![GIG CYMRU NHS WALES - Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	External Validation Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Stephanie Hire, General Manager Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT
Sefyllfa / Situation The Health Board has now completed a comprehensive external targeted validation exercise of 118,000 patient records to include the full Patient Target List (PTL) and follow up waiting lists. This report provides the Audit & Risk Assurance Committee with the requested update on the outcome of the exercise, following its completion.
Cefndir / Background In October 2021, an external validation provider (EY and Insource) was commissioned to complete a comprehensive data cleansing exercise to validate HDdUHB's PTL and follow up waiting lists across all stages between November 2021 and May 2022, with a trajectory for completion agreed as week ending 6th May 2022. The requirement set out 118,000 records to be urgently validated to inform: • Which patients could be removed from the list • Which patients still require a follow-up • Which patients are still awaiting treatment Regular review meetings were organised between the Health Board and the external validation lead during the project, to maintain regularity of contact, and weekly progress reports were provided to the Health Board. Completion of this exercise has ensured that the waiting lists validated offer an accurate reflection of the patients awaiting access to assessment/treatment, as the Health Board progresses its planned care recovery ambitions through 2022/23.
Asesiad / Assessment The validation exercise took account of clinical letters, test results via the Welsh Clinical Portal and analysis of any duplicate pathways in the Welsh Patient Administration System

(WPAS). Where applicable, information contained in bespoke specialty-level information systems was also considered.

Throughout the project, the external validation team worked closely with the Health Board to agree priorities on a weekly basis and validation outcomes were applied in line with relevant Welsh Government or Health Board guidelines.

As reported previously to the Committee, the target completion date of the project was extended by agreement with the Health Board, due to the impact on the external validation team resource of the COVID-19 Omicron variant. The revised completion trajectory was achieved.

The table below summarises the validation results by stage of the PTL/follow up waiting list.

Cohort	Closed	Open	Query	Grand Total	Closed %
Stage One - Awaiting new Outpatient Appointment	1,356	34,505	825	36,686	4%
Stage Two - Diagnostics	113	242	27	382	30%
Stage Three - Post Diagnostics/Follow Up	9,713	9,840	1,530	21,083	46%
Stage Four - Admitted/Awaiting Surgery	568	15,447	398	16,413	3%
Follow Up waiting List	2,982	40,623	3,122	46,727	6%
Grand Total	14,732	100,657	5,902	121,291	12%

Stage 1 - Awaiting New Outpatient Appointment - Observations

Of 36,686 records validated, 4% were removed.

Key observations noted included the following:

- Whilst this cohort had significantly increased during the pandemic, clinical conditions were well recorded, with most awaiting first outpatient appointment for new conditions.
- Expedite referrals from GPs accounted for most closures, where patient journeys were being followed up post-pandemic.
- A number of pooled referrals had no supporting referral letter scanned onto the system.
- For a number of patients, full outcome information relating treatment via the independent sector was not visible on WPAS. This has since been corrected and processes in place to support appropriate recording of clinical outcomes on WPAS have been amended.

Stage 2 - Diagnostics - Observations

Of 382 records validated, 30% were removed.

Reasons for removal were similar in nature to Stage 3 pathways, where diagnostic tests completed are responsible for the removals.

Stage 3 - Post-Diagnostic / Follow-Up / Unknown - Observations

Of 21,083 records validated, 46% were removed.

Validation of this cohort yielded the highest volume of removals, partly reflecting the extended time interval since the previous targeted validation exercise for this cohort. The primary reasons for removals were as follows:

- Pathways remaining open, despite negative test results and appropriate communication to the patient and GP. These were discharged with no follow up reviews required.
- Duplicate pathways for diagnostic tests running alongside the treatment pathway - these were merged where identified.

Stage 4 - Admitted Diagnostic Treatment - Observations

Of 16,412 records validated, 3% were removed.

Most of these removals were due to patients having been admitted for treatment at the time of the validation exercise.

Most patients in this cohort (90%) were awaiting an appointment date for surgery, due to extended waiting times as a result of the pandemic.

Follow Up Waiting list - Observations

Of 46,727 records validated, 6% were removed.

Validation of this patient cohort yielded relatively low rates of removal, largely reflective of the extensive validation exercise completed prior to the pandemic and the increasing utilisation of alternative follow-up pathways, including See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) approaches. The exercise did however identify further opportunities for increased utilisation of SoS/PIFU for stable ophthalmology and Urology prostate pathway patients.

The exercise also highlighted examples of remote/telephone/virtual activity not recorded on the WPAS system, despite the existence of clinical letters which confirmed the recent review of patients via these approaches. This has been addressed with clinical teams and guidance amended to support the appropriate recording of such activity on the WPAS system.

Learning Reflections

This most recent validation exercise has highlighted several areas where the Health Board's pathway management systems and processes can potentially be further developed and enhanced:

- **Removal prioritisation**
  Continuing internal validation efforts to be prioritised on those pathways likely to have the greatest impact on maintaining an accurate PTL.
- **Systems**
  The structural and functional configuration of the WPAS system would benefit from review and future amendment, to ensure consistency with changes in patient pathway management approaches which have evolved since the current version of WPAS was developed.
- **Process**
  The range and volume of operational, administrative and clinical staff currently able to input into the WPAS system and thereby impact upon patient pathways would benefit from review.
- **People**
  Capacity within the Health Board's internal validation team should be reviewed.

These learning reflections are currently being considered by the Planned Care team, with the support of Health Records and Digital teams where applicable.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is requested to receive this report for information.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR (Terms of Reference) Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 The Committee shall review the adequacy of the UHB's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives. 3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Scheduled Care 632_16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 5. Timely Care 5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 5. Safe sustainable, accessible and kind care 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	1A NHS Delivery Framework targets 1B_22 Hywel Dda Health Hub – Single Point of Contact 3A Improving Together 1E_22 Personalised care for patients waiting
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB (Hywel Dda University Health Board) Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	WG Planned care measures
Rhestr Termau: Glossary of Terms:	Reflected in report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Impact assessment completed
Ansawdd / Gofal Claf: Quality / Patient Care:	Impact assessment completed
Gweithlu: Workforce:	Impact assessment completed
Risg: Risk:	Impact assessment completed
Cyfreithiol: Legal:	Impact assessment completed
Enw Da: Reputational:	Impact assessment completed
Gyfrinachedd: Privacy:	Impact assessment completed
Cydraddoldeb: Equality:	Impact assessment completed