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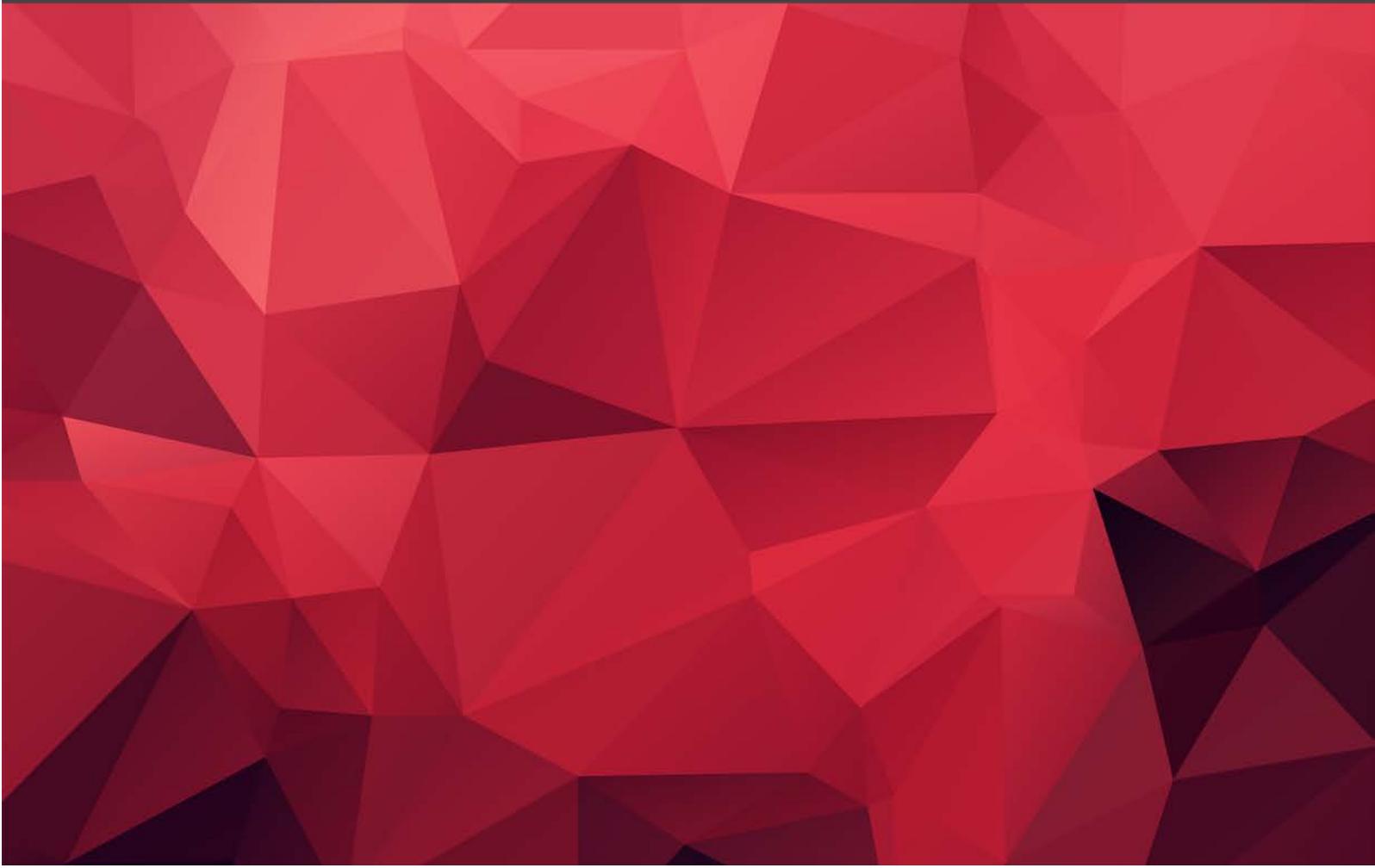
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Review of Follow-up Outpatients – Assessment of Progress – **Powys Teaching Health Board**

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This work was delivered by Anne Beegan and Matthew Brushett.

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The Health Board has made good progress in identifying clinical need and the risks associated with follow-up outpatient delays within its own services but greater attention is needed to strengthen commissioning assurance arrangements and prioritise alternative pathways for patients treated outside the Health Board area.

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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.
- 2 Outpatient departments see more patients each year than any other hospital department with approximately three million patient attendances a year¹, 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 comorbidities. 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 date². As part of its NHS Outcomes Framework 2016-17³, 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 Powys Teaching Health Board (the Health Board) in September 2015 and 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.' 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 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 is successfully reducing the number of patients delayed who are treated locally but could improve reporting and assurance arrangements for all Powys patients; and
- 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.

7 In 2015, our report made the following recommendations, set out in [Exhibit 1](#).

Exhibit 1: recommendations made in 2015

Recommendations	
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.

Source: Wales Audit Office

8 As part of the Audit Plan for 2016, the Auditor General 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 February 2017 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 recent Health Board data submitted to the 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 good progress in identifying clinical need and the risks associated with follow-up outpatient delays within its own services but greater attention is needed to strengthen commissioning assurance arrangements and prioritise alternative pathways for patients treated outside the Health Board area.
- 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	3	1	0

Source: Wales Audit Office

- 13 We found that the Health Board has implemented one recommendation, made progress against three recommendations, but made little or no progress against one recommendation. Where there has been progress, the pace of improvement has been good:
- the Health Board has taken positive steps to assess the clinical need of delayed appointments, although they are somewhat limited by the willingness of external providers to engage in clinical validation activities. The Health Board has begun to explore alternative pathways to address this issue, and could now benefit by prioritising the implementation of pathways that will benefit patients the most.

- there is still insufficient focus on the clinical risks of delayed follow-up outpatients at Board and sub-committee level, for patients seen in the Health Board's localities and patients waiting for a follow-up appointment with another provider. The Health Board has limited information on follow-ups from commissioned services, partly due to a lack of engagement from those providers, and is therefore unable to gain a complete understanding of performance and risks relating to Powys follow-up outpatients.
- the Internal Commissioning Assurance Group, established in December 2015 has helped improve this situation by working to identify where the greatest risks lie and conducting further analysis. Its aim is to 'drive the development of an "holistic" understanding of the services commissioned, considering the patient experience, quality, safety, access, activity and finance⁴.
- Service Level Agreements⁵ (SLAs) and Long Term Agreements⁶ (LTAs) are now more robust, following the Commissioning Assurance review, and compliance with them has improved. Escalation levels for agreements are clear, providing an incentive for providers to improve performance. Sanctions, including fines, have been issued to English providers, although their effectiveness is uncertain and there are sensitivities around issuing them, due to the Health Board's reliance on the services of commissioned providers.

⁴ Internal Commissioning Assurance Report to Finance, Planning and Performance Committee, 9 March 2017. A 'governance' domain has since been added.

⁵ Service Level Agreements (SLAs) cover services that are provided by commissioned providers, within the Powys Health Board area, for example, visiting consultants.

⁶ Long Term Agreements (LTAs) cover arrangements with commissioned providers that receive Powys Health Board patients in any of its facilities.

Recommendations

- 14 In undertaking this progress update, we have not identified any new significant risks in relation to follow-up outpatients, and we have made no additional recommendations⁷. The Health Board needs to continue to make progress in addressing outstanding recommendations. These recommendations are set out in [Exhibit 3](#).

Exhibit 3: recommendations

2015 Recommendations that are still outstanding	
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.
Long Term Agreements and Service Level Agreements Commissioning and Reporting	
R4	Ensure that all Agreements for commissioned services 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 Agreements for commissioned services is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.

Source: Wales Audit Office

⁷ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

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
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.	June 2016	In progress	<p>At the time of our original review, we found that the Health Board had a systematic approach to data quality validation and was successfully reducing the numbers of patients delayed in services, which it provided locally. Despite this, it had not assessed whether there was a clinical need for follow-up appointments and had carried out little clinical validation.</p> <p>Since our review, the Health Board has taken positive steps to assess clinical need of delayed appointments, although they are somewhat limited by the willingness of external providers to engage in clinical validation activities. This is particularly significant given that over 80% of its patients are treated outside of Powys. The Health Board has begun to explore alternative pathways to address this issue, including telemedicine and arranging for more follow-up appointments to be carried out inside the Health Board area, although it could now benefit from prioritising initiatives that will have the greatest benefit to patients.</p>

Recommendation	Target date for implementation	Status	Summary of progress
Reducing patients waiting for a follow-up			
<p>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.</p>	<p>June 2016</p>	<p>In progress</p>	<p>Reported data shows low numbers of patients that did not attend their outpatient appointment (DNA rate), however, this only includes patients receiving their care within Powys. It is unclear what the DNA rate is for patients receiving their care at neighbouring NHS providers, but staff told us during fieldwork that this can be high. Where patients do not attend appointments with providers, some may not have a clinical need for a follow-up appointment or may find it inconvenient to travel outside of Powys for their appointment. As part of its wider strategy, the Internal Commissioning Assurance Group are seeking to understand all services the Health Board commissions. The Health Board is making progress in identifying areas of clinical need and a significant cohort of patients that did not potentially require a follow-up. Data suggests that despite some success at the time of our original review in reducing FUNB delays, they steadily increased throughout 2016 and 2017. Despite this increase, it is encouraging to note the Health Board has carried out clinical validation activity in some areas. The Health Board's initial approach was to begin clinical validation according to the specialties on the planned care programme⁸, although minutes we reviewed showed that it has gone further than this. By the end of 2016, delayed patients across all specialties, waiting for a follow-up appointment for over three months had been reviewed from a clinical priority perspective. Despite these efforts, there are still a number of patients in some specialties who have not been clinically validated. Staff told us how this is complicated by a reluctance of external providers to conduct clinical validation for the Powys patients on their lists. We heard an example in the Mental Health specialty where a list inherited from Aneurin Bevan Health Board had not been prioritised according to clinical need, resulting in five people waiting over 100 weeks for a follow-up appointment.</p>

⁸ Ophthalmology, Orthopaedics, Ear Nose and Throat, Urology and Dermatology

Recommendation	Target date for implementation	Status	Summary of progress
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.	June 2016	In progress	To help reduce the need for patients to travel long distances, alternative pathways have been trialled. Some specialties have adopted 'See on symptom' arrangements whereby a patient is discharged, but is educated to look for re-emergence of their symptoms and they then have prioritised access if this is the case. As part of this initiative, the Health Board is exploring a telemedicine texting system that prompts patients to submit readings by text message. This allows the clinician to then see and analyse real-time updates on a patient's condition, thereby reducing the number of trips a patient has to make for a follow-up appointment in a neighbouring hospital. Staff we spoke with told us that currently, trialling this type of initiative was not a high priority, although the Health Board's medium-term plan states that outpatient modernisation activities will be a priority for the next three years. The Health Board is also limiting the need for patients to travel long distances, by allocating additional resources to existing facilities within the Powys area, like community hospitals, to enable more follow-up appointments to be held closer to patients' homes and reduce the need for a patient to attend an acute hospital outside the Health Board's area. Patient feedback suggests it has been a positive step.

Recommendation	Target date for implementation	Status	Summary of progress
Follow-up outpatient reporting			
<p>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.</p>	<p>March 2016</p>	<p>In progress</p>	<p>Our original review found that the Health Board had a good understanding of the Welsh Government data standard requirements and was improving the range of information available, but needed to fully understand the delays being experienced by patients treated out of county and the level of clinical risk to these patients.</p> <p>We also found that the Board and its sub-committees were not receiving sufficient information to provide assurance that Powys patients were not coming to harm while delayed, particularly the performance of commissioned services, in terms of actual sessions delivered against the number commissioned.</p> <p>Despite a national focus on ophthalmology, the Quality and Safety committee had 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.</p> <p>Our progress review has found that there remains insufficient focus on the clinical risks of delayed follow-up outpatients at Board and sub-committee level. This is the case for patients seen in the Health Board’s localities and patients waiting for a follow-up appointment with commissioned providers. The Health Board has limited information on follow-ups from commissioned services, partly due to a lack of engagement from those providers. Despite this lack of engagement, the Health Board has taken positive steps to understand the follow-up situation and has put resources into analysing levels of risk across its commissioned services.</p> <p>It is encouraging that the Board now receives information on the volume of follow-up delays across all providers and commissioned services through a quarterly performance dashboard. However, the Board receives limited specific information on the level of clinical risks. Despite the national focus on the ophthalmology speciality at the time of our previous review, we have seen no evidence of reports or information on clinical risks associated with delayed follow-up appointments at the Patient Experience, Quality and Safety Committee.</p>

Recommendation	Target date for implementation	Status	Summary of progress
Follow-up outpatient reporting			
<p>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.</p>	<p>March 2016</p>	<p>In progress</p>	<p>The Health Board struggles to obtain basic mandated information from providers and does not have access to many of their systems. We heard from some staff of the difficulty engaging with external providers and of regular disagreements between providers and the Health Board. We heard of one case whereby the Cancer Network across Wales stopped providing information specific to Powys Health Board. The Health Board has informed the Welsh Government of this, which has assisted by providing information on an all-Wales basis. Despite the difficulty engaging with external providers, it is evident that there is good intelligence sharing internally between north and south localities, and we heard that the Internal Commissioning Assurance Group and the Director of Planning and Performance meet regularly to triangulate information on risks.</p> <p>Although the Waiting List Management Group reports regularly on 'referral to treatment' delays across localities and providers via its fortnightly waiting list meetings, the Group was unable to report on the follow-up position, either due to a lack of data or lack of responses from 15 external providers⁹. All health boards are required to report delayed follow-up data, and the Health Board does receive activity data from providers. Despite this, Aneurin Bevan University Health Board is the only body to provide a Follow-Up Waiting List, although the list is not specific to Powys Health Board. This issue has been reported within the Internal Commissioning Assurance Group and the Health Board told us it might need Welsh Government assistance to identify follow-up waiting lists for delayed Powys patients in other health boards from the required dataset.</p>

⁹ Secondary Care Services Update – 2017/2018 – updated 19 June 2017

Recommendation	Target date for implementation	Status	Summary of progress
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.	March 2016	In progress	Where risks to follow-up outpatients are evident, the Health Board has intervened on a number of occasions to address these. For example, the Health Board commissioned a private Health Consultancy firm to provide independent assurance to check that harm reviews had been carried out in one provider, to ascertain levels of risk ¹⁰ , but this does not allow the Board to keep regular oversight of risks relating to delayed follow-up appointments in the long term. We found another example in the Serious Incident update to the Patient Experience, Quality and Safety Committee in June 2017, which highlights an issue where the Health Board's computer system failed to correctly return patients to the follow-up list following their original appointment. This was caused by a software update to the Welsh Patient Administration System in April 2017, and the issue was only identified when a number of patients did not attend their appointments. Follow-up data for that month went unreported to the Board. Following the discovery, clinical and administrative validation was carried out on the relevant lists, but it is not clear whether any patients came to any unnecessary harm. The Health Board plans to conduct harm reviews on patients outside expected waiting times, although it is not clear what has been done to prevent a reoccurrence of the issue in the long term.

¹⁰ External scrutiny of 50-week-wait patients at Wye Valley NHS Trust. Published by Curhams Limited, commissioned jointly by Herefordshire Clinical Commissioning Group in partnership with Powys Teaching Health Board,

Recommendation	Target date for implementation	Status	Summary of progress
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.	May 2016	Implemented	<p>Our original review found that although the approach taken by the Health Board to data quality validation had improved the accuracy of its follow-up waiting list, the lack of clinical validation was hindering the Health Board in understanding the true clinical nature of its outpatient follow-up demand and reducing the potential harm to delayed patients. This was affecting the Health Board's ability to undertake robust demand and capacity modelling and the subsequent development of appropriate alternative pathways.</p> <p>Since our review the Health Board has carried out steps to identify where the greatest clinical risks lie and has been proactive in developing mechanisms to minimise this risk. The Commissioning Assurance Framework has helped improve oversight of risks across its Commissioned providers, despite difficulties accessing relevant information.</p>

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk assessment			
<p>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.</p>	<p>May 2016</p>	<p>Implemented</p>	<p>The Health Board clinically validated all patients with a wait over three months towards the end of 2016. This clinical validation has enabled the Health Board to establish a more accurate understanding of levels of demand and capacity. Senior staff have since told us that they are aware of where the risks lie and are satisfied with the information they receive on risk. In particular, the Health Board has identified that cardiology services present a greater risk, due to limited capacity. Data shows that delays in this specialty rose steadily in 2016, particularly for patients without a booked appointment, on the FUNB list. Throughout 2017, total delays in the specialty were above 30% in every month of the year and peaked in November 2017 to 40%.</p> <p>The Health Board continues to identify ophthalmology patients as a risk. The specialty has seen an increase in delays, and capacity issues that we identified in 2015 remain a concern. In August 2016, 12% of ophthalmology patients waiting for a follow-up appointment were delayed past their target date. By August 2017, this had peaked at 21%. Part of this upward trend has been due to short-term capacity issues. We heard from staff that cancellations in ophthalmology from other providers are an issue. The Health Board is looking to address this by offering more follow-up appointments inside the Powys area. Plans to introduce specialist nurses to carry out appropriate follow-up appointments should increase capacity and we heard that some clinics now have nurses running them. It should be noted that as of December 2017, numbers delayed have since reduced to 2016 levels.</p>

Recommendation	Target date for implementation	Status	Summary of progress
Clinical risk assessment			
<p>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.</p>	<p>May 2016</p>	<p>Implemented</p>	<p>As mentioned in Recommendation 1, the Health Board continues to record high levels of DNAs. When a patient does not attend their appointment, any further appointment is delayed, which could result in a patient coming to harm. The Health Board has trialled a text reminder service, to try to reduce the number of DNAs. If successfully implemented, this could help reduce the level of booked patients who are delayed.</p> <p>The Internal Commissioning Assurance Group has begun to proactively assess clinical risk across providers, including patients treated out of county, and has a full time post in place to carry this out. As part of the Commissioning Assurance Framework, the Health Board has used a software tool called CHKS to gather and triangulate information from providers, including the Care Quality Commission and audit reports. This allows the Group to carry out detailed analysis in certain providers where they think the greatest risks lie. The Committee also has a line of sight report that focusses specifically on the long-term trend of new and follow-up appointments and their ratios. We heard that the Health Board has started to address inconsistencies in new to follow-up ratios, by including guidance in SLAs of the ratios expected.</p>

Recommendation	Target date for implementation	Status	Summary of progress
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹¹			
R4 Ensure that all Agreements for commissioned services are fit for purpose, ie, that they set out how risks will be managed, the costs of additional sessions and appropriate incentives and sanctions.	December 2015	In progress	<p>In our 2015 review, we found that although SLAs were in place for visiting clinicians, they did not adequately cover key aspects of the commissioning arrangements with external organisations.</p> <p>Staff we spoke to recognised that there was likely to be unexplained variation in the approaches taken by visiting clinicians when setting follow-up target dates and when discharging patients. As part of developing its monitoring arrangements for both its 2015-16 LTAs and SLAs, the Health Board 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.</p>

¹¹ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

Recommendation	Target date for implementation	Status	Summary of progress
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹²			
R4 Ensure that all Agreements for commissioned services are fit for purpose, ie, that they set out how risks will be managed, the costs of additional sessions and appropriate incentives and sanctions.	December 2015	In progress	<p>Our progress review has identified that SLAs have been strengthened, and provider compliance has improved, following the Commissioning Assurance review. LTAs and SLAs now specify the escalation process, based on a risk rating system that mirrors the Health Board's own Performance framework¹³. This acts as an incentive for providers to improve performance. LTAs specify the sanctions available, which include enhanced monitoring, escalation to the Chief Executive or fines in the most serious cases. These have been used, although their effectiveness is uncertain. Some sanctions have been met with resistance and there are sensitivities around issuing them, due to the Health Board's reliance on the services of Commissioned providers.</p> <p>The Health Board's Outpatient and Operating Theatre review in 2016 identified the need to ensure better alignment between demand and capacity for commissioned services. Following this work, SLA arrangements have become clearer, but there remain some issues relating to lack of clinical guidance and also ensuring sufficient resources where extra clinical sessions are required over and above the formalised agreement.</p>

¹² R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

¹³ This covers Access, Finance and Activity, Quality and Safety, Patient Experience and Governance.

Recommendation	Target date for implementation	Status	Summary of progress
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁴			
R4 Ensure that all Agreements for commissioned services are fit for purpose, ie, that they set out how risks will be managed, the costs of additional sessions and appropriate incentives and sanctions.	December 2015	In progress	<p>In terms of risk management, the Commissioning assurance team has looked to strengthen arrangements around this. The Health Board has to maintain careful oversight of risk, particularly as several of its providers are currently escalated or in special measures. All agreements outline a clear escalation process to monitor and escalate breaches, depending on the level of measures. When level three and four breaches occur, these are reported up to the executive team. Level four and above breaches are reported to the Finance and Performance committee, and in some cases, the Health Board can issue a fine.</p> <p>Powys has had occasion to issue large fines to NHS providers, although these are sometimes met with resistance. The Health Board is aware of sensitivities surrounding sanctions, as if a provider sees these as unfair, they could be tempted to withdraw their services. The escalation process has the effect of ensuring scrutiny is risk-based, by carrying out more scrutiny on bodies in more challenged circumstances, with less problematic providers receiving lower levels of scrutiny. New escalation levels are in place for 2017-18 and are all specified in the LTAs. The Health Board has also appointed a Quality and Safety Commissioning Lead to strengthen arrangements around gathering information on risks from Commissioned providers.</p>

¹⁴ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

Recommendation	Target date for implementation	Status	Summary of progress
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁵			
R5 Ensure that performance against Agreements for commissioned services is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.	March 2016	Overdue	<p>In our 2015 review, we found that the performance of commissioned services, in terms of actual sessions delivered against the number commissioned was not regularly reported to the Board or its sub-committees. The Health Board undertook a review of its commissioning arrangements and recognised that arrangements needed to improve. The Health Board began conducting service delivery changes, improvements to information and information systems as well as commissioning additional ad hoc clinic sessions.</p> <p>Since our review in 2015, difficulties remain in obtaining information on the follow-up position from commissioned providers. Although monitoring arrangements and awareness of key risks are both improving, ‘referral to treatment’ breaches receive significantly greater focus. Without the follow-up position, the Health Board is unable to report specifically on whether components of the agreements relating to follow-ups have been met.</p>

¹⁵ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

Recommendation	Target date for implementation	Status	Summary of progress
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁶			
<p>R5 Ensure that performance against Agreements for commissioned services is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.</p>	<p>March 2016</p>	<p>Overdue</p>	<p>The waiting list management group review fortnightly performance reports, which includes the number of SLA sessions delivered by specialty against the number required. They also review fortnightly Commissioning reports, with a section on 'referral to treatment' breaches and follow-up position by provider, although as mentioned in Recommendation 2, information they receive is limited to activity data, rather than the complete follow-up waiting list data.</p> <p>The Commissioning Assurance Group produces a monthly summary report based on individual reports for each provider, showing performance against five areas: Patient Experience, Quality and Safety, Access, Activity and Governance. LTA performance is summarised in the report, showing any over or underspend and any financial disputes between the Health Board and the provider. However, the report does not specify what expectations have been set in the SLA against services actually delivered nor does it contain sufficient information on follow-up outpatient delays. This is significant as the resulting risk rating determines the level of escalation. The Finance, Planning and Performance Committee receives this report, which focusses on 'referral to treatment' targets, with little reference to follow-up appointments.</p>

¹⁶ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

Appendix 2

The Health Board's management response to outstanding recommendations relating to follow-up outpatients

Exhibit 5: management response

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
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.	An improved use of resources by reducing the number of inappropriate follow-up appointments. A reduction in the number of unnecessary journeys for patients. To use clinician time efficiently.	Yes	Yes	Outpatient Services review and Improvement Programme: Developments in terms of repatriation of patients to Powys continues to reduce the number of patients attending clinics out of county. This repatriation work remains a high priority in terms of PTHB's Integrated Medium Term Plan and focuses upon reviewing pathways to enable patients to be, for example, assessed, treated and followed up in Powys where appropriate, or returned to Powys for follow-up/monitoring.		

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
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.	An improved use of resources by reducing the number of inappropriate follow-up appointments. A reduction in the number of unnecessary journeys for patients. To use clinician time efficiently.	Yes	Yes	<p>Outpatient Services review and Improvement Programme:</p> <p>The HB is also exploring increased Specialist Nurse led clinics and SpN clinics running concurrently with consultant clinics. This would increase OPC appointments capacity, increase efficiency of clinician time and thus reducing waiting times for patients.</p> <p>The HB is also undertaking a comprehensive review of the Outpatient Services model in Powys in order to identify improvements and efficiencies which will have a positive impact on patient care and experience. This will remain a priority in terms of the Integrated Medium Term Plan. This will include exploring alternative pathways which minimise the necessity to attend clinics through the use of technology: telephone appointments, text messaging, telemedicine, etc. This work is in line with the National Outpatient Steering Group, at which Powys is represented.</p>		

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Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
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.	Improved understanding of total follow-up outpatient demand, delays and risks. Independent Members have assurance that the Health Board is managing follow-up appointments for all Powys residents, irrespective of where they receive their care.		Yes	<p>This response needs to be read in conjunction R4 & R5, which sets out the further action to strengthen the information received, performance reporting and escalation.</p> <p>With no DGH PTHB has to collaborate with 15 main NHS providers across England and Wales in order to secure the secondary health services delivered out of county via Long Term Agreements. The Out-Patient Follow-Up information received from providers includes patient demographics, speciality level, attendance, DNA and referral date. However, there is a difficulty receiving information about Follow-Up waiting lists. In-reach services are commissioned from 8 main neighbouring providers through Service Level Agreements, including visiting consultants, and this activity is stated within the PTHB provider performance reports.</p>		

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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.	Improved understanding of total follow-up outpatient demand, delays and risks. Independent Members have assurance that the Health Board is managing follow-up appointments for all Powys residents, irrespective of where they receive their care.		Yes	Actions <ul style="list-style-type: none"> To ensure a Follow-Up metric using the existing activity information is included in the CQPRMs and the Internal Commissioning Assurance Meeting. To request information from providers in relation to risk of harm from delayed follow-up To work with other health boards to ensure Delayed Outpatient Waiting Lists for Powys Patients are available based on the Minimum Dataset set out in Data Standard Change Notification 2015 02/04/05. To ensure SLA/LTA Performance is reported to the Finance, Planning & Performance Committee (a sub-committee of the Board) 	March 2018 March 2018 September 2018 Quarterly	Head of Performance (Commissioning) Quality and Safety Lead (Commissioning) Head of Performance (Commissioning) Head of Performance (Commissioning)

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁷							
R4	Ensure that all Agreements for commissioned services are fit for purpose, ie, that they set out how risks will be managed, the costs of additional sessions and appropriate incentives and sanctions.	Robust mechanism to manage services provided by others.	Yes	Yes	<p>Welsh Government issued the model LTA and SLAs for Wales in 2007 and 2008. The PTHB Executive Committee have since 2015 agreed any changes needed. The PTHB Executive Committee has also approved a variation process for any in-year changes The documentation sets out the circumstances in which penalties are applied.</p> <p>Action</p> <p>To ensure Executive Committee approval to strengthen the wording of LTAs and SLAs to include not just Outpatient follow-up activity but OPFU waiting list information.</p> <p>To ensure that the Finance and Activity Schedules of LTAs and SLAs provide sufficient information about costs of additional sessions, incentives and sanctions.</p>	<p>May 2018</p> <p>May 2018</p>	<p>Head of Performance (Commissioning)</p> <p>Finance Business Partners</p>

¹⁷ R4 and R5 have been adjusted to reflect both Long Term Agreements for services commissioned out of county and Service Level Agreements, including visiting consultants.

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Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁸							
R5	Ensure that performance against Agreements for commissioned services is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.	Independent members have assurance that commissioned services are providing value for money and that commissioning arrangements are working effectively.	Yes	Yes	PTHB has in place an Integrated Performance Framework (IPR). It has also has a Commissioning Assurance Framework (CAF); holds regular CQPRMs with its main 15 NHS providers; holds a monthly Internal Commissioning Assurance Meeting covering all providers; escalates the providers with the highest risk to an Executive Committee Meeting on the Delivery and Performance of Commissioned Services; and reports the providers with the highest CAF level to the Finance and Performance Committee. However, within these processes which have been established covering quality, safety, patient experience; access; finance and activity; and governance there needs to be a greater focus on Outpatient Follow-ups including delays.		

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Long Term Agreements and Service Level Agreements Commissioning and Reporting¹⁹							
R5	Ensure that performance against Agreements for commissioned services is reported to the Board and its appropriate sub-committees making it clear the performance against services commissioned and those actually delivered.	Independent members have assurance that commissioned services are providing value for money and that commissioning arrangements are working effectively.	Yes	Yes	<p>Actions:</p> <p>Ensure that the PTHB Integrated Performance Framework (agendered for Board) includes a metric reporting trends and exceptions for Outpatient Follow-up using the current activity information (across all providers).</p> <p>Ensure a standard report of performance against SLA finance and activity schedule is embedded in CQPRM meetings</p> <p>Ensure Commissioning Assurance Framework monthly reports include a metric for outpatient follow-up activity.</p> <p>Once an improved metric for Outpatient Follow-Up delays is in place (see R2 above) embed this in the IPR; CQPRM; and CAF processes.</p>	<p>March 2018</p> <p>March 2018</p> <p>March 2018</p> <p>March 2018</p>	<p>Head of Performance (Commissioning)</p> <p>Finance Business Partners</p> <p>Head of Performance (Commissioning)</p> <p>Assistant Director - Commissioning Development</p>

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Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone : 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru