

Service Reset and Recovery Final Internal Audit Report

April 2023

Hywel Dda University Health Board



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Executive Summary

Purpose

This audit has assessed the arrangements for the reset and recovery of Planned Care services within the Health Board in line with the NHS Planning Framework and other statutory requirements.

Overview


The reset and recovery of Planned Care services was outlined in the Health Board’s Annual Plan for 2022-23, building on the progress and lessons learned during the previous year. Whilst the plan could not be approved, it did include the Health Board’s Strategic and Planning Objectives.

Delivery and capacity plans were in place for Planned Care specialties during 2022-23 and 2023-24 in order to monitor and react to activity changes in order to reduce their waiting lists.

One medium priority was identified in relation to the delivery ambitions and targets set out in the Annual Plan that require amending and/or updating to reflect the changes operational activity, and ensuring the Health Board are informed of these changes.

Accordingly, we have concluded **Reasonable** assurance overall.

Report Opinion

		Trend
 <p>Reasonable</p>	Some matters require management attention in control design or compliance.	n/a
	Low to moderate impact on residual risk exposure until resolved.	

Assurance summary¹

Objectives	Assurance
1 Delivery and approval of the reset and recovery of planned care services	Reasonable
2 Planned care service plans detail the actions and milestones for delivery	Reasonable
3 Delivery of plans are monitored and assurance provided to the Board	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	Health Board Delivery Ambitions	1 & 2	Design	Medium

1. Introduction

- 1.1 In November 2021, the Welsh Government (WG) published the *NHS Planning Framework for 2022-25* that requires Health Boards to restart their integrated three-year plans, including the prioritisation of the Covid-19 response and service recovery.
- 1.2 Hywel Dda's Integrated Medium Term Plan (IMTP) for 2022-25 was not approved by the WG due to the organisation being unable to show financial balance over this period. However, the Health Board would continue to work toward the Strategic and Planning Objectives for 2022-23, including the organisation's plans to reset and recover Planned Care services following the Covid-19 pandemic.
- 1.3 The failure to develop and deliver recovery plans could potentially result in:
 - patient harm; and
 - financial and reputational damage.

2. Detailed Audit Findings

Objective 1: Plans have been developed and approved outlining the reset and recovery of Planned Care services within the Health Board in line with statutory requirements

- 2.1 The Health Board developed an Annual Plan for 2022-23 in line with the *NHS Wales Planning Framework 2022-25*, however it was not in a position to receive formal approval. The Annual Plan did include the Health Board’s Strategic and Planning Objectives and adopted a whole system approach that incorporated and triangulated the organisation’s long and short term goals set out in the *A Healthier Mid & West Wales Strategy*, Ministerial Priorities and locally aligned measures for 2022-23.
- 2.2 The plan for the reset and recovery of Planned Care services was outlined under Strategic Objective 5 (Safe, Sustainable, Equitable and Kind Care) that included modeling and trajectories of bed capacity and demand, and a set of defined delivery targets and ambitions for 2022-23 – see Table A below.

Planned Care Services – Delivery Ambitions for 2022/23				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Planned Care – Referral to Treatment	<ul style="list-style-type: none"> • 80%+ of pre-COVID levels for elective activity • 80%+ % of pre-COVID activity levels for new Out Patients • Complete validation of full waiting list (14k records removed) • Establish Enhanced Care Unit at Prince Philip • Re-establish dedicated elective wards at Prince Philip (x 2), Bronlais (x1) and Withybush (x1) • Reduce Stage 1 52 week cohort below 25k • Reduce 104 week cohort below 19k • Reduce Stage 1 52 week breaches below 13k • Reduce 104 week breaches below 8k • Reduce Stage 1 waiting list below 51k • Reduce Total RTT pathway below 80k 	<ul style="list-style-type: none"> • Increase to 90% % of pre-COVID theatre sessional capacity (internal) • Exceed 100% of pre-COVID clinic sessional capacity (internal) • Increase See on Symptoms (SOS) / Patient Initiated Follow-Ups (PIFU) delivery to 20% • Exceed 25% virtual clinic delivery • Commence activity via Prince Philip Modular Day Case Unit & Amman Valley Eye Care Theatre • Eliminate 3 year waits • Reduce Stage 1 52 week cohort below 12k (subject to confirmation of solutions) • Reduce 104 week cohort below 19k • Reduce Stage 1 52 week breaches below 9k • Reduce 104 week breaches below 6.5k • Reduce Stage 1 waiting list below 46k • Reduce Total RTT pathway below 76k 	<ul style="list-style-type: none"> • Health Board ambitions align with Welsh Government measures • Increase to 100% % of pre-COVID theatre sessional capacity (internal) • Exceed 110% of pre-COVID clinic sessional capacity (internal) • Achieve at least 33% virtual clinic delivery • Reduce 104 week cohort to range between 7-9k (subject to confirmation of solutions) • Reduce 104 week breaches below 5.5k (subject to confirmation of solutions) <p>Health Board ambitions align with Welsh Government measures beyond 2022/23</p> <ul style="list-style-type: none"> • Expand capacity through Modular Unit to 20 sessions per week min (subject to staffing) • Expand capacity via Amman Valley Eye Theatre to 10 sessions per week (subject to staffing) • Reduce Stage 1 waiting list below 42k • Reduce Total RTT pathway below 74k <p>Health Board ambitions do not yet deliver Welsh Government measures</p> <ul style="list-style-type: none"> • Reduce Stage 1 52 week cohort to range between 0- 5k (subject to confirmation of solutions) • Reduce Stage 1 152 week breaches to range between 0- 5k (subject to confirmation of solutions) 	<ul style="list-style-type: none"> • Health Board ambitions align with Welsh Government measures • Exceed 100% % of pre-COVID theatre sessional capacity (internal) • Eliminate Stage 1 52 week cohort (subject to confirmation of solutions) • Eliminate 52 week breaches (subject to confirmation of solutions) <p>Health Board ambitions align with Welsh Government measures beyond 2022/23</p> <ul style="list-style-type: none"> • Exceed 110% of pre-COVID clinic sessional capacity (internal) • Deliver 30% reduction in delayed follow ups (>100%) by end of Q4 • Achieve >70% Single Cancer Pathway (progress towards 80% by March 26) • Overall reduction in the 52 week waits for treatment (progress towards March 25 ambition) • Further reduce Stage 1 waiting list below 40k • Reduce Total RTT pathway below 68k <p>Health Board ambitions do not yet deliver Welsh Government measures</p> <ul style="list-style-type: none"> • Reduce 104 week cohort to range between 1.3k to 4k (subject to confirmation of solutions) • Reduce 104 week breaches to range between 1.3k to 4k (subject to confirmation of solutions)
Diagnostics and Therapies		<ul style="list-style-type: none"> • Utilisation of Clinical Nurse Endoscopist capacity to increase sessions • Additional planned sessions (up to 8 per month) 	<ul style="list-style-type: none"> • Expansion of Clinical Nurse Endoscopist capacity to further increase capacity • Additional planned sessions (up to 8 per month) • External outsources endoscopy capacity (to be confirmed) 	<ul style="list-style-type: none"> • Diagnostic & Therapies delivery trajectories awaiting sign off via Health Board internal governance mechanisms
Transformation (directly influencing Activity / Waiting Lists)	<ul style="list-style-type: none"> • Increase Sos/PIFU coverage across OP specialities 	<ul style="list-style-type: none"> • Increase SOS / PIFU delivery to 20% • Exceed 25% virtual clinic delivery • Progress OP Transformation priorities: <ul style="list-style-type: none"> • Diabetic retinopathy • Glaucoma • Video Group Consultations • Virtual Orthopaedic Rehabilitation 	<ul style="list-style-type: none"> • Achieve at least 33% virtual clinic delivery • Progress OP Transformation priorities: <ul style="list-style-type: none"> • Diabetic retinopathy • Glaucoma • Video Group Consultations • Virtual Orthopaedic Rehabilitation 	<ul style="list-style-type: none"> • Progress Out Patient Transformation priorities: <ul style="list-style-type: none"> • Diabetic retinopathy • Glaucoma • Video Group Consultations • Virtual Orthopaedic Rehabilitation
Operational Efficiency (directly influencing Activity / Waiting Lists)	<ul style="list-style-type: none"> • Establish Enhanced Care Unit Prince Philip • Re-establish dedicated elective wards at Prince Philip (x 2), Bronlais (x1) and Withybush (x1) 	<ul style="list-style-type: none"> • Commence activity via Prince Philip Modular Day Case Unit & Amman Valley Eye Care Theatre 	<ul style="list-style-type: none"> • Expand capacity through Modular Unit to 20 sessions per week min (subject to staffing) • Expand capacity via Amman Valley Eye Theatre to 10 sessions per week (subject to staffing) 	

Table A

2.3 To support the Annual Plan, demand and capacity (D&C) plans were developed for each Planned Care specialty. The D&C plans were developed to plan and monitor the reduction of waiting list figures, with the delivery ambitions noted above helping to decrease the overall numbers. However, during 2022-23 a number of these delivery ambitions and targets had either become redundant or required amending to reflect the changes in operational activity and work undertaken – see Objective 2 for further detail. **[Matter Arising 1]**

2.4 The Health Board was also allocated £21.7m for 2022-23 by the WG to support the recovery of Planned Care services. Individual schemes have been identified and costed to aid the recovery of specialties and contribute to the overall recovery of Planned Care services as a whole. These schemes are recorded and submitted to

WG on a monthly basis. The identified schemes are also reflected in specialty D&C plans – see paragraphs 2.8–2.9.

Conclusion:

2.5 Whilst the reset and recovery of Planned Care services was outlined in the Annual Plan with supporting D&C plans, initial delivery ambitions and targets have changed and have not been updated or communicated. Accordingly, we have concluded **Reasonable** assurance for this objective.

Objective 2: Planned Care service plans detail actions and milestones for delivery, including the triangulation of finance, activity and workforce

2.6 The Annual Plan set out delivery ambitions for 2022-23 with actions and milestones identified per quarter (see Table A above). The specialties of Planned Care services maintain individual D&C plans and work to the primary objective of reducing their individual waiting lists. In addition, the following key initiatives and improvements were also introduced to help specialties reduce waiting list numbers.

Demand and Capacity Management

2.7 The impact of the Covid-19 pandemic significantly reduced theatre capacity. Recognising these reductions, a key initiative in the reset and recovery of Planned Care services was the increase of theatre sessions for elective surgeries back to (and exceeding) pre-Covid levels 100% by March 2023.

2.8 Health Board specialties were requested to produce D&C plans for 2022-23. D&C levels set out in these plans are calculated based on the available resources and additional patients added to the waiting list on a weekly basis.

2.9 Where additional activity was made available, such as the £21.7m recurrent revenue funding allocated by the WG to support plans to strengthen Planned Care services, D&C levels were adjusted to recognise this input. A review of Ears, Nose and Throat (ENT) and Orthopaedics specialty D&C plans for 2022-23 confirmed the weekly monitoring of actual activity number and new patient, in addition to narrative to support variances in these numbers. Specialty D&C plans have also been established for 2023-24.

2.10 D&C levels are reviewed and monitored at the Service Delivery Group that is chaired by the Director of Secondary Care. Updates are provided on the capacity per site of Theatre sessions.

2.11 Capacity levels remain limited due to a number of circumstances including the future opening of theatres and gaps in workforce, specifically within Theatres and Anaesthetics Departments, but remain on course for delivery.

Outpatient Strategy

2.12 A *Hywel Dda Outpatient Strategy* was developed to recover from the Covid-19 pandemic and transform traditional outpatient services in line with national strategic drivers and the increased outpatient appointments numbers at local level.

2.13 The *Hywel Dda Outpatient Strategy* outlines the case for change, vision, mission statement and key ambitions/ objectives. Key performance indications have also been identified and will be supported by the key initiatives examined in further detail below.

2.14 Internal and external monitoring arrangements have also been agreed with monthly updates provided to the Outpatient Delivery Board.

[See on Symptoms and Patient Initiated Follow Up](#)

2.15 The Health Board has introduced the See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) transformational scheme to help reducing waiting list figures by allowing patients to control when they are seen by the service thus reducing the number of appointments.

2.16 The WG require the Health Board to report monthly SOS/PIFU and discharged patient figures. A key delivery ambition outlined in the Annual Plan was to increase SOS/PIFU delivery only to 20% by Quarter 2 of 2022-23. Whilst the Health Board is achieving the 20% target (see Table B below), the inclusion of discharge patient numbers was not made explicit in the Annual Plan.

	AUGUST 2022	SEPTEMBER 2022	OCTOBER 2022
SOS/PIFU	5.81%	8.39%	7.65%
Discharges	17.28%	16.92%	18.00%
Total	23.09%	25.32%	25.65%

Table B

2.17 Monthly SOS/PIFU figures for each specialty is published on the organisation's 'Outpatient KPI Dashboard'.

[Virtual Appointments](#)

2.18 During the Covid-19 pandemic, virtual appointments were introduced as an alternative to face-to-face interactions and have continued into 2022-23 as a key delivery ambition.

2.19 The use of virtual appointments by specialty is captured in the 'Outpatient KPI Dashboard'. The delivery ambition was set out to exceed 25% virtual clinic delivery by Quarter 2 and 33% by Quarter 3. A review of virtual appointment figures (see Table C below) shows an overall achievement of the delivery ambition for virtual appointments. However, the decreasing trend since April 2022 has coinciding with the relaxation in Covid-19 restrictions and the need to see individual patients face-to-face due to their condition/needs (i.e. virtual appointment patients where initially targeted in 2021/22 to help reduce waiting list figures). **[Matter Arising 1]**

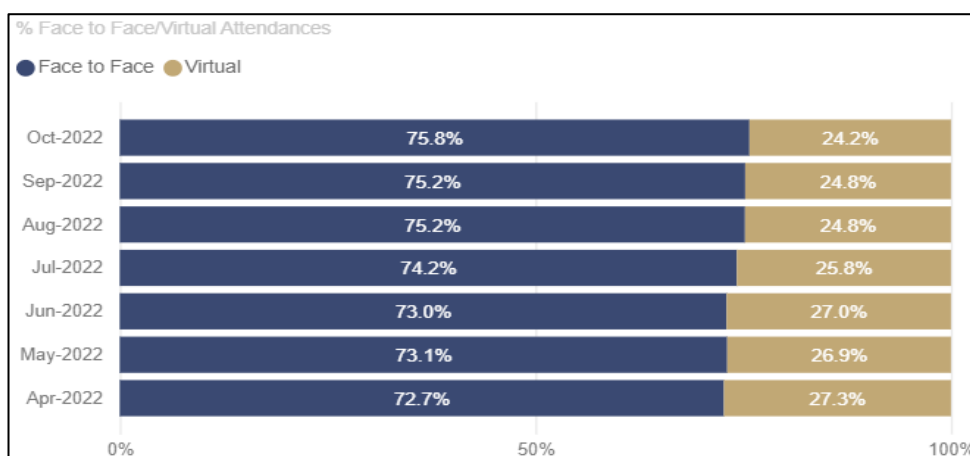


Table C

Waiting List Validations

2.20 The Health Board has implemented a validation process whereby patients are reviewed to establish whether they still require to be on the waiting list. The Month 5 Integrated Performance Assurance Report (IPAR) submitted to the Health Board noted that over 2,000 records had been removed since April 2022 with services targeting follow-up patients waiting beyond 100% of their target date.

Watchtower Meetings

2.21 A Planned Care watchtower monitoring programme was implemented in 2022 following the lessons learned during recovery of services in 2021-22. The watchtower group is used to monitor the progress and actions of specialties waiting list figures.

Conclusion:

2.22 A number of these delivery ambitions and targets have either become redundant or require amending to reflect the changes in operational activity and work undertaken. Accordingly, we have concluded **Reasonable** assurance for this objective.

Objective 3: The delivery of plans is monitored with assurance provided to the Board

2.23 A risk to the delivery of the Annual Plan and the achievement of the WG Ministerial Priorities for the reduction in elective waiting times (Ref. 1407) is recorded in the corporate risk register. This risk is assigned to the Strategic Development and Operational Delivery Committee (SDODC).

2.24 The Health Board and SDODC receive regular IPAR papers that provide updates on the Planned Care recovery position including waiting list performance, capacity and implemented transformational schemes, in addition to areas of slippage or risks since April 2022.

- 2.25 The full performance assurance reports are also available on the IPAR Dashboard and include current status and projections, actions, targets, risks and mitigations.
- 2.26 The watchtower programme meets on a weekly basis and includes representatives for all acute sites. A review of watchtower minutes since May 2022 noted verbal updates were being provided by individual specialties on the progress made to reduce waiting list figures.
- 2.27 A review of the Outpatient Delivery Board minutes since May 2022 noted that information is regularly submitted and scrutinised, including SOS/PIFU and Outpatient virtual appointments and follow-up validation performance. In addition, Withybush and Bronglais General Hospitals have established their own Theatre User Groups to focus on their own performance figures.
- 2.28 The Health Board submits a Planned Care performance document to the WG that provides updates on current performance versus trajectories and updates on the transformational measures noted in Objective 2.

Conclusion:

- 2.29 Accordingly, we have concluded **Substantial** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Health Board Delivery Ambitions (Design)		Impact	
The Annual Plan set out delivery ambitions with assigned target dates, including the implementation of various initiatives and transitional schemes for the recovery of Planned Care services. However, a number of these delivery ambitions and targets have either become redundant or require amending to reflect the changes in operational activity and work undertaken.		Potential risks of: <ul style="list-style-type: none"> patient harm; and financial and reputational damage. 	
Recommendation		Priority	
1.1	New or amended delivery ambitions and targets should be identified, documented and communicated to the Health Board to aid the continued progress of reducing waiting list figures.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	To supplement regular reports provided to Board and SDODC regarding performance progress against the planned care ministerial priorities, periodic reports to SDODC during 2023/24 will also include progress against supporting transformational delivery ambitions.	31 st August 2023	Director of Secondary Care

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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