

Follow Up Review of Follow Up Outpatient Services – Betsi Cadwaladr University Health Board

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Summary report

About this report

- 1 Patients who receive an appointment in a hospital or clinic but do not need to stay overnight, are categorised as outpatients. The appointment may be for treatment, diagnosis, or a procedure. If subsequent appointments are arranged with the healthcare professional, these are categorised as follow-up outpatient appointments.
- 2 We have reviewed follow-up outpatient services at Betsi Cadwaladr University Health Board (the Health Board) twice in recent years. In 2015 the Auditor General carried out a review of follow-up outpatients across all seven health boards in Wales. Our work at the Health Board concluded that: 'The Health Board faces growing numbers of delayed follow-up patients and does not fully know its clinical service risk but is beginning to plan to modernise its outpatient services.' We made five recommendations within the report.
- 3 In 2017 the Auditor General reported the findings from his assessment of progress against the 2015 recommendations at the Health Board. Our overall conclusion was that the Health Board had made progress, but it still needed to improve the way it identified clinical risks and incidents, quicken the pace of service improvement, and reduce the backlog of delays.
- 4 Since we last looked at this area, NHS services have seen dramatic changes to demand and service delivery. The outbreak of COVID-19 led to an initial cessation of new planned care activity in Wales. The gradual recovery of planned care activity was accompanied by a shift towards virtual appointments. Together these factors helped some health bodies reduce their follow up outpatient waiting list.
- 5 The planned care backlogs caused by the pandemic have resulted in increased Referral to Treatment (RTT) pathway waits and an associated deterioration in performance in respect of waiting times for follow up outpatient appointments.
- 6 In June 2022, the Health Board developed a Planned Care Transformation Programme which articulates how it intends to address the significant challenges it faces in relation to planned care services and the significantly increased waiting lists. There are four workstreams in place to deliver the specific elements of the Planned Care Transformation Programme. Workstream two is termed 'prudent outpatients' which is focussed on outpatient improvement.
- 7 This report sets out the findings from our most recent work on follow up outpatient services at the Health Board. Our work sought to answer the following overall question: 'Are there effective arrangements to address long follow up outpatient waits and develop sustainable outpatient services in future?' Our key messages are set out in the following section with more detailed information provided throughout the rest of this report.

Key messages

- 8 The overall conclusion from our latest review is that the Health Board has made limited progress in implementing our previous audit recommendations on follow up outpatients and continues to carry significant clinical risks associated with delayed follow up appointments across a number of specialties.
- 9 Our fieldwork found that the Health Board has made some improvements to its follow up outpatient services. In response to our previous audit recommendations, the Health Board has:
 - ensured it is appropriately reporting its follow up outpatient wait figures to Welsh Government;
 - improved the provision of management information on follow up outpatients to clinicians and managers; and
 - started a programme of work to develop new approaches for, and improvement of follow up outpatients.
- 10 However, overall progress has been slow. Of the five original recommendations from our 2015 report, only one is fully complete and further work is required to fully implement the remaining recommendations.
- 11 Our fieldwork identified that arrangements for reporting and oversight of clinical risks associated with delayed follow up appointments still require strengthening. There are significant and growing waiting lists with alarmingly long follow up outpatient delays within specific specialties such as ophthalmology. The Health Board should have clear plans for monitoring and managing these clinical risks at specialty level. These need to be overseen corporately and should provide regular assurance to the Board on the effectiveness of actions taken.
- 12 The Health Board's outpatient improvement programme is successfully driving the ongoing implementation of the 'See on Symptom' and 'Patient Initiated Follow Up' pathways. These have the potential to increase efficiency and patient experience. However, while the Health Board is continuing to invest in its outpatient improvement programme, there remain several challenges and risks that are inhibiting the levels and pace of improvement needed. These include lack of clinical leadership for the improvement programme, and lack of clarity on the recurrent resources available for improvement activity.
- 13 Since our 2015 report, the overall numbers of patients waiting for a follow up outpatient appointment at the Health Board have increased substantially. Most of those patients who are delayed are waiting at least twice as long as they should be (100% delayed). Many of those are in specialties where their condition could increase the risk of harm because of a delay.
- 14 The Health Board must work at pace to address the increasing follow up outpatient waiting lists and delays patients face in receiving a follow up appointment. As part of this there is a need to better manage clinical risks associated with delayed follow up appointments. To do so, the Health Board will need to carefully consider how

services become more efficient as well as what further, longer-term resourcing it will require to achieve sustainable improvements to follow up waits.

Recommendations

15 In the main, the recommendations we made in 2015 are still valid and appropriately cover the areas where our audit work has identified a need for improvement. The Health Board needs to strengthen its clinical leadership of follow up outpatients and reinvigorate its efforts to ensure it fully implements the outstanding recommendations from our previous audit work. We have made additional recommendations to that effect (**Exhibit 1**).

Exhibit 1: New recommendations in respect of follow up outpatients.

New recommendations	
R1 (2023)	Take immediate steps to strengthen the clinical leadership for the programme of work to improve follow up outpatient performance
R2 (2023)	Develop a refreshed management response to the outstanding 2015 audit recommendations that identifies clear actions to fully implement the recommendations, timescales for implementation and the officers responsible.

Detailed report

The Health Board has made limited progress in delivering significant improvement to follow up outpatients and implementing our previous audit recommendations

- 16 This section of the report focusses on the progress the Health Board has made in implementing new follow up outpatients care pathways alongside an assessment of progress on the recommendations that we made in 2015. We assessed:
- follow up outpatient related aspects of the planned care transformation programme; and
 - actions that the Health Board have taken in relation to our previous recommendations and what more may need to be done.

The Health Board is taking action to help improve outpatient services as part of wider planned care improvement. However, there is a need to broaden work on the outpatient programme to tackle long waits for follow up appointments

- 17 In June 2022, the Health Board developed a Planned Care Transformation Programme which articulates how it intends to address the significant challenges it faces in relation to planned care services and the significantly increased waiting lists. Of the differing Planned Care workstreams, workstream two focusses on outpatient improvement. The outpatient improvement work covers broad elements of improvement, including:
- See On Symptom pathway¹;
 - Patient Initiated Follow Up pathway²;
 - Remote and e-Consultation - Virtual clinic appointments and video group clinics;
 - Once for North Wales: Outpatient principles;
 - Centralised booking; and
 - Validation, including review of Did Not Attend policy.
- 18 Due to capacity and clinical leadership constraints, not all the areas have progressed equally. The Health Board prioritised its work on the See On Symptom and Patient Initiated Follow Up pathways but other areas are slower to progress.

¹ The See on Symptom pathway supports patients with short-term conditions. It allows the Health Board to discharge a patient into the community earlier and then enables them to book an appointment if needed, such as symptoms re-emerging.

² Patient Initiated Follow Up provides access for patients with chronic long-term conditions when they need it.

The aim of the new pathways is to enable patients to access care when they most need it to help manage their condition, rather than relying on routine appointments which sometimes are not needed. As a result, this can release outpatient clinic capacity. However, the new pathways are not suitable for all patients, and Welsh Government has set a target of 20% of patients managed through these new approaches.

- 19 The Health Board has prioritised the introduction of these new pathways. It met its internal target of implementing 10 See on Symptom and Patient Initiated Follow Up Pathways by March 2023. Overall though, it is not meeting the Welsh Government target of 20% of patients on new pathways. As of March 2023, 9.1% of patients moved to these new pathways, albeit this is an improvement on the 5.8% achieved in November 2022.
- 20 While there is progress with the introduction of new outpatients approaches, the introduction of See on Symptom and Patient Initiated Follow Up pathways will only go so far in addressing the large numbers of patients waiting for appointments. There is an urgent need for the Health Board to ensure effective delivery of its wider outpatient improvement programme achieves improvements in follow up outpatient performance.

The Health Board has made limited progress in implementing our previous audit recommendations

- 21 It is eight years since we issued our original recommendations, and there are key areas that continue to require attention. The status against each of the previous recommendations is set out in **Exhibit 2**. **Exhibit 3** provides our summary assessment of progress against these. We recognise that the Health Board has taken some action to address these recommendations. However, given the deteriorating follow up outpatient waiting list performance, it is clear that greater priority is needed.

Exhibit 2: status of 2015 recommendations

Total number of recommendations	Implemented	Ongoing action	No action	Superseded
5	1	4		

Source: Audit Wales

Exhibit 3: assessment of progress against 2015 recommendations

Original recommendation to be addressed ³	Summary of progress
<p>R1 Implemented - Comply with Welsh Government reporting requirements by reporting on the numbers of both booked and un-booked follow-up outpatients, in line with the revised all Wales template.</p>	<p>In 2017 we reported that this recommendation was implemented. Our latest fieldwork confirms that the Health Board continues to comply with Welsh Government reporting requirements for reporting numbers of booked and not booked follow-up outpatients.</p>
<p>R2 In progress - Develop the business information warehouse approach for follow-up outpatients by:</p> <ul style="list-style-type: none"> • expanding the scope, depth, and detail of information available to ensure management and staff can access operational information relevant to their departmental business need. • use the information to reduce clinical variation across sites, clinical conditions and amongst clinicians. 	<p>Building on progress we found in 2017, the Health Board is improving the outpatient services business intelligence systems to help staff better manage services.</p> <p>The Health Board has introduced a follow-up waiting dashboard to capture data on the See on Symptom and Patient Initiated Follow Up pathways. The dashboard information is live and forms the basis of regular outpatient steering group meetings. The Health Board also compares its performance on this dashboard with other Health Boards to identify learning and good practice. However, the Health Board's dashboard is currently limited to the See on Symptom and Patient Initiated Follow Up pathways. The Health Board are currently pulling together information across the outpatient programme to include within the dashboard, which should progress during 2023.</p> <p>Whilst the Health Board is still developing the dashboard, it has improved staff access to outpatient services information. The dashboard helps to identify clinical variation in managing follow-up appointments by providing a picture of activity by group, specialty, and consultant. But we understand this this hasn't yet reduced the extent of variation of follow up outpatient waits across sites and by specialty. The Health Board is sighted of the highest users of the new See on Symptom and Patient Initiated Follow Up pathways.</p>

³ Green indicates that the recommendation has been implemented; Amber indicates ongoing action to address the recommendation; Red indicates that insufficient or no action has been taken; and Blue indicates that the recommendation has been superseded.

Original recommendation to be addressed ³	Summary of progress
<ul style="list-style-type: none"> using the information to learn from 2014-15 activities to both profile and reduce follow-up not booked (FUNB). Seek to understand why profiling was not as expected and build this into trajectories for 2015-16 (Superseded). 	<p>This part of recommendation 2 is now out of date and no longer requires action.</p>
<p>R3 In progress - 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>The Health Board's Integrated Health Communities are responsible for managing their follow-up outpatient waiting lists, including having oversight of patients facing clinical risks due to long waits.</p> <p>Given the very high levels of patients delayed on the follow up outpatient waiting list, many within specialties managing high-risk conditions, we remain concerned about the level of risk and potential harm coming to patients.</p> <p>At present, actions being taken to reduce harm resulting from delays are not sufficiently effective. We recognise that the Health Board has improved its focus on cancer patients with a cancer harms review process in place. However, this needs to be broadened out to cover all patients that have waited longer than their expected time.</p> <p>The Health Board has explored technological solutions to identify clinical risk. However, it is currently operating a paper-based system, which inhibits the ability to effectively identify, escalate and prioritise those at highest clinical risk of harm. In absence of this, the Health Board needs to strengthen its current manual processes of monitoring and managing clinical risks in relation to its follow-up outpatient lists.</p>
<p>R4 In progress - Improve the reporting of clinical risk information in relation to delayed follow-up outpatients to ensure that:</p>	<p>There has been limited progress in implementing this recommendation. Where there are incidents of harm resulting from delays, we are not assured that these are</p>

Original recommendation to be addressed ³	Summary of progress
<ul style="list-style-type: none"> • incidents of harm resulting from delays are analysed, escalated, and reported; and • scrutiny and assurance focus on the high-risk specialties and clinical conditions 	<p>effectively analysed and reported to help inform management where to focus and prioritise action.</p> <p>There is some evidence of tracking outpatient performance at Board and committees but again these do not sufficiently cover clinical risk implications nor targeted action to reduce the clinical risk to patients.</p>
<p>R5 In progress - Identify and put in place the change management arrangements and resources needed to accelerate the pace of delivery for long-term outpatient transformation, including:</p> <ul style="list-style-type: none"> • clinical resources, including medical, nursing, and allied health practitioners; • change management capacity and capability; • internal and external engagement with stakeholders. • primary and community care leadership capacity to support outpatient modernisation; 	<p>Most posts within the Health Board’s planned care team are funded by the Welsh Government non-recurrent funding, rather than directly from the Health Board’s budget. There is a small team in place to deliver the Health Board’s outpatient improvement programme. During 2022, the team primarily focussed on the roll-out of See on Symptom and Patient Initiated Follow Up. This is reflected in the progress made with implementing these pathways in 2022, while progress for other schemes has been slower because of limited team capacity.</p> <p>The Health Board received £146,500 in funding for outpatient transformation from Welsh Government for 2022-23. Those we spoke to during the fieldwork raised some concerns that the process to allocate funding to various projects was not effectively targeted. We were unable to review the funding decision-making process due to turnover of staff within the team. The Health Board should however ensure the process for allocating non-recurrent funding is formalised, robust, prioritised and focusses on sustainable improvement.</p> <p>At the time of our fieldwork, there was no dedicated clinical leadership in place for the outpatient programme to support clinical engagement (Recommendation 1, 2023). The absence of a specific clinical lead for outpatient service transformation has led to a reliance on a small number of consultants within specialties to volunteer as informal advocates. Consequently, there is a lack of consistent clinical leadership to drive the clinically led change for outpatient services. In addition, corporate support for the Health Board’s outpatient transformation programme has</p>

Original recommendation to be addressed ³	Summary of progress
<ul style="list-style-type: none"> • the need to start health economy care pathway redesign early, and deliver this concurrently with other improvement initiatives (Superseded); and • applying lessons learnt from other recent related projects (Superseded). 	<p>been fragmented and unstable, with fluctuating staffing levels due to staff leaving or accepting secondments outside of the team.</p> <p>There are regular meetings in place between the operational manager for outpatient transformation with leaders from primary care across the Health Board. These have focussed predominantly on the roll-out of 'Consultant Connect' online consultations, in late of the outpatient improvement programme.</p> <p>The last two points in the recommendation have been superseded.</p>

Continuing concerns around delayed follow up outpatient appointments highlight the importance of implementing our audit recommendations as part of wider outpatient improvement activities

22 This section of the report focusses on follow up outpatient waiting list performance. In doing so we assessed the following criteria, i.e., whether the Health Board is:

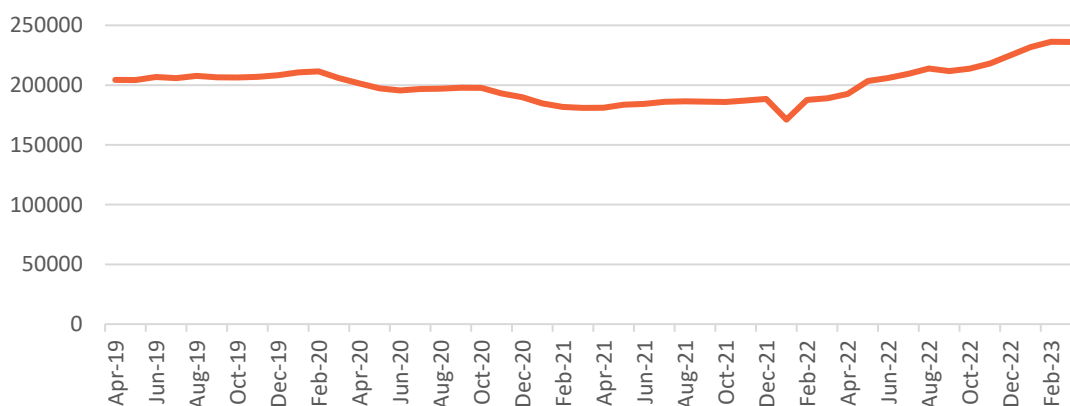
- successfully managing growth in the follow up waiting lists; and
- reducing the levels of patients that are experiencing a significant delay.

The number of patients waiting for a follow up appointment has grown substantially in recent years

23 Between April 2019 and March 2023, the follow up outpatient waiting list grew from 204,421 to 236,115 patients (**Exhibit 4**). This is an increase over this period of over 31,000 patients. Looking back further, there are now over twice as many patients waiting than when we first reported on [follow up outpatients](#), in 2015.

24 It is likely that follow up demand could grow which would increase waits further. The Health Board received a record level of referrals for elective care (referral to treatment) during 2022-23 and this is resulting in high overall referral to treatment waits. But as the Health Board increases its capacity and activity levels to address high elective waits, many of those patients who are treated will subsequently increase demand for follow-up appointments.

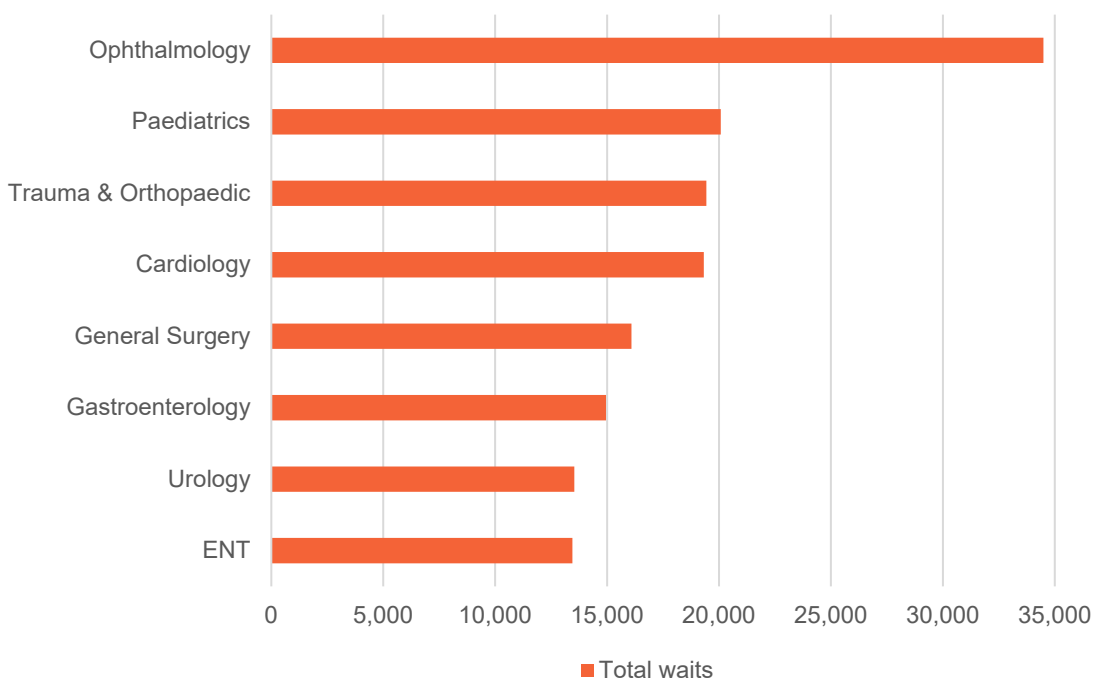
Exhibit 4: Trend in the numbers waiting for a follow up outpatient appointment, April 2019 to March 2023



Source: Audit Wales analysis of Betsi Cadwaladr University Health Board data submission

17 Within the shortlist of specialties highlighted in **Exhibit 5**, there are significant numbers of patients waiting for a follow up outpatient appointment. Some specialties have also seen much more extreme growth in demand than others. For example, gastroenterology and cardiology has seen its demand grow 91% and 65% respectively between April 2021 and February 2023. This suggests targeted action is needed to ensure capacity meets demand.

Exhibit 5: Specialties with the largest follow up waiting list, March 2023



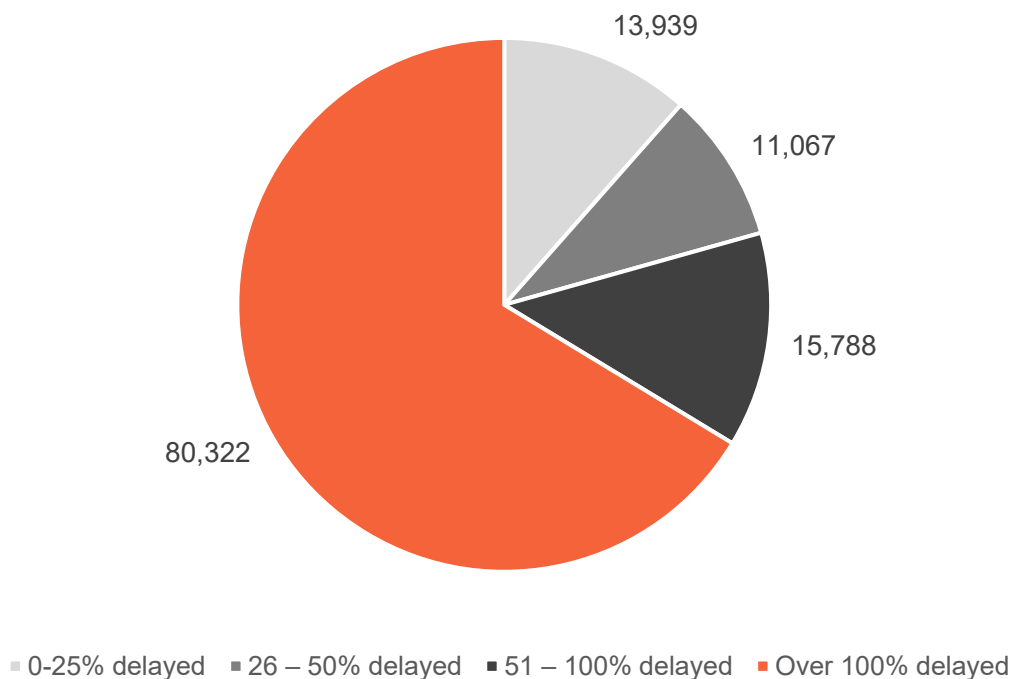
Source: Betsi Cadwaladr University Health Board data submission

A large number of patients are experiencing delays in receiving their follow up appointments, increasing the risk of harm for many individuals

18 The number of patients delayed past their target date is very concerning. Many patients waiting may not experience any harm while experiencing a delay. For others their condition may deteriorate, they could come to serious irreversible harm and experience discomfort potentially leading to inability to work or remain independent at work. In March 2023, 121,116 of the 236,115 patients (51%) waiting for an appointment were delayed (i.e. had breached their target date). Of greatest concern are those that are delayed the most.

19 As **Exhibit 6** shows below, of those 121,116 patients delayed, the majority (66%) of patients are waiting at least twice as long for their follow up appointment than they should be i.e., they are delayed over 100% past their target date.

Exhibit 6: Total number of patients waiting for follow-up who are delayed past their target date (shown as a percentage delayed past their target date), March 2023

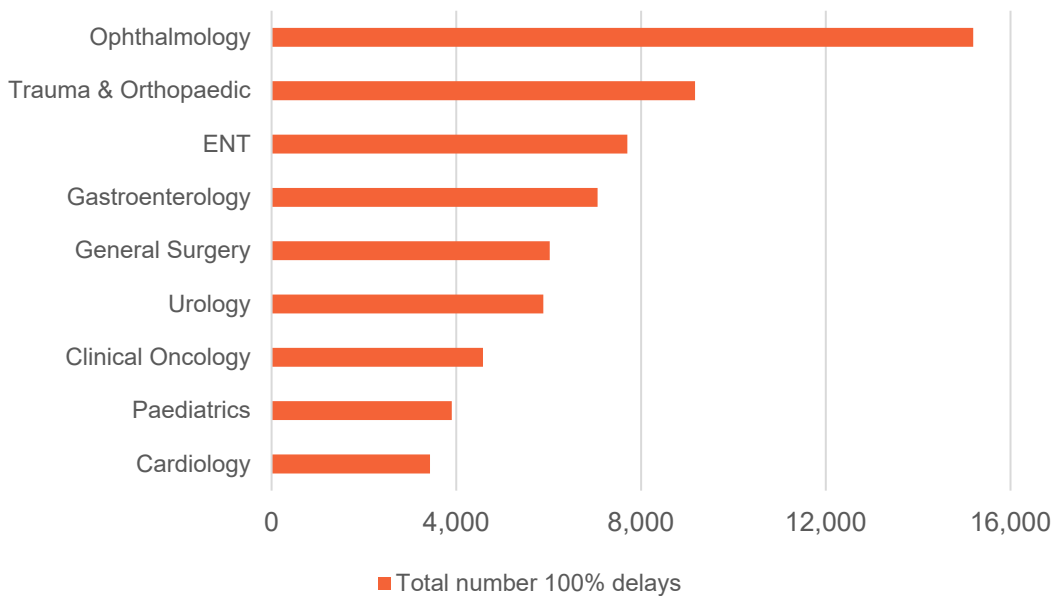


Source: Betsi Cadwaladr University Health Board data submission

Note: Different health conditions require different timeframes for a follow up appointment. As a result, NHS Wales reports the extent that a clinical target date is exceeded (i.e. the percentage that a patient has passed their target date). A 50% delay for someone with a target date for an appointment of 4 weeks would see them waiting 6 weeks. But it is also the case that someone with a clinical target date of 6 months who waited 9 months is also 50% delayed.

- 20 Some of the patients waiting over twice as long as they should be in specialties which have high levels of extreme delays and high risk of harm (**Exhibit 7**). For example, ophthalmology services have the largest follow-up waiting list. As of March 2023, there were 34,945 patients waiting of which 15,194 had waited over twice as long as they should have for a follow-up appointment. Ophthalmology is a high-risk specialty in respect of the harm that could result from delayed follow up appointments. The Royal College of Ophthalmologists has stated that 'Permanent harm from delays to care, in terms of avoidable visual loss, is 9 times more likely to happen in follow-up patients than in new patients.'
- 21 There are clinical conditions in other specialties that also result in significant patient risk because of delays. It is therefore imperative that the Health Board effectively reduces its waits, and crucially, that there is proactive management of patients at higher clinical risk of harm.

Exhibit 7: Specialties with the highest number of patients waiting twice as long as they should be for a follow up appointment (i.e., 100% delayed), March 2023



Source: Betsi Cadwaladr University Health Board data submission

Appendix 1

Management response to recommendations

Exhibit 8: Response to new recommendations made in 2023.

The table below shows the new recommendations made in 2023 as part of the follow up outpatients review.

Recommendation	Management response	Completion date	Responsible officer
R1 (2023) Take immediate steps to strengthen the clinical leadership for the programme of work to improve follow up outpatient performance.	<p>A refreshed Planned Care Programme has been initiated which covers outpatient transformation initiatives. The programme has 5 core workstreams which are:</p> <ul style="list-style-type: none">• Diagnostics• Digital Transformation and Patient Experience• Informatics, Data and Planning• Pathways and GiRFT• Communication and Engagement <p>All supporting workstreams have a clinical and managerial lead appointed and the programme has an overall senior clinical lead from the Executive Medical Director's Office.</p>	Completed	Interim Executive Director of Operations

Recommendation	Management response	Completion date	Responsible officer
R2 (2023) Develop a refreshed management response to the outstanding 2015 audit recommendations that identifies clear actions to fully implement the recommendations, timescales for implementation and the officers responsible.	Set out below		

Response to 2015 recommendations not yet complete.

Note: To ensure that the Health Board only responds to the outstanding areas of previous recommendations, we have removed the aspects of previous recommendations in the following table that we consider are either complete or superseded.

Recommendation	Management response	Completion date	Responsible officer
<p>R2 Develop the business information warehouse approach for follow-up outpatients by:</p> <ul style="list-style-type: none"> • expanding the scope, depth, and detail of information available to ensure management and staff can access operational information relevant to their departmental business need. • use the information to reduce clinical variation across sites, clinical conditions and amongst clinicians. 	<p>We have established a set of planned care dashboards which now allow drill through to individual patient level detail ensuring we can manage our areas of challenge in a consistent way and with a single approach thereby reducing potential variation.</p> <p>Through the establishment of a focussed follow up reduction programme, we now use this information to drive improvement and consistency of approach between sites, and to understand and manage where variance may be warranted (eg specific workforce or service issues locally).</p>	<p>Dashboards launched in July 2023</p> <p>Follow up reduction programme formalised and launched August 2023</p>	<p>Interim Executive Director of Operations</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R3 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>We continually review our areas of risk and our follow up reduction programme is working to ensure that we maximise the use of PIFU and SOS pathway options to ensure that only the patients requiring follow up are being done so on clinical need. Individual specialties manage their patients according to RTT rules in terms of risk – e.g. Cancer, Urgent, and Routine.</p> <p>For follow up appointments either as part of treatment or following a clinical intervention, clinical risk will be stratified by the treating clinician in accordance to national guidance.</p> <p>For example, in the case of eye care, in order to manage and mitigate against irreversible sight loss, patients with identified risk conditions (Retinopathy, Macular Degeneration and Glaucoma), patients are followed up according to the national Welsh risk stratification (R1 & R2 cohorts). In this instance, we are working with community optometry to expand our available follow up capacity to ensure that we maintain timely pathway management and that patients at risk of irreversible sight loss are not overdue for follow up appointments.</p> <p>We have also undertaken an extensive review of overdue follow ups in plastics services to provide assurance that no patients are coming to harm as a consequence of extended waits.</p>	<p>Follow up reduction programme will complete early 2024 but work to maximise follow up alternatives will be ongoing.</p>	<p>Interim Executive Director of Operations</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R4 Improve the reporting of clinical risk information in relation to delayed follow-up outpatients to ensure that:</p> <ul style="list-style-type: none"> incidents of harm resulting from delays are analysed, escalated, and reported; and scrutiny and assurance focus on the high-risk specialties and clinical conditions 	<p>All clinical incidents are reported via Datix in accordance with the Health Boards Risk and Incident management protocol.</p> <p>This activity will sight the trust management to areas of concern and is only one aspect of clinical risk. Other assurance processes are in place, specifically:</p> <ul style="list-style-type: none"> Cancer & other clinical MDTs (to ensure clinical risk is being appropriately managed at a patient level). Clinical Audit and routine clinical governance meetings (to ensure that systems are operating to expected outcomes and that patterns and trend data can be identified and appropriate intervention taken where necessary). Routine Health Board weekly corporate access meeting where performance on delivery against RTT standards and elective waiting times are actively managed and any issues escalated through to PFIG and the Executive Team. 	Ongoing	Interim Executive Director of Operations

Recommendation	Management response	Completion date	Responsible officer
<p>R5 Identify and put in place the change management arrangements and resources needed to accelerate the pace of delivery for long-term outpatient transformation, including:</p> <ul style="list-style-type: none"> • clinical resources, including medical, nursing, and allied health practitioners; • change management capacity and capability; • internal and external engagement with stakeholders; • primary and community care leadership capacity to support outpatient modernisation. 	<p>The establishment of the BCU Planned Care Programme brings together clinicians and managers across specialties supported by our transformation and improvement team, digital and planning and communications and engagement.</p> <p>Project Board as representatives from Primary Care and the Associate Director for Planned Care sits on the Primary Care Programme Group to ensure improved join up.</p>	<p>In place as of August 2023</p>	<p>Interim Executive Director of Operations</p>



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