

PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 February 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 Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Health Board has engaged in a comprehensive external targeted validation exercise of 118,000 patient records to include the full Patient Tracking List (PTL) and Follow up waiting lists. This is being carried out using standard operating procedures previously developed when the original project was undertaken in 2019. The Audit & Risk Assurance Committee Chair requested assurance as to the validity of this process due to investment in internal systems previously.

Cefndir / Background

During September 2020, following a mini competition within the Crown Commercial Service Management Consultancy framework ref RM3745 lot 5, Ernst & Young LLP were awarded the contract, dated 16th September 2020 to support a targeted validation exercise in light of the significant increase in waiting list size seen as a consequence of the COVID-19 pandemic.

The Health Board approved the award of a contract to Ernst & Young (Insource) for a validation exercise to be undertaken during 2021/22 with contractual provision to extend to a 3 year term, at the Health Board's discretion, as required.

The effects of the COVID-19 pandemic on Health Care are widely recognised as having led to longer delays for the growing number of patients on waiting lists for both new and follow up appointments. Waiting lists have now reached the highest level since comparable records began and the organisation has been looking at innovative ways of working to ensure patients are seen in a safe and timely manner, and supported whilst they await access to care. Critical to this effort is the clinical validation of patients to ensure waiting lists accurately reflect the current circumstances and intentions of patients, ensuring those most at risk are prioritised for appointments including access via the recently developed virtual hubs for non-face to face appointments and the increased use of Patient Initiated Follow Up (PIFU) and See on Symptom (SOS) approaches, where appropriate.

This targeted validation exercise will support the organisation’s efforts to plan for the reintroduction of services and develop longer term changes using the most up to date and validated waiting list data possible.

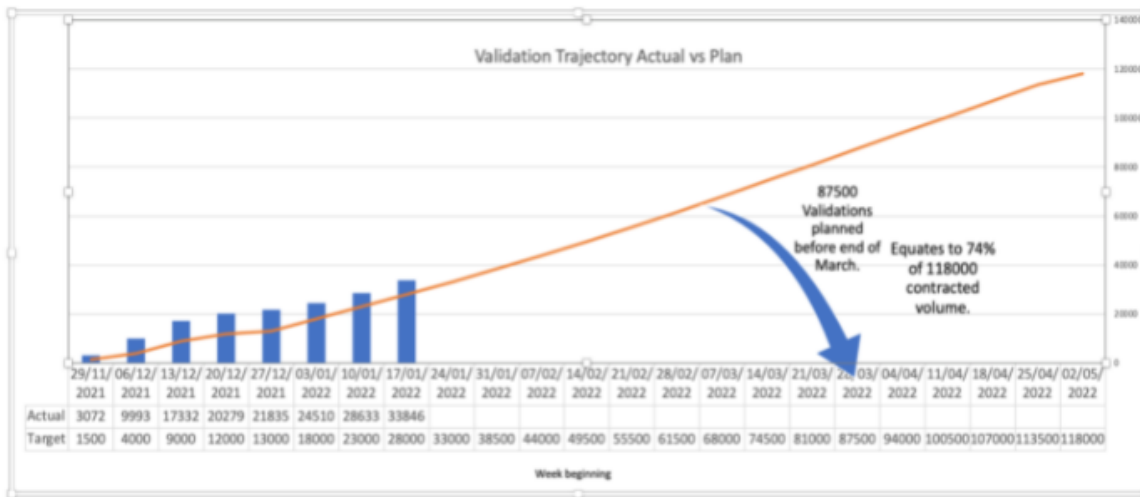
The decision to commission this additional, external validation capacity was prioritised as the Health Board’s internal team of validators, which equates to 3.75wte, mainly due to staff retirement and inability to recruit suitable staff into the 1.5wte vacancy, do not have sufficient capacity to manage the necessary volumes in a timely manner without supplementary capacity. By way of background, the average capacity per individual validator equates to approximately 50 validations per day, well below the capacity required to address the target volume required. It should be noted that, whilst the Health Board’s planned care team had in previous years relied on external validation capacity, available capacity within the Health Board’s internal validation team was broadly sufficient to manage required volumes prior to the onset of the COVID-19 pandemic.

Asesiad / Assessment

Validation status – Hywel Dda University Health Board - January 2022

Hywel Dda University Health Board have engaged with E&Y LLP to provide validation of both the PTL and the follow up waiting list which equates to 118,000 patients.

The validation plan which commenced at the end of November 2021 was initially scheduled to run until the end of March 2022. Primarily due to recruitment issues reflective of the high demand for validators across the UK marketplace and the impact of COVID-19 related sickness/absence over the winter period, this trajectory has been revised and is now scheduled to be complete by 2nd May 2022.



Capacity within the Health Board’s internal validation team is being coordinated with the additional external validation capacity in line with a structured programme which commenced with a targeted validation of all follow up patients prior to extension to new patients. The table below summarises progress as at 23rd January 2022:

Cohort of validations	Validated as at 23/1/2022				Current List Size	Left to do	Suggested Priority
	Closed	Open	Query	Total validated			
PTL Stage 4 - Admitted Diagnostic / Treatment	12	1178	27	1217	16620	15403	End of March 22.
PTL Stage 3 - Post-Diagnostic / Follow-Up / Unknown	500	868	139	1507	18920	17413	End of March 22.
PTL stage 2 - Diagnostics	1	32	2	35	343	308	End of March 22.
PTL Stage 1 - Awaiting New Outpatient Appointment	385	17382	337	18104	47306	29204	Post March 22, but analyse dups and on FUWL and do before March 2022
Follow up waiting list (delayed)	541	11301	1141	12983	31782	18799	End of March 22.
Follow up waiting list Not delayed	0	0	0	0	33312	0	Do not validate
Total	1439	30761	1646	33846		81127	
Projected out turn for above cohorts						114973	
Contracted						118000	
Contracted gap to be filled with pop ons/no delay follow up waiting list/others						3027	

To date, the exercise has not yielded a significant removal of patients from follow up and new patient waiting lists, although the work completed has enabled teams to add clinical conditions to the recorded patient details, which in turn will significantly assist with future management and capacity planning. This additional information is also being used to target a secondary clinical validation of these patients to identify and prioritise patients deemed appropriate to be managed via alternative SOS or PIFU pathways, as opposed to traditional clinic based reviews.

The extension of this exercise to the validation of stage 2/3 patients is leading to more significant removal rates and is enabling teams to cross reference duplicate pathways which have been created during the pandemic.

At all stages of the process, the activities of the external validation teams are guided and overseen by the Health Board's Planned Care team to ensure effective quality control of the process.

Argymhelliad / Recommendation

This paper is presented to offer assurance to the Audit & Risk Assurance Committee regarding the process underpinning the external validation exercise commissioned in late November 2021 and progress achieved to date. It is proposed that a final report be provided to the Committee on completion of the validation exercise.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR 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):	3.2 Communicating Effectively 3.1 Safe and Clinically Effective Care 5.1 Timely Access 5. Timely Care
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 Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	WG Planned care measures
Rhestr Termiau: 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:	See attached Impact assessment
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

N/A	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Y	Procurement via Tender document	Lewis Wells	
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Y	WG funding sourced		
3. Is the new proposal/service model affordable from within existing budgets?	n/a			
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	n/a			
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	n/a			
6. What is the financial or efficiency payback (prudence), if any?	n/a			
7. Are there risks if the new proposal/service model is not put into effect?	n/a			
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	n/a			
9. Is there a need for negotiation/lead in times i.e.	n/a			

short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?				
10. Are capital requirements identified or funded?	n/a			
11. Will capital projects need to be completed in time to support any service change proposed?	n/a			
12. Has a Project Board been identified to manage the implementation?	n/a			
13. Is there an implementation plan with timescales to performance manage the process and risks?	Y	Managed via Planned Care Directorate		
14. Is there a post project evaluation planed for the new proposal/service model?	Y			
15. Are there any other constraints which would prevent progress to implementation?	N			
Quality/Patient Care Impacts				
16. Could there be an impact on patient outcome/care?	N			
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	N			
18. Is there any potential for inconsistency in approach across the Health Board?	N			
19. Is there are potential for postcode lottery/commissioning?	N			
20. Is there a need to consider exceptional circumstances?	N			

21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?)	N			
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	N			
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Y			
24. Are there any population health impacts?	N			
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?	N/A			
26. Is it deliverable without the need for premium workforce?	N/A			
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	N/A			
28. Is there potential for professional body/college/union involvement?	N/A			
29. Could there be any perceived interference with clinical freedom?	N/A			
30. Is there potential for front line staff conflict with the public?	N/A			
31. Could there be challenge from the 'industries' involved?	N/A			
32. Is there a communication plan to inform staff of the new arrangements?	y			

33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	n/a			
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	n/a			
Risk Impact				
32. Has a risk assessment been completed?	n/a			
33. Is there a plan to mitigate the risks identified?	n/a			
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	n/a			
35. Is there a likelihood of legal challenge?	N			
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	N/A			
37. Is there any existing contract and/or notice periods?	Y	3 year contract in place		
Reputational Impact				
38. Is there a likelihood of public/patient opposition?	N			
39. Is there a likelihood of political activity?	N			
40. Is there a likelihood of media interest?	N			
41. Is there the potential for an adverse effect on recruitment?	N			
42. Is there the likelihood of an adverse effect on staff morale?	N			

43. Potential for judicial review?	N			
Privacy Impact				
44. Has an initial Privacy Impact Assessment (PIA) been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738	N			
45. Has a full PIA been undertaken – follow link below? http://howis.wales.nhs.uk/sitesplus/862/page/57738	N			
Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516	N			
47. Has a full EqIA been undertaken – follow link below? http://www.wales.nhs.uk/sitesplus/862/page/61516	N			
48. Have any negative/positive impacts been identified in the EqIA documentation?	N			