WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

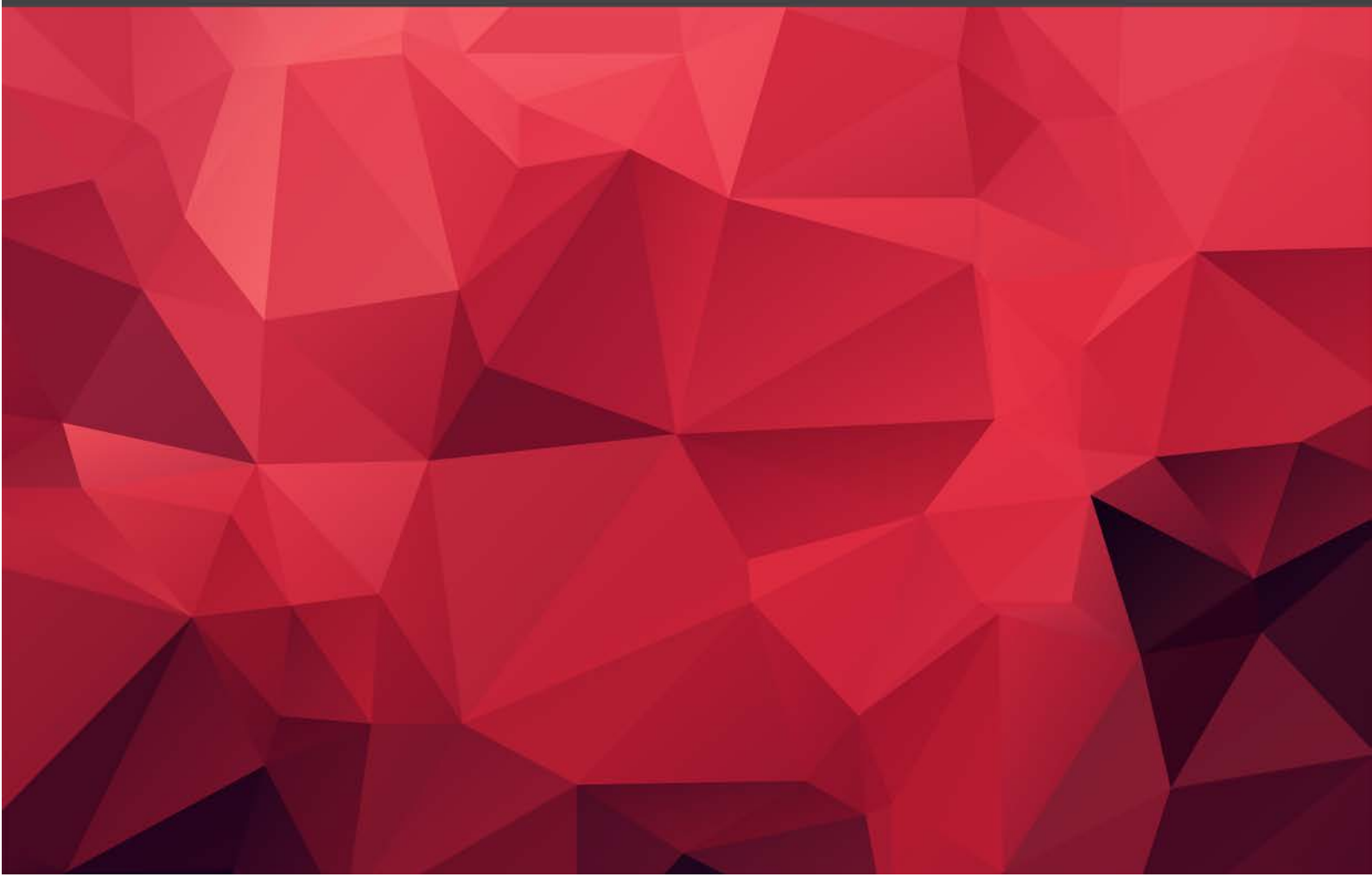
Archwilydd Cyffredinol Cymru
Auditor General for Wales

Follow-up Outpatient Appointments: Update on Progress – **Abertawe Bro Morgannwg University Health Board**

Audit year: 2017

Date issued: February 2018

Document reference: 345A2018-19



This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

The people who delivered the work were Anne Beegan and Matthew Brushett.

Contents

The Health Board has made some progress in addressing recommendations, but more focus is required to reduce follow-up outpatient delays, both through improving operational processes and modernising services.

Summary Report

Introduction

1 Outpatient services are complex and multi-faceted and perform a critical role in patient pathways. The performance of outpatient services has a major impact on the public's perception of the overall quality, responsiveness and efficiency of health boards.

2 Outpatient departments see more patients each year than any other hospital department with approximately three million patient attendances a year[1], in multiple locations across Wales. A follow-up appointment is an attendance to an outpatient department following an initial or first attendance.

3 Over the last 20 years, follow-up outpatient appointments have made up approximately three-quarters of all outpatient activity across Wales. Follow-up outpatients are the largest part of all outpatient activity and have the potential to increase further with an aging population, which may present with increased chronic conditions and co-morbidities. Follow-up appointments that form part of the treatment package itself, for example, to administer medication, or to review a patient's condition, are not subject to timeliness targets set by the Welsh Government. Instead, these are managed within the context of clinical guidelines and locally determined target follow-up dates.

4 Since January 2015, each health board has been required to submit a monthly return to the Welsh Government detailing the number of patients waiting (delayed) at the end of each month for an outpatient follow-up appointment based on their target date[2]. As part of its NHS Outcomes Framework 2016-17[3], the Welsh Government has included a revised outcome target to reduce the numbers of patients waiting for an outpatient follow-up that have exceeded their agreed target date.

5 As part of the 2015 audit programme the Auditor General carried out a review of follow-up outpatients across all seven Health Boards in Wales. The review sought to answer the question 'Is the Health Board managing follow-up outpatient appointments effectively?'

6 We reported our findings for Abertawe Bro Morgannwg University Health Board (the Health Board) in September 2015 and concluded that 'The Health Board has good information on the scale of delayed follow-ups and its new strategic planning arrangements should help modernise outpatient services, but too many patients are delayed, clinical risks are not fully known and operational planning, scrutiny and assurance need improving'. In making this conclusion, we found that:

[1] Source: Stats Wales, Consultant-led outpatients' summary data

[2] Target date is the date by which the patient should have received their follow-up appointment

[3] Welsh Health Circular (2016) 023

- there was a systematic approach to validating the follow-up waiting list but the Health Board needed to better understand clinical risks to patients waiting beyond their target date;
- the Health Board was reducing the number of patients waiting for a follow-up appointment but too many patients were delayed beyond their target date and weaknesses in scrutiny and assurance arrangements needed to be addressed; and
- whilst operational arrangements and new strategic planning arrangements should have helped modernise outpatient services, more needed to be done to evaluate service changes and develop 2015-16 operational plans.

7 In 2015, our report made the following recommendations, set out in Exhibit 1.

Exhibit 1: recommendations made in 2015

Recommendations	
Follow-up outpatient reporting	
R1	Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments, which is reported to relevant sub-committees of the Board in order to strengthen scrutiny and assurance arrangements.
Follow-up reduction profiles	
R2	Understand why follow-ups not booked (FUNB) in 2014-15 did not reduce as expected so that reduction trajectories for 2015-16 are developed to be challenging whilst achievable.
Outpatient modernisation	
R3	Evaluate service changes adopted by the Health Board during 2014-15 to address delayed follow-ups so that learning can be shared across the organisation and importantly can inform the new Commissioning Boards when planning and designing new service models.
R4	Develop and agree the 2015-16 Outpatient Modernisation Project action plan as a matter of urgency and ensure that there is sufficient capacity and resources to deliver the actions identified at the pace required.
R5	Develop appropriate evaluation mechanisms so that the Health Board can, on a timely basis, calculate the financial savings resulting from outpatient modernisation project activities.
R6	Ensure that Commissioning Boards report regularly to the Board so that it has assurance that outpatient modernisation plans are being delivered and the intended benefits are being achieved.
Validation	
R7	Ensure that validation activities are focussed on clinical conditions where patients could come to irreversible harm if delays occur in follow-up appointments.

Recommendations	
R8	Learn from the validation activities undertaken, to better develop administration and booking processes so as to reduce the need for retrospective validation.

Source: Wales Audit Office

8 As part of the Audit Plan for 2016, the Auditor General has included local work to track progress made by the Health Board in addressing the recommendations made in the 2015 Review of Follow-up Outpatient Appointments. This progress update commenced in February 2017 and asked the following question: **Has the Health Board made sufficient progress in response to the findings and recommendations made in the original review?**

9 In undertaking this progress update, we have:

- reviewed a range of documentation, including reports to the board and committees;
- undertaken some high-level analysis of recent Health Board data submitted to the Welsh Government in relation to follow-up outpatient appointments; and
- interviewed a number of Health Board staff to discuss progress, current issues and future challenges.

10 A summary of our findings is set out in the following section with more detailed information provided in Appendix 1.

Our findings

11 Our overall conclusion is that the Health Board has made some progress in addressing recommendations, but more focus is required to reduce follow-up outpatient delays, both through improving operational processes and modernising services.

12 In summary, the status of progress against each of the previous recommendations is set out in Exhibit 2.

Exhibit 2: status of 2015 recommendations

Total number of recommendations	Implemented	In progress	Overdue	Superseded
8	0	4	4	0

Source: Wales Audit Office

13 We found that the Health Board has made progress against four recommendations, with little or no progress made against a further four recommendations. Since our previous review:

- **Operationally, the recording of clinical risks associated with delayed follow-up outpatients has improved**, but there is still a need for greater clinician engagement in the reporting of these risks.
- **There are insufficient mechanisms in place for committees to routinely report** clinical risks to the Board. Reporting arrangements for outpatient modernisation progress are also unclear. The Board receive infrequent information on progress of the Outpatient Improvement project from the Planned Care Supporting Delivery Board.
- **Issues persist with the management of the Follow-up Not Booked (FUNB) list**. Reduction trajectories have not materialised, with a number of patients waiting for a follow-up booking and delays with these appointments both increasing. Limited clinic capacity and patients not attending scheduled appointments have kept the FUNB list high. Cultural differences amongst staff also play a part, although the Health Board has not fully analysed the direct impact they may have. The Health Board has identified a further opportunity to reduce the number of patients who need a follow-up appointment by adjusting new: follow-up ratios, but without a clear understanding of the underlying reasons for the increases across all specialties, it will be difficult to implement these changes.
- **The Health Board did not sufficiently evaluate early service improvement pilots in 2014-15, despite their potential to help reduce delays and be developed further across the Health Board**. Since then, Delivery Units have continued to carry out improvement projects, and done some evaluation, which the Outpatient Improvement Group (OIG) now oversees. However, any strategic evaluation of modernisation activities has been limited, as the OIG has not received evaluations for all projects. Until this happens, the Health Board is unable to set up wider evaluation mechanisms to calculate financial savings. Recent intervention from the OIG is starting to improve this situation.
- **Outpatient modernisation initiatives have shown some signs of success across the Health Board**. However, despite some specialties planning for capacity and demand fluctuations, the lack of sufficient resources limits the extent and pace of any future changes.

- **There has been a shift of focus in the Health Board to clinical validation**, following the OIG requirement for delivery units to focus validation activities on high-risk clinical conditions. However, clinical leads have been slow to engage with the Group and therefore it is too early to say what the extent of progress has been in this area. Clinical engagement with the OIG is now improving overall, but the extent that clinical validation identifies high-risk patients has been variable across the Health Board. At present, any learning from validation activities has not reduced the need for retrospective validation, which units still carry out. If the central booking of outpatient appointments is rolled out to all sites, building on the success of the outpatient booking centre at Morriston hospital, this has the potential to minimise the need for retrospective validation in the future, through improved booking protocols and standardised pathways.

Recommendations

14 In undertaking this progress update, we have not identified any new significant risks in relation to follow-up outpatients, and we have made no new recommendations. The Health Board needs to continue to make progress in addressing recommendations that still require completion.

Appendix 1

Progress that the Health Board has made since our 2015 recommendations

Exhibit 5: assessment of progress

Recommendation	Target date for implementation	Status	Summary of progress
Follow-up outpatient reporting			
R1 Ensure there is sufficient information on the clinical risks associated with delayed follow-up outpatient appointments, which is reported to relevant sub-committees of the Board in order to strengthen scrutiny and assurance arrangements.	December 2015	**In progress**	In our previous review, we found that the Health Board needed to improve the information reported to the Board and its sub-committees so that it was aware of both the scale and clinical nature of delays in outpatient follow-up appointments. Operationally, the recording of clinical risks associated with delayed follow-up outpatients has improved. However, there are insufficient mechanisms in place to routinely report these risks to the Board and there is still a need for greater clinician engagement in the reporting of these risks. Since our original review, the Health Board planned to introduce a standing agenda item on clinical risks associated with delayed follow-ups at its Quality and Safety Committee meetings. However, we have not seen any evidence of this and there has been an insufficient focus on follow-up outpatients at the Committee. There is more focus on clinical risks associated with delayed follow-up outpatients than at the time of our previous review, but further focus is required. The Outpatient Improvement Group (OIG) have made efforts to increase this focus by offering more support and direction to Service Delivery Units. Unit action plans feed into the OIG's modernisation action plan. The OIG receive regular updates from Delivery Units and minutes show that the Planned Care Supporting Delivery Board have received regular project updates, some of which include information on areas with the most significant clinical risk. We were informed that the Health Board Medical director wrote to all Delivery unit medical directors, seeking assurances that urgent cases had been categorised correctly and that no patients were coming to harm. We also understand that on an

Recommendation	Target date for implementation	Status	Summary of progress
			operational level, risks are now categorised by consultants according to priority and are recorded on outcome forms. However, there is still a low compliance with completing the risk category in units still using paper forms, in the Princess of Wales hospital, for instance. It is promising that a new digital form with a mandatory requirement for risk recording has driven up compliance in Morriston. This approach in Morriston is ensuring that patients at a higher risk, because of a delay, are being prioritised for follow-up appointments appropriately. Despite this approach, it is not clear how assurances are reported to the Board, given the few references to these risks within Board meeting minutes.
Follow-up reduction profiles			
R2 Understand why follow-ups not booked (FUNB) in 2014-15 did not reduce as expected so that reduction trajectories for 2015-16 are developed to be challenging whist achievable.	March 2016	**Overdue**	In our previous review, we highlighted that despite some success in reducing the number of patients on its waiting list without a booked appointment, in June 2015 there were still 36,000 patients delayed past their target date without a booked appointment and half of these had been waiting twice as long as they should have for a follow-up. At the time we reported, the Health Board had not yet developed FUNB profiles for 2015-16. We heard that Directorates and Localities were currently developing action plans for 2015-16 for both new and follow-up outpatient activity to identify the impact on reducing FUNB. The late development of these plans and the profiles meant the Health Board was not fully sighted of actions being taken to reduce FUNB or of progress being made. Our work this year identified that there has been growth in the numbers of patients waiting and patients delayed. Limited clinic capacity and patients not attending scheduled appointments have contributed to this growth. The Health Board has identified a further opportunity to reduce the number of patients who need a follow-up appointment by adjusting new: follow-up ratios. However, without a clear understanding of the underlying reasons for the increase, it remains difficult to implement the required improvement. By the end of July 2017, the number of patients on the FUNB list had risen to 112,402 Of these unbooked patients, 45,253 were delayed past their target date, an increase of 26% since July 2016. The data shows that the Health Board is consistently failing to meet the Welsh Government target of reducing follow-up numbers on a rolling 12-monthly basis. In addition to the general decline in performance, we can see that performance in some potentially higher risk specialties has declined. For example, we note for the

Recommendation	Target date for implementation	Status	Summary of progress
			period July 2016 to July 2017 that number of patients 100 per cent delayed ie waiting twice as long as they should have increased from: • 3,539 to 4,427 for cardiology follow-up appointments • 3,202 to 3,778 for gastroenterology follow-up appointments • 863 to 1,143 for mental illness follow-up appointments • 1,503 to 2,664 for ophthalmology follow-up appointments In addition, in 2014 the Rheumatology specialty launched a triaging system, and following this, FUNB delays in that specialty declined steadily. However, since September 2015, the number of delayed FUNB appointments increased month by month when comparing with the same month 12 months previously. Since 2014, a significant number of DNAs[4] has also added to the FUNB list. The Health Board had plans to reduce DNAs, but they did not reduce as expected. By July 2017, 9.1%[5] of all follow-up appointments were recorded as a DNA, up from 8.4% in July 2016. Every patient not attending an appointment has to be entered back onto the FUNB list and re-booked. The Health Board has been piloting a text reminder service, which it hoped would have reduced the level of DNAs, although repeated delays of its introduction has meant that these benefits have not yet been realised. We also found as part of our recent fieldwork that: • cancelled clinics are adding to the pressures on the FUNB list. The Morriston booking team has monitored the reasons for these cancellations, looking at whether each cancellation was avoidable or unavoidable over a long-term period and identifying which consultants were involved; and • there is variation in how clinicians decide whether to book a patient in for a follow-up or whether discharging them is more appropriate. Clearer clinical condition level pathways may help with the consistency and efficiency of clinical decision making. At a Service Delivery Unit level, each unit's FUNB action plan has now been included within outpatient modernisation improvement plans. However, the level of detail is variable and plans contain little or no detail of how the Health Board has learnt from previous attempts to reduce the size of the FUNB list or how they plan to

[4] Numbers of patients that did not attend their appointment

[5] Figure provided to us by ABMU Health Board

Recommendation	Target date for implementation	Status	Summary of progress
			embed the actions into consultant job plans. Benchmarking was undertaken by the Corporate Finance team in February 2017, with the expectation that units put plans in place to achieve improvement targets. The benchmarking shows there is some variation in the application of new to follow up ratios, both internally and when compared with other Health Boards. For example, the number of follow-up appointments in Morriston and Princess of Wales hospitals increased during 2015-16 despite little change in the number of new appointments being booked. Flexible clinic templates can allow capacity to be increased when demand for follow-up appointments is high. Staff we spoke to as part of our recent fieldwork told us that clinic templates differed according to specialty, but they had not seen a change from fixed clinic templates, despite plans to make them more flexible. Despite this lack of change, we heard that booking staff always try to use empty new appointment slots for follow-up appointments, to ensure all clinic slots are filled where possible. To further increase capacity, the Morriston booking system is configured to allow the booking team to easily send patients to other facilities when at full capacity.
Outpatient modernisation			
R3 Evaluate service changes adopted by the Health Board during 2014-15 to address delayed follow-ups so that learning can be shared across the organisation and importantly can inform the new Commissioning Boards when planning and designing new service models.	February 2016	**In progress**	In our previous review, we reported that the Health Board recognised that it could not continue to deliver outpatient services in a traditional manner and that it needed to adopt prudent approaches. At the time, a number of service developments were taking place in certain specialties, some on a pilot basis, such as virtual follow-up clinics, email/telephone advice lines, dermatology digital images screening. It was important the Health Board evaluated this work so that learning could be shared across the organisation and inform the work of the new commissioning boards. We have not seen evidence that the Health Board sufficiently evaluated these early service developments, despite their potential to reduce delays. Following the early pilots, Delivery Units have continued to carry out improvement projects, and have now started evaluation of these, which the OIG oversees. Until recently, feedback on learning has not been as widespread, but recent intervention from the OIG is starting to improve this situation. The lack of evaluative work means that it is not sufficiently clear how much of a part the pilot projects played in reducing delayed follow-up appointments. Some specialties did see a reduction following the pilots, for instance in the dermatology

Recommendation	Target date for implementation	Status	Summary of progress
			and mental health specialty[6], which had both undertaken tele-medicine pilots in 2014-15. However, other factors may have influenced this reduction, such as the introduction of 'see on symptom' approaches. Within the ophthalmology specialty, there have been initiatives specifically targeting high-risk patients. Despite these developments, delays in the specialty continue to increase. The Health Board may wish to evaluate these initiatives and consider whether there are alternative initiatives that will help improve the situation. The OIG is now the key mechanism for informing the Planned Care Supporting Delivery Board on the outcomes of service changes. This direct line of accountability brings an opportunity for a strategic evaluation of outpatient service changes to take place in the future. Opportunities to share learning are available to staff in the form of local engagement events, run by the National Outpatient Transformation Steering group and through learning collaboration forums led by the 1000 lives service.
R4 Develop and agree the 2015-16 Outpatient Modernisation Project action plan as a matter of urgency and ensure that there is sufficient capacity and resources to deliver the actions identified at the pace required.	November 2015	**In progress**	In our previous review, the Health Board was still developing the 2015-16 Outpatient Modernisation Project action plan. Given the significant organisational and structural changes that were taking place within the Health Board at the time, we highlighted the importance of ensuring sufficient capacity and resources would be available to undertake and deliver new models of outpatient services at the pace required. The 2015-16 action plan was developed and completed by November 2015. Since our original review, outpatient modernisation initiatives have shown some signs of success across the Health Board, but despite some specialties planning for capacity and demand fluctuations, the lack of a wider modernisation resourcing strategy limits the extent of any future changes. In addition to individual delivery units securing the right capacity and resources to support modernisation projects, the Outpatient Improvement Group must have a good finance strategy, to ensure its goals can be achieved. 2015-16 Delivery unit action plans have specified resources required for projects in some, but not all specialties. On a strategic level, the 2015-16 Outpatient Modernisation project action plan did not refer to how it would secure resources needed for outpatient modernisation.

[6] As a percentage of the total number of patients waiting for a follow-up appointment

Recommendation	Target date for implementation	Status	Summary of progress
			Going forward, the Health Board as a whole is looking to focus more on clinical service improvement and the 2017-18 strategy should take this a step further by building some of the changes into consultant job plans, brought about as a result of the evaluations. In terms of resources, the 2016-2019 Integrated Medium Term Plan (IMTP) shows that the Health Board invested £50,000 capital into outpatient modernisation in 2016-17 but no capital funds have been allocated to 2017-18 or 2018-19. The IMTP shows that any allocation for 2019-20 and 2020-21 is 'to be confirmed'. We heard that some specialties have been more engaged with the work than others. The Health Board has introduced Performance baseline assessments and a clinical variation dashboard to encourage more engagement. This is beginning to help teams to share information more effectively. The Health Board has shared this approach with other health boards, through its involvement with the All Wales Outpatient Steering Group. Members of the OIG told us that their approach until recently has been to allow specialties to manage their own projects with limited intervention of the group. Delivery units produce a summary sheet following the completion of an improvement project, outlining benefits achieved, along with key messages, which they share with the OIG and the Planned Care Supporting Delivery Board.
R5 Develop appropriate evaluation mechanisms so that the Health Board can, on a timely basis, calculate the financial savings resulting from outpatient modernisation project activities.	December 2015	**Overdue**	In our previous review, the Health Board was unable to quantify the financial savings resulting from the first year of the Outpatient Modernisation Project. Given the significant savings projected by the Health Board for future years, the Health Board needed to develop appropriate evaluation mechanisms so that it could, on a timely basis, calculate the savings resulting from project activities. We heard that the evaluation of initiatives to determine impact on efficiency, patient experience and outcomes and cost savings was to be a priority action for 2015-16. The 2014-17 IMTP stated that the Health Board planned to make savings of £1,462,106 in 2015-16 and £2,924,212 in 2016-17. The Health Board has been unable to set up wider evaluation mechanisms to calculate financial savings. Individual delivery units have carried out evaluation of modernisation activities, but any strategic evaluation has been limited, as the OIG has not received evaluations for all projects. The Outpatient modernisation project had planned to develop appropriate evaluation mechanisms to calculate financial savings by March 2016, but work to enable this to happen is still ongoing. Despite this, during our Structured

Recommendation	Target date for implementation	Status	Summary of progress
			Assessment work in 2017, we saw that the Health Board has started to monitor planned savings for two modernisation initiatives for the year 2017-18, with £92,428 worth of recurrent savings planned from electronic prioritisation referrals and the text reminder service. However, as the Health Board has only been tracking these savings since October 2017, no actual savings have been recorded to date.
R6 Ensure that Commissioning Boards report regularly to the Board so that it has assurance that outpatient modernisation plans are being delivered and the intended benefits are being achieved.	December 2015	**Overdue**	We highlighted previously that as commissioning boards became established, there needed to be regular and appropriate reporting to the Board so that it had assurance that plans were being delivered and the intended benefits were being achieved. Since our review, reporting on outpatient modernisation to the Board has been infrequent and reporting arrangements between the Planned Care Commissioning Board and the Board are unclear. The Planned Care Commissioning Board receive regular updates on the progress of OIG improvement projects. Despite this, since the Commissioning Board was created in November 2015, outpatient modernisation has only been referenced once in Board minutes[7]. Quality and Safety committee minutes contained no reference to outpatients and there was no mention within regular performance reports.
Validation			
R7 Ensure that validation activities are focussed on clinical conditions where patients could come to irreversible harm if delays occur in follow-up appointments.	December 2015	**In progress**	In our previous review, we found that validation activities focussed on patients waiting the longest. In many cases, a validation approach based on specialities or conditions where there was a greater risk of harm if patients were delayed a follow-up, rather than a simple chronological approach would have been more appropriate. Since our previous review, there has been a shift of focus in the Health Board to clinical validation, although clinical engagement in this area has been slower than expected. In September 2016, the OIG asked delivery units to focus validation activities on high-risk clinical conditions, but clinical leads were initially slow to engage with the Group. Action plans we have seen as part of our recent work indicate that the approach to risk has been varied across the Health Board's sites. Staff at Morriston

[7] Board meeting minutes, 28 September 2017, 221/17 – Health Board Performance Report

Recommendation	Target date for implementation	Status	Summary of progress
			hospital developed plans to prioritise according to its risk category. Singleton hospital planned to prioritise according to the sub-specialty identified during the clinical validation process. Staff at the Princess of Wales hospital outlined the clinical validation that it was undertaking but there was no reference to how they planned to identify and prioritise high-risk patients. Neath Port Talbot hospital's action plan contained no mention of how it would focus on conditions where there is a risk of harm. The OIG has since emphasised the need to focus on areas of highest risk in order to minimise harm.
R8 Learn from the validation activities undertaken, to better develop administration and booking processes so as to reduce the need for retrospective validation.	TBA	**Overdue**	In our previous review, we found that there was no systematic analysis of the reasons why patients were being removed from the follow-up list. This reduced the ability of the Health Board to learn the lessons from its validation activities. At present, any learning from validation activities has not reduced the need for retrospective validation, which units still carry out. The introduction of a booking centre at Morriston hospital has the potential to minimise the need for re-validation in the future through improved booking protocols and standardised pathways. The Health Board has taken steps to improve some pathways and booking procedures, but it is not clear whether validation outcomes were sufficiently evaluated to help inform improvement to booking processes. Despite the implementation of some new processes, they have been unable to reduce the need for ongoing retrospective validation. For instance, in one example where validation was needed, a process issue within the cardiology specialty resulted in the incorrect recording of outcomes for discharged patients, who, as a result were added to the FUNB list unnecessarily. The Delivery Unit introduced a separate diagnostic pathway to resolve the issue. Within Oncology, there were ongoing difficulties in outpatient and diagnostic elements of the pathway. The Health Board launched a '100-day plan' to improve compliance with cancer targets. It appears the effect of the change was limited. By September 2016 20% of oncology follow-up appointments were delayed compared with 8% the previous September. By August 2017, this figure had risen to 23%. The Health Board has made efforts to improve the booking process. In Morriston, appointments needed more than six weeks in the future are booked through their booking centre. If rolled out to all sites, this improved process has the potential to improve consistency across the Health Board when booking follow-up appointments. During the booking process, follow-up waiting lists are not pooled but compiled on a consultant-by-consultant basis. Sometimes this is necessary with

Recommendation	Target date for implementation	Status	Summary of progress
			certain conditions, although booking team staff we spoke to acknowledged that pooled lists would assist them in allocating appointments. Morriston Delivery Unit is leading work on best practice with assessing clinical risks. The Unit has set up a working group to review clinical risk by specialty. The OIG has assurances that high-risk follow up pathways are monitored, and the group are directly accountable to the Planned Care Supporting Delivery Board. From our observations of the booking system at Morriston, it was clear that generally, patients at a higher risk were being prioritised for follow-up appointments appropriately. Patients are graded according to risk, with high-risk patients being assigned 'A*' then B or a C for less urgent cases and other codes for awaiting other services like diagnostics or treatment. However, some weaknesses are apparent in the system. OIG minutes show that concerns were raised about medical secretaries attempting to prioritise their patients with booking staff outside the normal booking system protocols. The Health Board have put plans in place to resolve the issue, although booking staff we spoke to told us they still receive these requests. In some cases, booking staff will cancel a non-urgent appointment to fit in a patient who they deem to be more urgent. It is not clear whether this is widespread practice or whether Health Board management are aware of the extent of the issue. If the issue is widespread, it has the potential to undermine the booking process and introduce inconsistency in the system.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone : 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500
Ffacs: 029 2032 0600
Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru
Gwefan: www.archwilio.cymru