PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE	
DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	**11 AUGUST 2026**
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Management of Outpatients
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paula Goode, Planned and Specialist Clinical Care Group Director Lisa Humphrey General Manager Planned Care and Cancer, Alex Walsby Head of Nursing

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 Quality, Safety and Experience Committee is requested to consider the report which has been reviewed using the Safe, Timely, Efficient, Equitable, Effective and Person Centred (STEEEP) principles, and to be assured that the actions are adequate and timely regarding the reduction of risk of irreversible harm to follow up patients due to delay in treatment. The current Hywel Dda University Health Board (HDUHB) Outpatient follow up (F/up) position is in total 72,629 patients.

Count of CRN	No Delay	0 - 25% Delay	26 - 50% Delay	51 - 100% Delay	> 100% Delay	Grand Total
Breast	2014	129	63	48	122	2376
Cardiology	1906	318	277	255	178	2934
Clinical Haematology	2753	53	20	22	34	2882
Colorectal	150	15	38	32	114	349
Dermatology	2226	209	143	198	568	3344
Diabetic Medicine	1807	296	232	237	188	2760
Endocrinology	1408	216	151	156	269	2200
ENT	2284	294	223	272	1060	4133
Gastroenterology	2776	147	58	51	55	3087
General Medicine	676	71	36	61	206	1050
General Surgery	110	13	7	19	27	176
Geriatric Medicine	971	128	84	99	291	1573
Gynaecology	2738	249	162	189	389	3727
Medical Oncology	1018	42	24	27	12	1123
Nephrology	1351	96	41	17	30	1535
Neurology	1016	160	161	218	793	2348
Ophthalmology	5644	867	697	1037	6290	14535
Paediatric Neurology	41	24	40	27	34	166
Paediatrics	2033	344	301	317	682	3677
Pain Management	86	5	4	13	86	194
Respiratory Medicine	2162	279	217	223	217	3098
Rheumatology	2166	324	384	520	1296	4690
Stroke Medicine	89	4	5	8	60	166
Trauma & Orthopaedics	3388	268	159	155	203	4173
Urology	3747	415	309	395	1305	6171
Vascular	100	20	22	10	10	162
Grand Total	**44660**	**4986**	**3858**	**4606**	**14519**	**72629**

Cefndir / Background

The Care Group is actively engaged with the Welsh Government Strategic Group for Outpatients, which sits within the Planned Care National Programme and is chaired by Will Oliver, NHS Wales Assistant Director of Performance and Improvement for Planned Care. National clinical leads are providing support across several outpatient workstreams, including initiatives to reduce follow-up delays.

Work is also progressing with the Clinical Director to assess the suitability of conditions for inclusion in See on Symptoms (SOS) and Patient-Initiated Follow-Up (PIFU) pathways. Current efforts are focused on reducing follow-up delays, particularly within the cohort experiencing delays of more than 100%, with support from Richard Egan, Clinical Lead for the National Planned Care Programme, and Ken Harries, Welsh Government Deputy Clinical Lead for Planned Care.

The Health Board's pre-Covid f/up position was high, with a snapshot at 05/04/2020 showing a total of 74,604 patients, which dropped to a low of 61813 at 04/04/2021. The post-Covid f/up position has steadily grown to its current position of 72,629. Steps taken to address this included admin validation and subsequent targeted clinical validation. However, the care group acknowledges this remains an issue due to the continued volume of f/up referrals being made in outpatient clinics.

Concerns have been raised by clinicians over the use of SOS and PIFU, however the risk remains higher to patients that remain unseen, waiting with delays that far exceed their original f/up appointment date. Corporate risk 2327, score 12 high risk.

Asesiad / Assessment

The proposed approach is centred on reducing the risk of avoidable harm arising from delayed follow-up appointments through systematic clinical risk stratification and pathway redesign. A clinically led review of all follow-up patients waiting more than 100% beyond their intended review date is being undertaken, with priority given to those specialties and patient groups at greatest risk of deterioration, disease progression or loss of treatment opportunity. Patients are stratified according to clinical risk, condition severity, required monitoring intervals and potential consequences of delay. This will ensure patients requiring urgent clinical review are prioritised for appointments, whilst those assessed as clinically stable and suitable for alternative pathways are safely transitioned to Patient Initiated Follow-Up (PIFU) or See on Symptoms (SOS) pathways. This approach supports harm reduction, improves surveillance of high-risk patients and ensures available capacity is directed towards those with the greatest clinical need.

A current assessment of the >100% delays show noted improvements in the specialties of Ophthalmology and Dermatology:

- Ophthalmology has achieved a significant reduction in its Follow-Up Waiting List over the past year, reducing the overall backlog by 1,035 patients and delayed follow-ups by 851 patients. However, performance remains below the 95% Eye Care Measure target, reflecting ongoing workforce, capacity and pathway challenges. The greatest pressure remains within chronic disease management, particularly glaucoma, where many patients require lifelong surveillance. Recovery actions focus on increasing follow-up capacity, expanding virtual and community-based pathways, strengthening workforce, and improving the use of PIFU, SOS and WGOS pathways to reduce avoidable follow-up demand. Whilst improving, follow-up delays remain a key quality and safety risk requiring continued oversight.

- Dermatology have had a focused effort on clinical validation of historic and current f/ups and are embedding clinical validation into practice moving forward. This is an example of best practice.

Concerns remain in the following specialties as their >100% delayed f/up position is worsening:

- Rheumatology and Neurology: These specialties struggle to recruit and are dependent very much on new capacity being offered for first outpatient appointment due to volume of referrals, therefore leaving limited capacity for f/up appointments. Through the reframing of the management of historical and new f/ups, the care group will focus in areas as above to improve the position swiftly.

The proposed method for clinically effective clearance of this backlog is to evaluate the suitability of patients referred for f/up pre-2025. The number of F/up appointments >100% delayed not booked referred from pre-2025 are 3,757 (25.9% of appointments >100% delayed). To mitigate the risk of clinical harm that may come to these patients due to this delay, we propose their conversion to SOS and PIFU pathways where clinically appropriate, in line with the STEEEP framework:

Safe

The primary objective of the programme is to reduce the risk of avoidable harm associated with prolonged follow-up delays. Clinical validation and risk stratification of patients waiting beyond

their intended review date will identify those at highest risk of adverse outcomes, including disease progression, deterioration in functional status, loss of treatment opportunity or irreversible harm. High-risk patients will be prioritised for clinical review, whilst clinically stable patients who meet nationally approved criteria will be transitioned to SOS or PIFU pathways with appropriate safety-netting, escalation routes and patient information. This targeted approach ensures clinical resources are focused on patients with the greatest potential for harm whilst maintaining safe oversight of lower-risk cohorts.

Timely

Risk stratification enables follow-up capacity to be allocated according to clinical urgency rather than chronological waiting time alone. By removing unnecessary routine reviews and prioritising patients based on need, services can respond more rapidly to patients at risk of deterioration, ensuring the right care is delivered at the right time and reducing the likelihood of harm associated with delayed intervention.

Effective

The pathway redesign supports evidence-based follow-up management by aligning appointment utilisation with individual patient risk and clinical need. Patients requiring ongoing surveillance and intervention will continue to receive planned follow-up care, whilst those with stable conditions can access care when symptoms change. This reduces unwarranted follow-up activity and supports more effective management of finite outpatient capacity.

Efficient

The removal of low-value routine follow-up appointments following clinical review and risk assessment will release capacity that can be redirected towards patients experiencing the longest delays and those at highest risk. This supports improved management of waiting lists whilst maximising the use of available clinical resources.

Equitable

A standardised risk stratification methodology and nationally recognised inclusion and exclusion criteria will ensure patients are prioritised consistently based on clinical need and risk rather than specialty, geography or other factors. This will reduce variation in follow-up management and provide a transparent and equitable approach to accessing outpatient care.

Person-Centred

Patients will be partners in managing their ongoing care through PIFU and SOS pathways, supported by clear communication, education, safety-netting advice and direct routes back into specialist services where concerns arise. Patients identified as requiring ongoing surveillance will continue to receive planned follow-up appointments appropriate to their level of clinical risk. This approach provides reassurance that care is tailored to individual need while reducing the burden of unnecessary hospital attendance.

Quality planning: this will be achieved through a clear governance process. Stakeholder engagement will be essential, along with transparent communication with service management teams and clinical leads throughout the process. The efforts will be coordinated to enact this change in a structured interdisciplinary manner.

Quality control: this will be monitored via clinical engagement and adherence to CIN guidance. The clinical conditions most suitable for conversion to SOS and PIFU pathways will be identified. **Quality improvement:** this will be monitored and acted upon in the form of Plan, Do, Study, Act (PDSA) cycles in which the collation of accurate data at start of change process, continued monitoring of data throughout, and continued evaluation following change completion will be monitored. Learning from this process will allow for implementation of new ways of working which can be replicated and standardised across systems and departments.
Argymhelliad / Recommendation The Committee is asked to take assurance that progress is being achieved to mitigate harm to delayed follow up patients, and further work is in development as noted in the SBAR.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1 Provide the Board with assurance that care across the Health Board is safe, timely, efficient, effective, equitable and person-centred.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Corporate risk 2327, score 12 high risk.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 6. Person-Centred 3. Effective 5. Equitable 7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item. Choose an item.
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	1. Deliver plans that increase our contribution to a sustainable, low carbon future 7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	This SBAR has been presented to the Clinical Care Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No Impact
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	No Impact
Tegwch Iechyd: Health Equity:	Contained within the report
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	No Impact

Enw Da: **Reputational:**	No Impact
Gyfrinachedd: **Privacy:**	No Impact
Cydraddoldeb: **Equality:**	No Impact