

Planned Care Recovery Arrangements Final Internal Audit Report

February 2022

Swansea Bay University Health Board



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Executive Summary

Purpose

To review the arrangements in place to recover performance on planned care and manage risk.

Alongside its continuing response to the Covid-19 pandemic the health board has outlined a number of key actions within the Annual Plan to assist in the recovery of its planned care position.

We reviewed the arrangements of the Planned Care Programme Board and its Clinical Reference Groups for the development and monitoring of actions to support the Annual Plan.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Service group engagement and recovery plan monitoring within the Outpatients Redesign & Recovery Group.
- Diagnostic Recovery Group Terms of Reference and GMO coverage.
- Structure and reporting of the Surgery & Theatres workstreams.

Report Classification

		Trend
	Reasonable	N/A
	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.	

Assurance summary¹

Assurance objectives	Assurance
1 Recovery plan development	Reasonable
2 Mechanisms to manage patient risk	Reasonable
3 Plan delivery and monitoring	Reasonable

Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Outpatients Redesign & Recovery Group engagement and monitoring	1, 3	Operation	Medium
2 Diagnostic Recovery Group terms of reference	1, 3	Design	Medium
3 Surgery & Theatres workstream structure and reporting	1, 3	Design	Medium
4 Public facing information on outpatient validation	2	Design	Medium

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

1. Introduction

- 1.1 In March 2020, and in response to the unprecedented challenge associated with the COVID-19 pandemic, the IMTP process for NHS Wales was paused. The Welsh Government subsequently adopted a quarterly COVID-19 operating framework, with health boards required to develop operational plans describing their response to the pandemic and the delivery of essential and routine health services.
- 1.2 The quarterly planning arrangements supported in 2020/21 have since evolved into an annual planning framework approach, as the first steps towards the reset of Integrated Medium Terms Plans (IMTPs). On 14 December 2020 the Welsh Government issued the NHS Wales Annual Planning Framework 2021/22.
- 1.3 Recovery from the COVID-19 pandemic and actions to address the planned care position are incorporated into the health board's Annual Plan, approved by the health board in June 2021.
- 1.4 On 20 May 2021, the Health and Social Services Minister set out plans for a £100m investment to kick-start the health and care system's recovery from the pandemic with a commitment of an extra £1bn to support recovery planning.
- 1.5 The initial allocation to the health board was £16m with a focus on reducing waiting times for outpatients, diagnostics and treatment. The funding will also support primary care initiatives to manage demand, outpatient transformation, and use of both internal and external capacity.
- 1.6 The key risks considered in this review are:
 - i. delays or failure to adhere to key guidance potentially resulting in patient harm;
 - ii. financial and reputational implications associated with failure to achieve recovery plans; and
 - iii. lack of assurance to the Board over the development and delivery of recovery plans.
- 1.7 The audit has not sought to review the clinical prioritisation of patients, only systems/approaches by which prioritisation is applied.

2. Detailed Audit Findings

At the end of 2021, the health board continued to report increased demand for access to services, a trend seen across the whole of Wales. A number of key measures have been extracted below and outline the scale of the challenge to address the backlog accumulated as a result of the Covid-19 pandemic, which required the postponing of non-urgent treatment across many services. There is widespread awareness that the scale of the challenge in addressing these backlogs, and that the timescales involved to do so will be measured in years. Medium and longer-term actions are being developed by the health board through a recovery and sustainability plan, these have

not been included within the scope of the review as it has focused on the plans, actions and groups established currently by the health board.

At the January 2022 Board meeting, the CEO outlined that a major focus was to *"stabilise out referrals with our monthly capacity and then reduce waits across our top 10 longest wait specialties by increasing our capacity or using alternative pathways."*

Performance Area	February 2020	December 2020	December 2021
Patients waiting for a follow up Outpatients appointment	128,674	120,874	131,403
Total GP Referrals received	11,000	10,442	9,336
Patients waiting over 26 weeks for a new outpatients appointment	1,306	21,005	25,452
Patients waiting for a follow up outpatients appointment who are delayed over 100%	17,747	27,156	31,912
Patients waiting more than 8 weeks for specified diagnostics	424	6,610	6,071

Source – [NHS Wales: Record waiting times for 19th successive month - BBC News](#)

Integrated Performance Report, February 2020, December 2020, December 2021

Chief Executives Report – agenda item 1.9, SBU Health Board, January 2022

Audit objective 1: Plans have been developed for key services/specialties, including consideration of workforce, resources and capacity

- 2.1 The health board's Annual Plan 2021/22 included details on its proposed approach to planned care recovery and improving the backlog position of waiting lists for diagnostics, outpatients and a number of surgical services. Actions to address these areas were outlined through a Goal, Method, Outcome (GMO) methodology.
- 2.2 A presentation was provided to Management Board on 1 June 2021 from the then interim COO on the health board's recovery arrangements, and minutes outline the alignment with the Annual Plan GMO and supporting arrangements such as a recovery Silver group.
- 2.3 The recovery Silver Group has since been stood down with oversight for the above provided through a Planned Care Programme Board (PCPB). The PCPB has delegated responsibility from the health board's Management Board to *'provide direction and monitor the progress of the Planned Care Recovery Programme across the Health System'*, as stated within its Terms of Reference (ToR).
- 2.4 It is also tasked with providing direction to Clinical Reference Groups (CRG); the Outpatients Resign and Recovery Group, the Diagnostics Recovery Group and a number of Surgery and Theatres workstreams. We note that each of these areas align with the Annual Plan GMO and for each there is also project management

support from the Transformation Team. Operation of key groups is further considered at 2.38 onwards

2.5 The reporting from CRGs to the PCPB has been through highlight reports which had captured an overview of the broader action status and group operation alongside areas within the Annual Plan GMO. From January 2021 onwards, the format has been adjusted to focus explicitly on GMO related actions and aligns with the reporting template used for the Annual Plan's operational delivery as reported at Board and its Committees.

2.6 Outpatients Redesign and Recovery

The Outpatients Redesign and Recovery (ORR) Group GMO aims to reduce referrals through advice and guidance and reduce follow up waiting times. A number of initiatives, virtual tools and digital platforms are in place to encourage new ways of working. A performance monitoring tool has been developed to support monitoring of uptake across specialties. This features at Redesign and Recovery Group meetings and we note that there are standing agenda items for digital and virtual tools included to promote further uptake.

2.7 Validation of waiting lists is recognised as key, with a reduction of 20-40% achieved against early exercises. A further review is underway against around 8,000 patients as fieldwork closed. This is discussed also at 2.30.

2.8 The ORR highlight report to PCPB in January 2022 included a number of intended actions to support the further embedding of advice and guidance as virtual activity has 'plateaued'. However, we note that the health board is a high performer in this area. The Consultant Connect Annual report issued in February 2022 highlighted the health board as having both the highest secondary care usage and call volumes in Wales.

2.9 Minutes of the January 2022 ORR group meeting indicate that the attendance of Service Group representatives and Clinical Leads required improvement. The groups ToR includes clinical representation from each service group and attendance has varied, in particular we note Morriston has provided no medical representation in the period April 2021 – January 2022, but has designated a lead Outpatients Sister to attend, whilst Singleton Neath Port Talbot has had clinical representation at just two meetings. We note that action has been agreed to escalate this to Service Group Management but discussion with the Deputy COO indicated that he was confident that engagement with specialty leads was taking place outside of the monthly meeting. **See MA1**

2.10 We note that recovery plans were developed to support the 'follow up not booked' waiting lists in specialities in October 2021, and these formed the basis of the highlight report provided to the PCPB. Further, Welsh Government targets for priority waiters and waiting list management were issued in December 2021 and this has informed development of further range of Service Group 'follow up not booked' plans in December 2021.

-
- 2.11 Revised plans were shared at the ORR and review of these identified actions across a number of areas including, validation by administrative and clinical staff, outsourcing and, where possible, expansion of and additional booking of clinics.
- 2.12 Whilst the above demonstrates there are a number of approaches underway, we noted some variation of detail contained within a number of submissions. Ear, nose & throat (ENT), oral and maxillofacial (OMFS) and urology reflected intended actions or 'tbc' across a number of areas. The return from trauma & orthopaedics reflected that the service manager was new in post and would require additional time to populate the document. We do acknowledge these were developed at a point where the possible impact of the Omicron variant was still to be determined. As that point passes, we would expect plans to be reviewed and monitored appropriately. **See MA1**
- 2.13 The challenges in meeting these targets are also clear, the health board has limited accommodation available to support face to face appointments following the loss of around 40 outpatient rooms on the Morriston site. Availability of staff for waiting list initiatives can also be impacted by those underway in other priority areas, such as unscheduled care or cancer services. We note an Outpatients Accommodation Group has been established and mapping of clinic usage is underway to assist in securing additional capacity for face-to-face appointments.
- 2.14 Diagnostics Recovery Group
- The Annual Plan GMO for this area is to maximise access to diagnostic services. Initial recovery plans were shared with Welsh Government in August 2021, outlining some of the pre-existing challenges which had been exacerbated by the pandemic, alongside intended actions should funding be made available.
- 2.15 Using the same highlight format as outpatients we obtained recovery plans for each of the diagnostic services: endoscopy, cardiac diagnostics, radiology, neurophysiology, nuclear medicine, cellular pathology, and laboratory medicine.
- 2.16 We were informed funding was non-recurrent and so plans focus on insourcing, outsourcing and waiting list initiatives. Challenges have included limited interest and capacity within the private sector, staff uptake of additional hours, and clinics following the increased demands of the pandemic.
- 2.17 An update to the PCPB in January 2022 provided an indication on performance with improvement noted. However, it also noted some services would not meet the GMO target of reduced waiting lists even with progress against listed actions, with growing gaps between demand and capacity. Access to additional recurrent funding was highlighted as key to ensure future sustainability.
- 2.18 Review of the Diagnostic Recovery Group (DRG) papers confirms a focus on the development and update of recovery plans, however no terms of reference for the group have been agreed. The GMO includes the review of diagnostic access to Primary Care practitioners but there has been little update against that area identified within these meetings. **See MA2**
- 2.19 Surgery & Theatres
-

The Annual Plan GMO includes improving the position of elective Orthopaedics and increasing the centralisation of elective services at Singleton hospital. The PCPB receives highlight reports against the development of modular builds at the Neath Port Talbot and Singleton sites and the status of their respective clinical and workforce models. Steering groups are in place for both projects and a recent internal audit review of the elective orthopaedic unit reported 'Reasonable' assurance against the project delivery.

- 2.20 The PCPB has also received updates on service change areas such as increases in theatre availability and allocation, and the possible development of post-anaesthetic care unit (PACU) within Morriston.
- 2.21 A proposed governance structure for the surgery and theatres workstream was shared at the PCPB in December 2021. This indicated the establishment of a Surgery & Theatres subgroup to support the PCPB. Whilst the structure was noted the group is yet to be established. **See MA3**
- 2.22 At its January 2022 meeting, the Board received an outline that investment in a PACU at Singleton could support the movement of further elective activity to Singleton from Morriston. PCPB minutes indicate a paper had been requested outlining the proposed approach for service transfer but was yet to be shared at the group. **See MA3**
- 2.23 We note that whilst the GMO does not provide a performance target for planned elective surgery outside that of trauma and orthopaedics, there will be a need for the health board to address the backlog in surgical demand created by the Covid-19 pandemic. To support this the Health Care Systems Engineering Team have been reviewing capacity with an aim to establish Referral to Treatment trajectories for the remaining months of 2021/22, including WHSSC activity. Following receipt of information from surgical specialties, these trajectories would then be monitored through the establishment of the performance group which is listed within the structure document above. This approach was approved by Management Board in November 2021 and trajectories were approved by the board in December 2021.

Conclusion:

- 2.24 There is a structure to oversee the development of recovery plans to support the health board's Annual Plan GMOs. Actions are underway and proposed across a number of areas, including, insourcing/outsourcing, validation, promotion of digital tools and pathway refinement initiatives. The formality and maturity of the arrangements for each of the above do vary and, as with the PCPB, these are taking forward arrangements within each area rather than representing a dedicated 'recovery plan'. Noting the challenges faced within this area, and the need to address some Service Group engagement we assign this objective **Reasonable** assurance.

Audit objective 2: There are mechanisms to assess and manage risks based upon patient need

- 2.25 Noted within the planning assumptions section of the health board's 2020 Q3/4 plan is that elective activity continued to be prioritised to deliver for 'all Priority 1 / 1a and 2 cases.' It was noted at the time within health board performance reports that the prioritising of urgent surgical, diagnostic and therapy patients had resulted in increased waiting times for those noted as non-urgent.
- 2.26 Discussions with the Deputy Medical Group Director, Morriston Service Group, and the Patient Pathway Performance Manager, Surgical Services confirmed that the surgical prioritisation criteria issued by the Federation of Surgical Specialty Associations continues to be applied.
- 2.27 There is recording of the prioritisation status within the Service Group, initially achieved through a paper record manual process. It is now directly included within WPAS, the patient administration system for Wales, and can now be extracted following an update to the national system in January 2021. The prioritisation category would be considered at each patient review undertaken by the reviewing consultant. The frequency of review period will vary depending on the specialty, condition and capacity. Where an update is made to the prioritisation level, it is made directly to the record.
- 2.28 A Surgical Covid meeting established at the start of the pandemic continues to meet, with representation from specialty Clinical Leads, theatres and service management. Meeting minutes indicate some discussions on categorisation but focus on operational pressures and allocation of theatre capacity were the main topics discussed.
- 2.29 A review of waiting list categorisation levels provided from the Patient Administration System noted that 89% of patients have been categorised on the current list for specialties within Morriston service group.
- 2.30 We note there has also been the development of a Surgical dashboard linked to the demand and activity work referred to previously. Developed with input and engagement of clinicians, it provides a tool to support active review and management of patient queues by clinicians. With the establishment of a surgical performance group (see 2.23) there could also be consideration of the inclusion of monitoring the ongoing performance in this area.
- 2.31 Alongside validation taking place at individual service level within outpatients, we note there has been targeted validation of 'follow up not booked' waiting lists. Noting a number of risks to patients from delayed appointments, it was highlighted that letter validation would assist in efforts to establish an overall sustainable position. We note that the use and development of a number of digital solutions are supporting the strategic vision for planned care and feature in engagement with patients, but these have not been reviewed in detail as part of this audit.
- 2.32 Patients are asked to confirm that they wish to remain on the follow up waiting list. Where there is no response to an initial and follow up letter, they are moved

to the *See on Symptom* pathway. This would allow the patient to initiate a further appointment if felt necessary but removes them from the active waiting list.

- 2.33 At the time of fieldwork, validation of around 8,000 patients was underway, with updates provided to the ORR group. The group has also requested further guidance be developed to assist in the management and removal of duplicate referrals. These actions were still ongoing at the close of fieldwork and we note highlight reporting to PCPB includes evaluation of the exercise within its upcoming package/scheme of work.
- 2.34 The January 2021 PCPB Outpatients highlight report included outline of a number of Primary Care based priority initiatives have also been commissioned with some such as Spirometry and Dermatology promoting treatment within primary care Clusters, and Prehabilitation with a focus on screening and conditioning support to a target group of patients.
- 2.35 We note that as part actions to support recovery of Ophthalmology includes community ophthalmic diagnosis and treatment centres, supported by the national Eye Care transformation fund. Closer joint working with primary care contractors will be enabled through a national electronic patient record allowing electronic advice and guidance between consultants and optometrists, which could in turn lead to a reduction in referrals.
- 2.36 We reviewed the health board outpatients' internet page and note there is no direct information provided on ongoing validation, or link to the patient portal record. This may assist patient awareness of the health board's current approaches and initiatives within this area. **See MA4**

Conclusion:

- 2.37 The health board follows national guidance for the prioritisation of patients, and there is focussed validation underway alongside a number of other initiatives to support waiting list management. We assign this objective **Reasonable** assurance.

Audit objective 3: Delivery of plans to support planned care recovery are regularly monitored, with assurance provided to the Board.

- 2.38 The PCPB structure is included within its terms of reference (ToR), although we note that, as highlighted at 2.21, arrangements around Surgery and Theatres could be further refined. **See MA3**
- 2.39 The PCPB has ToR approved by the group membership, and we were provided with a copy of the ORR group ToR. Both are adequately composed, although we note that the quorum requirement for the ORR is that all members must be present or send a representative could benefit from further consideration. There is currently no ToR for the DRG. **See MA2.**
- 2.40 The PCPB quorum requirement includes attendance from COO/Deputy COO, service group representation, primary care representation and representation from each of the CRG. Three of the eight meetings reviewed did not meet all of

these requirements due to lack of a primary care representative. However, we note that with the appointment of a GP to the Outpatients Clinical Lead position this should assist in that area.

- 2.41 We reviewed agendas and papers of the PCPB to establish arrangements for the monitoring of recovery plans. We note that information on actions by individual service had been provided through the previous format highlight report. The change in report format to align with the GMO method and outcomes will provide greater alignment with the Annual Plan priorities but could lead to a reduction in detail on action taken by individual services being shared at PCPB.
- 2.42 Diagnostic recovery plans have received status updates at DRG meetings from service group representatives. Specialty/service recovery plans are included within the ORR agenda and, as noted at 2.9, 'follow up not booked' plans have been shared. With limited service group attendance at the January 2022 meeting, the minutes do not reflect discussion of the plans themselves despite the gaps we refer to at 2.12. **See MA1**
- 2.43 Whilst the above indicates there may be a need to strengthen recovery plan arrangements, we would note that there is consistent awareness of the health board's position at PCPB meetings. There has been a clear focus at recent meetings on identifying where additional funding can be targeted to assist with the current position and for initiatives planned in 2022/23.
- 2.44 PCPB ToR states that '*assurance reports will be produced for the Management Board and other Committees as required.*' Review of Management Board papers indicate that whilst there is no scheduled or dedicated PCPB assurance report in place, there was ratification of the PCPBs recommendations related to funding priorities 2022/23 in November 2021. There is also presentation of an Operational Performance Report
- 2.45 The Performance & Finance Committee (PFC) received a paper in October 2021 containing an overview of the PCPB workstreams, actions, priorities and performance. A detailed outline of the 'follow up not booked' status was presented to the PFC at its November 2021 meeting, and this included a forecast of trajectories indicating the ambitious targets agreed for 2021/22 were unlikely to be met. The PFC work programme included a scheduled report on Diagnostics recovery due in January 2022. Presentation of this paper was postponed as a result of the committee meeting duration being shortened.
- 2.46 The Quality and Safety Committee (QSC) received a paper in August 2021 providing an update on the gold command improvement plan previously established. It noted initial improvement prior to the onset of the pandemic, and the mitigating actions planned. A further update is planned in Q4 of this year.
- 2.47 Board meetings have received and approved the business cases for additional theatres at the Neath Port Talbot and Singleton sites. Annual Plan Delivery Reports provide RAG status against GMO methods and outcomes, which follows the reports' presentation at Management Board and PFC. The Board and PFC

receive monthly Integrated Performance Reports which include key Planned Care performance information.

- 2.48 We note that there has also been a mid-year review of GMO delivery which resulted in a small number of revisions to those included for Planned Care recovery. These were initially shared at an in-committee session of the Board in December 2021 and were returned for formal approval to its January 2022 meeting.

Conclusion:

- 2.49 The PCPB and its supporting arrangements are still maturing and there could be some further consideration given to elements of performance management. However, we note there has been detailed reporting on its progress at Board and Committee level. Noting this we assign **Reasonable** assurance to this objective.

Appendix A: Management Action Plan

Matter arising 1: Outpatient Group engagement and monitoring (Operation)	Impact
<p>The Outpatient Redesign and Recovery group includes the review and discussion of advice and guidance tools which support pathway and referral management alongside receipt of service level recovery plans.</p> <p>We identified two forms of recovery plans submitted to the ORR group. Initial plans used Transformation format highlight reports and included a format of Goal Method and forecasted outcomes across the October 2021 – March 2022 period and overall projected outcome. The highlight report also included requirements to include the scoring and mitigating actions for key risks and an outline of current month and planned forecast actions. The completeness of returns and level of detail provided varied across services.</p> <p>To address Welsh Government urgent and long waiter targets further recovery plans were requested and received at the December 2021 ORR group meeting. Review of these plans again highlighted variation in levels of detail across returns. We note that Ear, nose & throat (ENT), oral and maxillofacial (OMFS), and urology contained a number of intended actions across validation, waiting list initiatives, additional clinics, use of consultant connect and alternative pathways but not necessarily projected trajectories. The return from trauma & orthopaedics indicated that the Service Manager had recently commenced in post and provided narrative rather than performance outcomes.</p> <p>Minutes of the January ORR Group did not highlight detailed discussions of the service plans.</p> <p>Additionally, we note that the January 2022 meeting minutes and the groups highlight report to PCPB indicate that Service Group engagement, particularly from clinical leads, could be improved. Morriston has provided no medical representation in the period April 2021 – January 2022, but has designated a lead Outpatients sister to attend, whilst Singleton Neath Port Talbot has had clinical representation at just two meetings.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> Effectiveness of meetings and monitoring of delivery may be reduced without adequate attendance.
Recommendations	Priority
<ol style="list-style-type: none"> Outpatients Redesign and Recovery group membership and attendance requirements should be reviewed with consideration given to mechanisms for highlighting any consistent gaps in attendance. We recommend management review arrangements for receipt and monitoring of service/specialty recovery plans for appropriate approval and monitoring. 	<p>Medium</p>

Management response	Target Date	Responsible Officer
<p>1.1 It is recognised that staff are under significant pressures currently, and that is likely to continue for the foreseeable future, whilst also recognising the need to move forward with the outpatient recovery & sustainability plans. A review will be undertaken to compare the attendance of the outpatient redesign & recovery meetings over the last 12 months with the membership outlined within the terms of reference - compliance with then be discussed with members of the Group. In the first instance the Group will consider whether or not we have the right nominations and secondly for those individuals to appoint a deputy who can attend if they are unable to do so themselves. The review will continue quarterly, and the compliance with the terms of reference escalated to the Group if required.</p>	March 2022	Craig Wilson, Deputy COO
<p>1.2 The governance within the service groups should be revisited and will be discussed with members of the outpatient's redesign & recovery group. Each service group have historically had their own outpatient's group, this provides the opportunity for a wider management review of service/ speciality plans, prior to submission to the Health Board wide group. Reassurance will be sought from service groups that these groups are still active and if they are not, they should be re-instated to provide an additional level of assurance at a speciality level.</p> <p>A review of the overall management structure of outpatients has been initiated to ensure that the correct reporting mechanisms are in place. In addition, steps are being taken to improve access to demand and capacity and performance information with a bespoke dashboard for outpatients.</p>	April 2022	Craig Wilson, Deputy COO

Matter arising 2: Diagnostics Recovery Group (Design)	Impact	
<p>Review of the Diagnostics Recovery Group agendas and minutes note that the primary focus of the group has been on the development and monitoring of recovery plans. However, we were unable to identify any discussion at the group of the GMO requirement to '<i>Undertake a review of diagnostic access to primary care practitioners and develop a plan with Primary Care Clusters to enable better prevention and early intervention with urgent conditions created.</i>'</p> <p>The DRG at present does not have agreed terms of reference.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • inconsistent governance arrangements • unclear processes for progress of GMO 	
Recommendations	Priority	
<p>2.1 We recommend that the Diagnostics Recovery Group receive and approve terms of reference.</p> <p>2.2 When considering objectives within the terms of reference for the Diagnostics Recovery Group, there should be identification of whether the group is responsible for the review of diagnostic access and development of any plans with Primary Care Clusters or representatives.</p>	<p>Medium</p>	
Management response	Target Date	Responsible Officer
<p>2.1 As highlighted in the audit, the focus of the diagnostic group during 2021/22 has been to develop and implement recovery plans to support improvements in waiting times. However, with the 2022/23 recovery & sustainability plan now agreed, the group will work strategically on the achievement of the Goals, Methods and Outcomes. The terms of reference have been drafted with this in mind, and will be reviewed and agreed at the next diagnostics meeting on the 17th February.</p> <p>Plans are in draft with each service on the GMOs they plan to deliver for 2022/23, and a highlight report will be developed for monthly reporting and review by the Planned Care Board.</p>	<p>March 2022</p>	<p>Michelle Davies, Head of Strategic Planning</p>
<p>2.2 As stated above the terms of reference are now in draft and will be finalised by the end of February. How diagnostic services work with primary care will be discussed as part of the development of the terms of reference. As a minimum, a representative from PCS or a cluster representative will be secured as part of the terms of reference.</p>	<p>April 2022</p>	<p>Michelle Davies, Head of Strategic Planning</p>

Matter arising 3: Surgery & Theatres workstream structure & reporting (Design)**Impact**

There is no formal group overseeing the Surgery and Theatres workstreams which sit within the PCPB structure. The PCPB has received an outline structure which includes the establishment of a Surgery and Theatres sub-group however, this was only noted and no group has been introduced.

We have noted the consistent submission of highlight reports providing updates against the progress of the modular theatre builds at Singleton and Neath Port Talbot sites. Information on other workstream developments has varied, and we note that information requested on the transfer of elective surgical services has been presented to the health board prior to presentation to the PCPB which could leave members unsighted and disengaged from potential changes.

Potential risk of:

- Group may not receive regular reporting / information required to discharge all responsibilities.

Recommendations**Priority**

- 3.1 We recommend the structure and reporting requirements of the Surgical and Theatres workstreams are considered and the group and reporting requirements related to those workstreams supporting the PCPB be confirmed.

Medium

Management response**Target Date****Responsible Officer**

- 3.1 There are a number of groups already in existence to manage surgery and theatres, however there is a lack of join up across the Health Board. This has already been identified as an action, and plans are in place for the Deputy COO to set-up an overarching Health Board Group. This overarching group will provide oversight for the service changes planned for surgery and theatres across the Health Board geographical area and provide an escalation and assurance route directly to the Planned Care Board.

April 2022

Deb Lewis, Deputy COO

A governance structure has been drafted and shared with the Planned Care Board. The structure will be discussed and agreed at the first meeting of the overarching group meeting.

Matter arising 4: Public facing information on outpatient processes (Design)		Impact
<p>The health board outpatient clinic information page contains contact links for a number of active services and current arrangements reflecting the constraints and impact of Covid-19.</p> <p>There is no detail to outline the validation exercises underway, or information on the alternative pathways being established as a result of health board review of these areas.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Patient awareness of processes and health board initiatives.
Recommendations		Priority
4.1	We recommend the health board ensures there is supporting information available to patients which outlines the outcomes of validation exercises such as movement to see on symptom and patient initiated follow up pathways. It would also allow the health board to highlight the number of initiatives underway to support waiting list management.	Medium
Management response		Target Date
4.1	Validation of waiting lists is recognised as a priority for the Health Board and the Welsh Government's National Planned Care Board. In line with local guidance on validation, patients who have been waiting for longer than 52 weeks will receive a letter from the Health Board, which asks the patient to confirm that they would like to remain on the waiting list and outlines next steps. It is recognised that this should potentially be undertaken earlier than 52 weeks, and the Health Board are currently considering writing to patients at 36 weeks, and as part of that review the narrative provided to patients will also be reviewed.	April 2022
	An outpatient dashboard has already been developed via outpatient's transformation, and action is being taken to allow the dashboard to be accessible to those working in primary care. For example, when GPs refer a patient they will be able to advice patients how long they are likely to wait for an appointment.	May 2022

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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p>
	<p>Assurance not applicable</p>	<p>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.</p>

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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