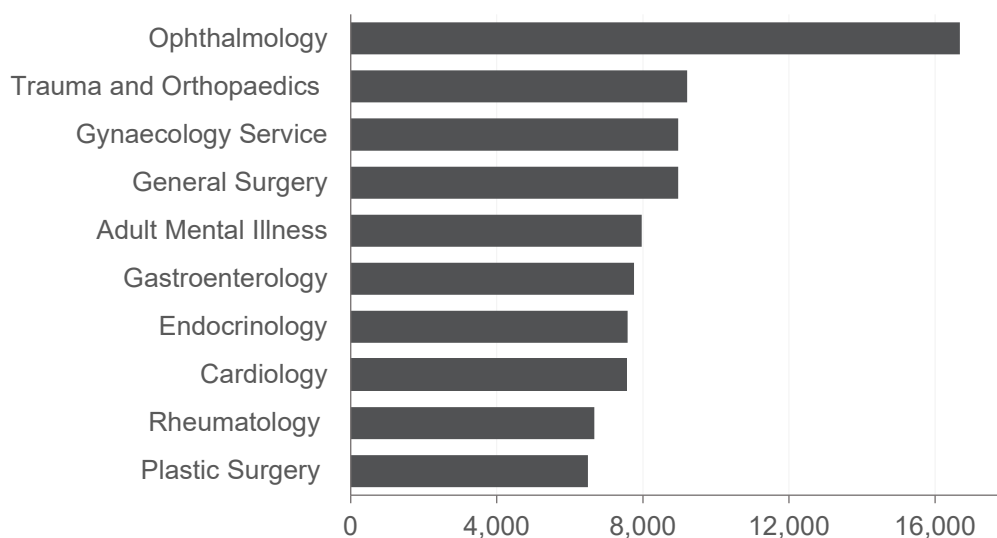


Source: Health Board Data

- 23 The Health Board has also achieved success with the ministerial target of no patients waiting over 52 weeks for a first outpatient appointment by March 2024. Steady progress has been made reducing the number of long-waiters, with no patients waiting over 52 weeks in January 2024, a position sustained since October 2023. The Health Board has invested considerable resource and capacity into achieving the 52-week target and is likely to be the only Health Board in Wales to achieve the target.
- 24 However, work on Goal 4 of the Outpatients Transformation Programme, which focuses on follow-up outpatients, has not yet commenced, with a delivery timeframe extending to the end of the programme – 2026. The Health Board’s delivery timeframe for addressing Goal 4 gives cause for concern that follow-up outpatient delays could significantly increase during this period if not addressed sooner.

25 Over the last 18 months, the number of patients on the follow-up waiting list has grown from 153,001 in April 2022 to 162,086 in September 2023. At 16,680, ophthalmology has the highest number of patients on the follow-up waiting list (**Exhibit 3**).

Exhibit 3: specialities with the largest follow-up waiting list, September 2023



Source: Health Board Data

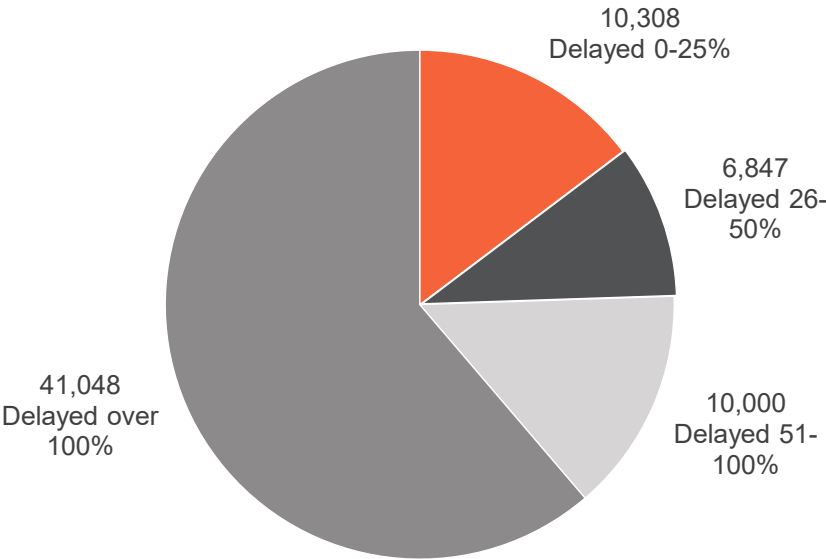
26 Within the specialities highlighted in **Exhibit 3**, 13,315 of the patients on the ophthalmology follow-up waiting list were not yet booked in for an appointment. In addition, Trauma and Orthopaedics had 9,212 patients waiting on their follow-up list in September 2023, with 7,512 of these patients not yet booked in for an appointment.

27 The total number of patients delayed past their target date in September 2023 was 68,203, accounting for 42% of those on the waiting list. Over four fifths (56,862) of these were unbooked. This compares to 36,000 follow-ups not booked in June 2015, and 45,263 in June 2017, noting that at this time, the Health Board catchment area included Bridgend. Of the number of patients delayed past their target date⁴ in September 2023, 62% were delayed over 100% of their target date

⁴ Different health conditions require different timeframes for a follow-up appointment. As a result, NHS Wales reports the extent that a clinical target date is exceeded, (i.e. the percentage that a patient has passed their target date). A 50% delay for someone with a target for an appointment of 4 weeks would see them waiting 6 weeks. But it is also the case that someone with a clinical target date of 6 months who waited 9 months is also 50% delayed.

(Exhibit 4). As the Health Board increases its capacity and activity levels to address waits for new outpatients, the increase in new activity is highly likely to increase demand for follow-up, and the risk of delays, further.

Exhibit 4: numbers of booked and unbooked patients delayed past their target date, September 2023



Source: Health Board Data

The Health Board has made limited progress in implementing our previous audit recommendations and a lack of oversight of clinical risks associated with follow-up delays remains a particular concern

28 It is eight years since we issued our original recommendations, and there are key areas that continue to require attention. There are also recommendations which were made in 2015 which are no longer relevant. The status of each of the previous recommendations is set out in **Exhibit 5**. **Exhibit 6** provides a summary of our assessment of progress against these.

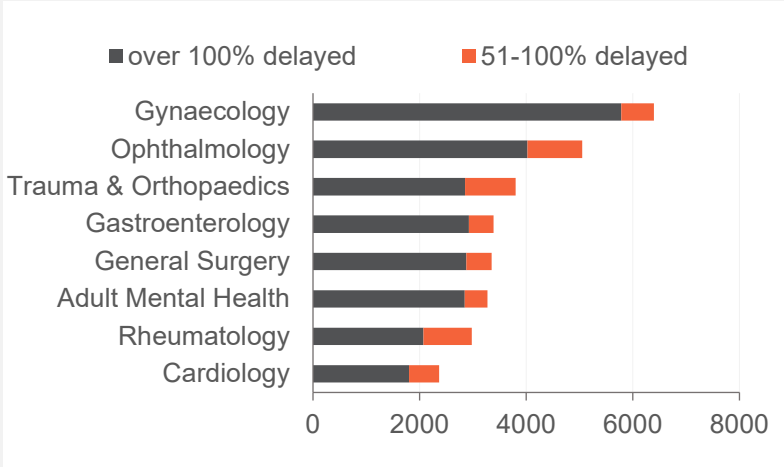
Exhibit 5: status of 2015 recommendations

Implemented	Ongoing action	Limited or no action	Superseded	Total
-	-	3	5	8

Source: Audit Wales

Exhibit 6: assessment of progress against 2015 recommendations.

Original recommendation to be addressed	Summary of progress
<p>R1 Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments, which is reported to relevant sub-committees of the Board to strengthen scrutiny and assurance arrangements.</p>	<p>Limited or no action – We found that there are insufficient mechanisms in place to routinely report risks associated with delayed follow-up outpatients to the Board.</p> <p>The Health Board has established an Outpatients Board as the key mechanism for overseeing the outpatient programmes of work and key workstreams, reporting directly to the Planned Care Board. The Outpatients Board met for the first time in October 2023. The Outpatients Board is responsible for providing assurance to the Board through the Finance and Performance Committee in relation to follow-up activity. Whilst there is evidence of tracking follow-up outpatient performance at Board and Finance and Performance Committee, this does not identify clinical risk implications or targeted action to reduce the clinical risk to patients across all specialities. There is no standing item focused on clinical risks associated with delayed follow-up outpatients on the Quality and Safety Committee agenda nor on the agenda for the new Outpatient Board.</p> <p>The number of patients delayed past their target date in the Health Board is very concerning. Many patients waiting may not experience any harm while experiencing a delay. For others their condition may deteriorate, they could come to serious irreversible harm and experience discomfort potentially leading to an inability to work or remain independent at work. Some of the patients waiting over twice as long as they should be in the Health Board are within specialities which have high levels of delays and a high risk of harm (Exhibit 7).</p>

Original recommendation to be addressed	Summary of progress																																				
	<p data-bbox="544 539 1278 607">Exhibit 7: specialities with the highest number of patients delayed 51% and over, September 2023</p>  <table border="1" data-bbox="544 640 1331 1104"> <caption>Data for Exhibit 7: specialities with the highest number of patients delayed 51% and over, September 2023</caption> <thead> <tr> <th>Speciality</th> <th>over 100% delayed</th> <th>51-100% delayed</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Gynaecology</td> <td>5,784</td> <td>3,180</td> <td>8,964</td> </tr> <tr> <td>Ophthalmology</td> <td>4,022</td> <td>2,658</td> <td>6,680</td> </tr> <tr> <td>Trauma & Orthopaedics</td> <td>2,800</td> <td>1,200</td> <td>4,000</td> </tr> <tr> <td>Gastroenterology</td> <td>2,800</td> <td>800</td> <td>3,600</td> </tr> <tr> <td>General Surgery</td> <td>2,800</td> <td>800</td> <td>3,600</td> </tr> <tr> <td>Adult Mental Health</td> <td>2,800</td> <td>800</td> <td>3,600</td> </tr> <tr> <td>Rheumatology</td> <td>2,000</td> <td>1,000</td> <td>3,000</td> </tr> <tr> <td>Cardiology</td> <td>1,800</td> <td>600</td> <td>2,400</td> </tr> </tbody> </table> <p data-bbox="544 1137 863 1167">Source: Health Board data</p> <p data-bbox="544 1218 1331 1599">Gynaecology services have the highest number of patients who have been 100% delayed waiting for their follow-up appointment, with 5,784 of 8,964 patients waiting twice as long as they should have for a follow-up appointment. Ophthalmology is also a high-risk speciality in respect of harm that could result from delayed follow-up appointments. Of 16,680 patients waiting on the ophthalmology follow-up list, 4,022 have been delayed 100% waiting for their appointment, with a further 1,026 delayed 51-100%. The Royal College of Ophthalmologists has stated that “Permanent harm from delays to care, in terms of avoidable visual loss, is nine times more likely to happen in follow-up patients than in new patients”.</p> <p data-bbox="544 1644 1318 1738">We remain concerned about the level of clinical risk and potential harm coming to patients and the lack of scrutiny at Board and committee level (Recommendation 1, 2024)</p>	Speciality	over 100% delayed	51-100% delayed	Total	Gynaecology	5,784	3,180	8,964	Ophthalmology	4,022	2,658	6,680	Trauma & Orthopaedics	2,800	1,200	4,000	Gastroenterology	2,800	800	3,600	General Surgery	2,800	800	3,600	Adult Mental Health	2,800	800	3,600	Rheumatology	2,000	1,000	3,000	Cardiology	1,800	600	2,400
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Rheumatology	2,000	1,000	3,000																																		
Cardiology	1,800	600	2,400																																		
<p data-bbox="142 1823 499 1991">R2 Understand why follow-ups not booked (FUNB) in 2014-15 did not reduce as expected so that reduction</p>	<p data-bbox="560 1823 1299 1917">Superseded - This recommendation has been superseded as significant time has passed and this recommendation is no longer valid.</p>																																				

Original recommendation to be addressed	Summary of progress
<p>trajectories for 2015-16 are developed to be challenging whilst achievable.</p>	<p>The new Outpatients Transformation Programme contains three targets related to follow-ups, two of which use a baseline from March 2019 as a measure. These are:</p> <ul style="list-style-type: none"> to reduce the number of patients on a follow-up waiting lists by 30% on the March 2019 baseline; and to reduce the number of patients who are more than 100% delayed in their follow-up appointment by 30% on the March 2019 baseline. <p>Both targets align to the Welsh Government timescale of March 2024. However, we were unable to find detail on the baseline position to assess progress. The latest performance reports were reporting these indicators as red which suggests the Health Board was unlikely to meet these targets. (Recommendation 2, 2024)</p>
<p>R3 Evaluate service changes adopted by the Health Board during 2014-15 to address delayed follow-ups so that learning can be shared across the organisation and importantly can inform the new Commissioning Boards when planning and designing new service models.</p>	<p>Superseded - This recommendation has been superseded as Commissioning Boards no longer exist.</p> <p>The Outpatients Board is now the key mechanism for informing the Planned Care Board of the developments and progress of the projects and initiatives mapped within the Outpatient Transformation Programme. This direct line of accountability brings an opportunity for evaluation of outpatient service changes in the future. Our fieldwork has indicated that some feedback workshops have occurred with respect to the outpatient projects delivered as part of Goal 1 (Effective Referral) of the Outpatients Transformation Programme with opportunities to share learning with staff in local engagement events.</p>
<p>R4 Develop and agree the 2015-16 Outpatient Modernisation Project Action Plan as a matter of urgency and ensure that there is sufficient capacity and resources to deliver the actions identified at the pace required.</p>	<p>Superseded - We found that most of the key elements within this recommendation have been superseded. The 2015-16 Outpatient Modernisation Project Action Plan has been replaced by the Outpatients Transformation Programme.</p> <p>At the time of our work, the Health Board was delivering work against Goal 1 (Effective Referrals) and Goal 3 (Treat Accordingly) of the Outpatients Transformation Programme. During fieldwork, there was acknowledgement by the Health Board that limited work had been allocated to the follow-up outpatient position which is included within Goal 4 (Follow-Up</p>

Original recommendation to be addressed	Summary of progress
	<p>Prudently). The delivery timescale for Goal 4 within the Outpatients Transformation Programme is 2023-26, indicating that some deliverables and projects relating to follow-ups may not be fully in place for up to three years.</p> <p>The Planned Care Recovery Monies⁵ have been used to initially fund the first year of the Outpatient Transformation Programme, resourcing the programme with twelve permanent members of staff which the programme lead agreed permanent funding for.</p> <p>Our work suggests that resourcing/capacity may be sufficient for the delivery of the first few Goals of the programme, but more resourcing may be needed to deliver the projects and activities planned for the latter Goals. Funding has not been allocated post March 2024 and there is a lack of clarity regarding any further recurrent funding available to drive delivery of the Outpatient Transformation Programme (Recommendation 3, 2024)</p>
<p>R5 Develop appropriate evaluation mechanisms so that the Health Board can, on a timely basis, calculate the financial savings resulting from outpatient modernisation project activities.</p>	<p>Superseded - We found that most of the key elements within this recommendation have been superseded.</p> <p>Since our previous review in 2018, we have found there has been limited evidence of the Health Board evaluating outpatient modernisation projects so that financial savings can be calculated. Feedback workshops have been facilitated by the Health Board focused on the outpatient projects undertaken as part of Goal 1 (Effective Referrals) of the Outpatients Transformation Programme and evidence suggests that this approach will be extended to all Goals within the programme as it is rolled out. However, it is unclear what specific evaluative mechanisms are to be utilised and if any of these mechanisms focus on calculating potential savings generated from the outpatient modernisation initiatives (Recommendation 4, 2024).</p>

⁵ Welsh Government have allocated additional monies of £15 million per year for the four-year period 2022-2026 to health boards to support planned care recovery.

Original recommendation to be addressed	Summary of progress
<p>R6 Ensure that Commissioning Boards report regularly to the Board so that it has assurance that outpatient modernisation plans are being delivered and the intended benefits are being achieved.</p>	<p>Superseded - This recommendation has been superseded as Commissioning Boards within the Health Board no longer exist.</p> <p>The Health Board has now established the Outpatients Board to oversee the delivery of the Outpatients Transformation Programme. The Outpatients Board routinely receives five “Highlight” performance reports which provide an update from the five outpatient workstreams:</p> <ul style="list-style-type: none"> • Outpatient Performance; • Outpatient Centralisation; • Outpatient Transformation; • the 3Ps Pathways⁶; and • Digital Outpatient Transformation. <p>These reports provide detail regarding progress in relation to outpatient modernisation initiatives and projects. One overarching highlight report is then submitted to the Planned Care Board incorporating updates from each workstream within the Outpatients Transformation Programme. However, there is no evidence of progress updates relating to outpatient modernisation being reported at Board level. (Recommendation 5, 2024)</p>
<p>R7 Ensure that validation activities are focused on clinical conditions where patients could come to irreversible harm if delays occur in follow-up appointments.</p>	<p>Limited or no action – We found that the Health Board has targeted validation activities within two specialities (Ophthalmology and Cardiology) where patients could come to irreversible harm due to delays in follow-up appointments. However, there is no consistent approach or plan to validate clinically and administratively follow-up lists in all specialities.</p> <p>The Outpatients Transformation Programme states that its deliverable in relation to Goal 5 (Measure What’s Important) is to “develop a national and sustainable approach to waiting list validation”, with a delivery date of March 2024. However, there is no evidence of this approach to validation being near implementation stage.</p>

⁶ The 3Ps are, promote, prevent, and prepare. They are part of [Welsh Government policy](#) to ensure that support and information is easily accessible to those waiting for planned care.

Original recommendation to be addressed	Summary of progress
	<p>Given the number of patients delayed on the follow-up outpatient waiting lists, many within specialities managing high-risk conditions, we remain concerned about the level of clinical risk and potential harm coming to patients due to inconsistencies in validation processes (Recommendation 6, 2024).</p>
<p>R8 Learn from the validation activities undertaken, to better develop administration and booking processes to reduce the need for retrospective validation.</p>	<p>Limited or no action - We found that since our previous review in 2018 there is limited evidence to demonstrate how learning has been shared to help reduce the need for retrospective validation.</p> <p>One of the responsibilities of the Outpatients Board, detailed in its Terms of Reference, is to “participate actively in discussions sharing learning and good practice”. However, as the Outpatients Board is still relatively new, it is difficult to assess how much progress has actively been made in relation to sharing learning, particularly as the Outpatients Transformation Programme is at its early stages.</p>

Appendix 1

Audit methods

Exhibit 8 set out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 8: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Minutes, agendas, terms of reference and papers from Board and relevant committees and groups, including the Quality and Safety Committee, Performance and Finance committee, Planned Care Board, Outpatients Board and Patient Access Management Steering Group;• A self-assessment document completed by the Health Board setting out progress against the previous recommendations;• Outpatients Transformation Programme;• Digital Outpatient Plan;• Key risk management documents, including the Corporate Risk Register;• Key reports and dashboards relating to planned care and outpatient performance including data relating to Follow-up Not Booked, See on Symptom (SOS) and Patient Initiated Follow-Ups (PIFU);• Standard Operating Procedures for follow-up appointments and SOS/PIFU;• Annual Plan 2021-22;• Recovery and Sustainability Plan 2022-25;• Integrated Performance Reports; and• Reports prepared by Internal Audit;
Interviews	<p>We interviewed the following Senior Officers:</p> <ul style="list-style-type: none">• Chief Operating Officer;• Deputy Chief Operating Officer;• Assistant Director of Digital;• Head of Service Transformation and Modernisation;• Clinical Outpatient Lead;• Interim Deputy Director of Transformation and Head of Healthcare Systems Engineering; and• Associate Medical Director. Healthcare Systems and Transformation.

Element of audit approach	Description
Data analysis	<p>We analysed data available both nationally and within the Health Board relating to:</p> <ul style="list-style-type: none">• the number of patients waiting for follow-up outpatient appointments;• use of see on symptom and patient-initiated follow-up; and• Health Board performance against national targets relating to outpatients.

Appendix 2

Management response to audit recommendations

Exhibit 9: management response

Exhibit 9 will be completed once its been considered by the Health Board's Audit Committee

Recommendation	Management response	Completion date	Responsible officer
<p>R1 Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments reported to relevant committees of the Board to strengthen scrutiny and assurance arrangements.</p>	<p>The HB acknowledges that further work is required in this area to ensure clinical risks are understood and reported appropriately.</p> <p>We currently report into QS committee on the eye care measures targets showing by sub speciality the follow up waits for patients.</p> <p>The main system we use for recording harm is Datix and currently clinical staff record on Datix any incidents that they feel that the delay in being seen resulted in harm to the patient. These are</p>	<p>March 2025</p>	<p>Chief Operating Officer, Executive Medical Director & Service Group Director Neath Port Talbot and Singleton Service Group</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>investigated and depending on outcome of the investigation actions taken.</p> <p>We plan to review as part of the follow up WL project the areas with the longest delays and as part of this work will scope up how we are able to report on outcome/harm potentially in a similar way to the eye care measures into management board and into QS committee.</p>		
<p>R2 Ensure baseline information is provided on the outpatient transformation programme targets to enable assessment of progress.</p>	<p>The HB has a comprehensive outpatient transformation programme, which is in line with the national programme. It has a designated programme board, chaired by the Service Group Director NPTSSG and reports into the Planned Care Recovery Board, Chaired by the COO.</p> <p>Since the audit, each workstream now has agreed GMOs (Goal, methods, and outcomes) to enable progress to be monitored. The GMOs for each workstream are</p>	<p>Complete</p>	<p>Service Group Director Neath Port Talbot and Singleton Service Group</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>captured in a monthly highlight report that comes to Outpatient Transformation Programme Outpatient Board.</p> <p>Quarterly reports as also submitted on progress of the GMOs to the APOG (annual planning operational group) chaired by the COO as part of our IMTP.</p> <p>The FUNB baseline target – specifically - Work has now been completed on accuracy issues with reporting of the data. There are two targets as part of the FUNB project 15% reduction in number of patients delayed by 100% of their target date (SBU target is reduction of 7631) and the other target is Reduce the number of patients who are more than 100% delayed on their follow up appointment by 30% (SBU target is 7,754 to be removed)</p>		
<p>R3 Ensure that the remainder of the Outpatients Transformation Programme is adequately resourced</p>	<p>The outpatient transformation programme has a very busy agenda and the resource,</p>	<p>Complete</p>	<p>Chief Operating Officer & Deputy Director</p>

Recommendation	Management response	Completion date	Responsible officer
<p>to enable the aims of the five goals of the programme to be achieved as intended.</p>	<p>particularly around project management, has been problematic. This is due in part to high turnover of staff in post but also due to the volume of work and number of workstreams included.</p> <p>Due to the urgency around addressing our follow up waiting list the Deputy Director of Transformation & Head of Healthcare Systems Engineering along with the COO have reprioritised the work of the transformation team to reprioritise the resources to support pace in the follow up prudently workstream.</p> <p>We will review the arrangements to deliver the rest of the goals to ensure appropriate resources are available to deliver on the remaining goals, as part of the OPD transformation programme.</p>	<p>March 2025</p>	<p>Transformation & Head of Healthcare Systems Engineering</p>
<p>R4 Develop evaluation mechanisms to calculate the financial savings</p>	<p>The Healthcare Systems Engineering Team has been</p>	<p>November 2024</p>	<p>Chief Operating Officer & Deputy</p>

Recommendation	Management response	Completion date	Responsible officer
<p>resulting from outpatient modernisation project activities.</p>	<p>working closely with services to develop comprehensive D&C plans, linked to job planning that give visibility of efficiency gains. In addition, the individual workstreams actively seek “shift-left” solutions for managing outpatient demand more efficiently.</p> <p>As the initiatives within the outpatient transformation programme are all led by NHSE’s National programme, the holistic financial modelling and is expected to be provided via that mechanism to ensure consistency of approach.</p>	<p>To be set by National programmes</p>	<p>Director Transformation & Head of Healthcare Systems Engineering</p>
<p>R5 Ensure oversight of the Outpatients Transformation Programme at Board level.</p>	<p>The Outpatient Transformation Programme OPD Board reports formally to Planned Care Recovery Board, which in turn reports regularly to Performance & Finance Committee and Management Board. Reports, going forward, will have a section specifically on</p>	<p>December 2024</p>	<p>Chief Operating Officer</p>

Recommendation	Management response	Completion date	Responsible officer
	the Outpatient Transformation Programme.		
<p>R6 Develop a programme of clinical and administrative validation which can be consistently applied across all specialities targeted at patients on all follow-up waiting lists.</p>	<p>This action is in development via the Patient Access Team / Outpatient Transformation Programme. The team have developed a training programme that includes specific modules in relation to both clinical and administrative validation for all specialities. Recognising that ongoing validation of waiting list is a not a prudent approach, and therefore we will seek to address more robustly this issue by addressing the issues at source, through increased education and training for all staff.</p> <p>Training modules are in development and should be completed by end of November.</p> <p>With a plan under development to roll out to staff groups from December onwards. This training will be for all administrative staff</p>	<p>Training pack complete end November 2024/Early December 2024.</p> <p>Training to commence Dec 2024- likely to take up to 12mths to fully roll out</p>	<p>Chief Operating Officer and Deputy Head of Transformation, Performance and Improvement., Transformation</p>

Recommendation	Management response	Completion date	Responsible officer
	involved in booking and waiting list management as well as a shorter training module for clinicians		

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.