

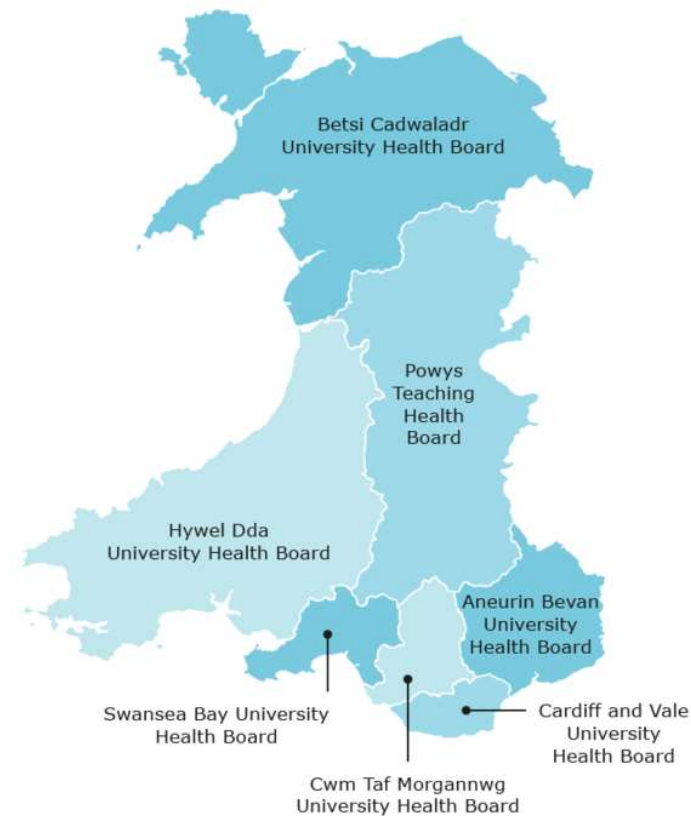
From hospital food to waiting for treatment – a flavour of health service audits in Wales

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Audit Director

The health service in Wales



- Responsibility for health devolved to Welsh Parliament
- Health takes up a significant and growing element of the funding that comes to Wales - £9.8 billion revenue funding in 2021/22
- Health service organized around:
 - 7 “integrated” health boards
 - 5 specialist “all Wales” organisations (public health, cancer, digital, health education, ambulance services)
 - Shared services partnership
- Specific population health challenges
- Strong political focus



Audit Wales work in health



- Annual programme of work reflecting Auditor General's statutory duties and powers
 - Audit of accounts
 - “Performance audit” work to assess efficiency, effectiveness and economy of organisational arrangements and service delivery
 - Annual commentary on corporate governance arrangements
 - All Wales and local “thematic” reviews
- Biennial data matching exercise (“National Fraud Initiative”)
- Specific pieces of work arising from concerns & correspondence
- Publicly reported
- Supports scrutiny at local and parliamentary level

Our annual “health check” on individual organisations



Governance structures



Internal control & assurance arrangements



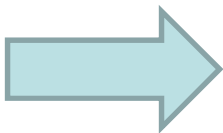
Financial management



Strategic planning



“Deeper dives” into specific areas



- Annual reporting – unique insight
- Informs on-going risk assessment
- Regular tracking of progress against audit recommendations

An integrated audit approach



Accounts and performance auditors work in a single “engagement team” for each health body



Shared intelligence to inform planning and delivery



Close working with internal audit and other regulators



Extracting intelligence from accounts work to inform outputs such as data tools and commentaries

Examples of recent “thematic” reviews with a hospital focus



- Hospital catering & patient nutrition
- Clinical coding
- Medicines management
- Medical staffing
- Outpatients
- Operating theatres
- Radiology
- Discharge planning
- Elective (planned) care

Hospital catering and patient nutrition



Context: Council of Europe Resolution on food and nutritional care in hospitals (2003) & Implementation of Welsh Government Nutritional Care Pathway

- ✓ Government policy
- ✓ Patient satisfaction and choice
- ✓ Dietician involvement
- ✓ Preparing wards for mealtimes
- ✓ Help with eating

- X Screening, care planning & monitoring
- X Nutritional assessment of menus
- X Financial information
- X Food wastage
- X Governance and oversight



Operating theatres



Context: High cost, high volume, high risk element of care; WHO's Surgical Safety Checklist

- ✓ Positive safety culture
- ✓ Extensive use of WHO checklist
- ✓ Improved use of day surgery
- ✓ Previous national improvement initiatives

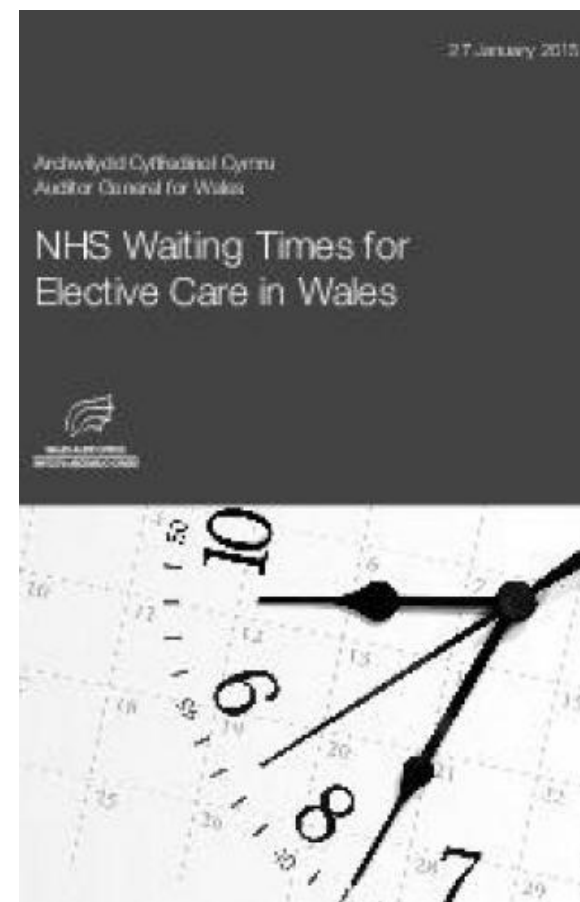
- ✗ Focus on theatre improvement had waned
- ✗ Data limitations
- ✗ Scope to improve theatre utilisation
- ✗ Cancelled operations
- ✗ “Wider pathway” focus
- ✗ Ensuring WHO checklist used properly



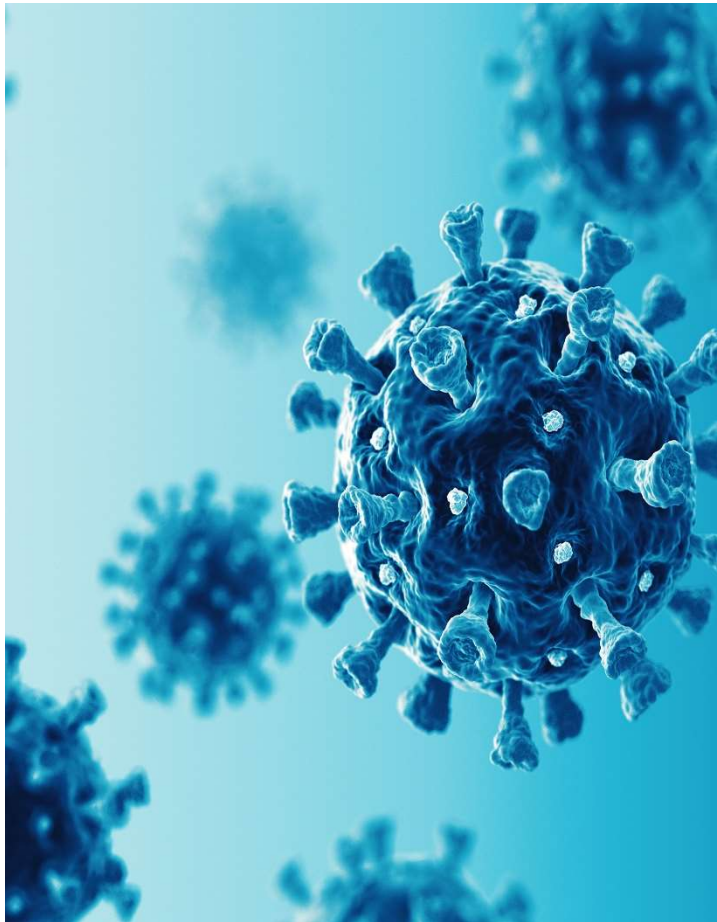
Waiting for treatment – planned care pre-COVID-19



- Historical challenge for the health system in Wales
- Our work in 2015 described a system that was struggling to balance capacity and demand:
 - Performance against national targets declining since 2009
 - Stopping / reducing planned care = default “safety valve” when system under pressure
 - Focus on year end, “one size fits all” targets which can distort clinical priorities
 - Short term initiatives rather than sustainable service transformation
 - Opportunities for efficiency & capacity gains

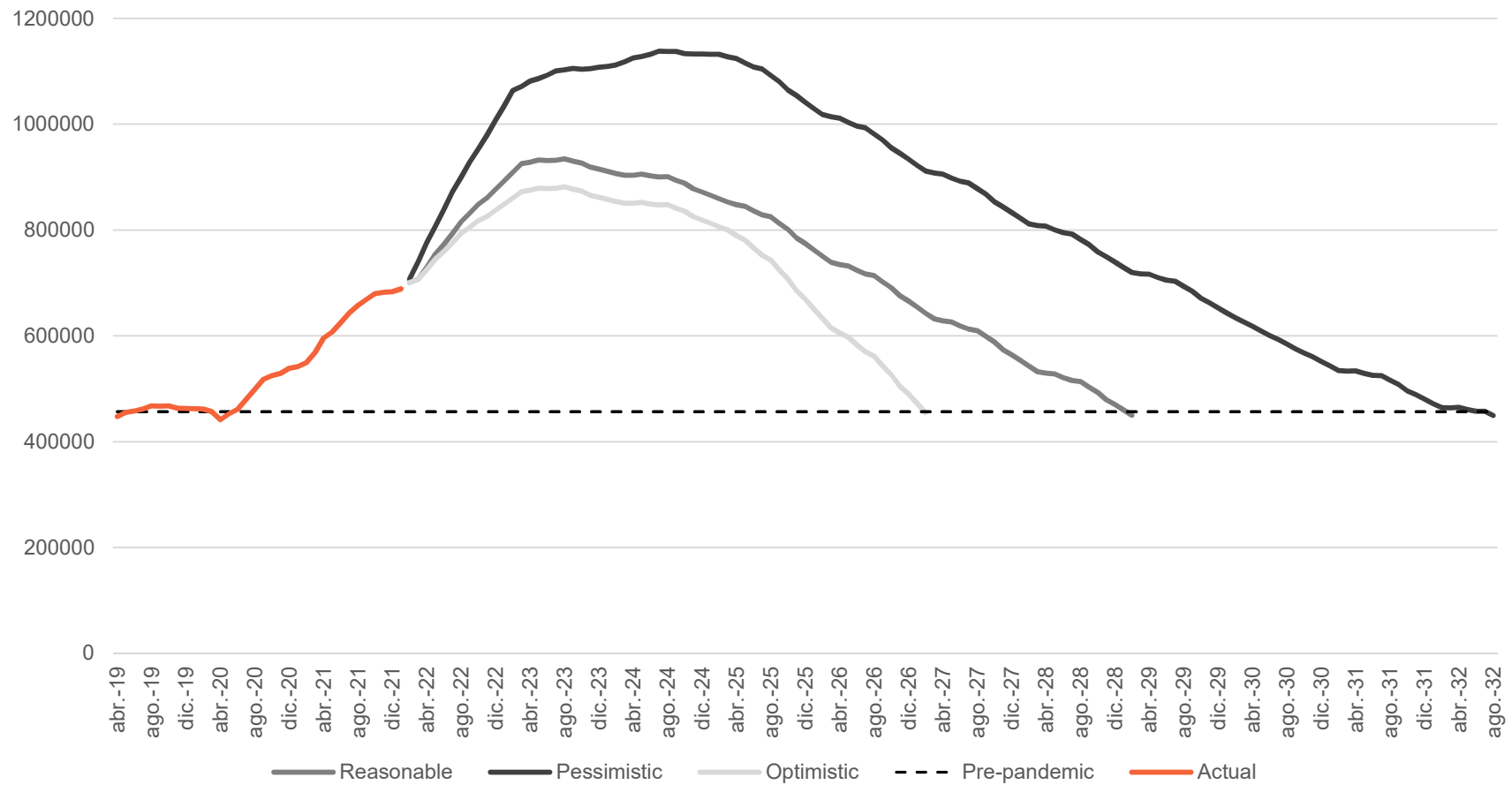


Planned care – the impact of COVID-19



- All non-urgent planned care stopped in March 2020 – slow restart as pandemic waned
- Size of waiting list grew by 51% between March 2020 and Feb 2022
- List continues to grow
- Over 700,000 patients now waiting for treatment
- Longest waits starting to fall but still over 60,000 waiting over 2 years
- Over 170,000 waiting over one year
- Over 400,000 waiting for first outpatient appointment
- £185m per year over next 4 years to support recovery

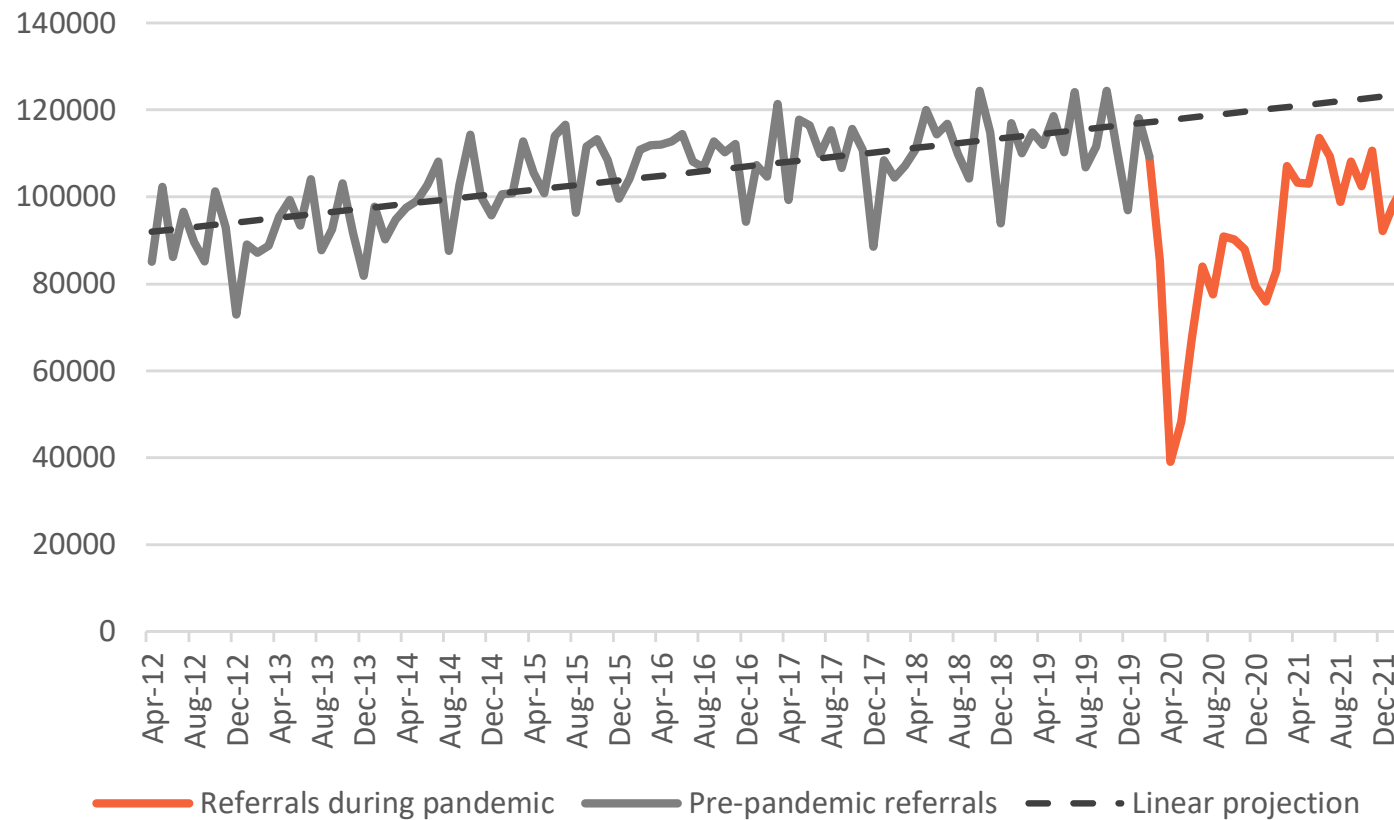
Recovery will take many years



Impact of COVID-19 – latent demand?



Some 550,000 missing referrals which could return as additional demand



Planned care - our call for action



A clear national vision and supporting investment



Strong and aligned system leadership



Renewed focus on system efficiencies



Build and protect planned care capacity



Manage clinical risk and avoidable harm



Enhanced communication with patients

It's not all bad news.....



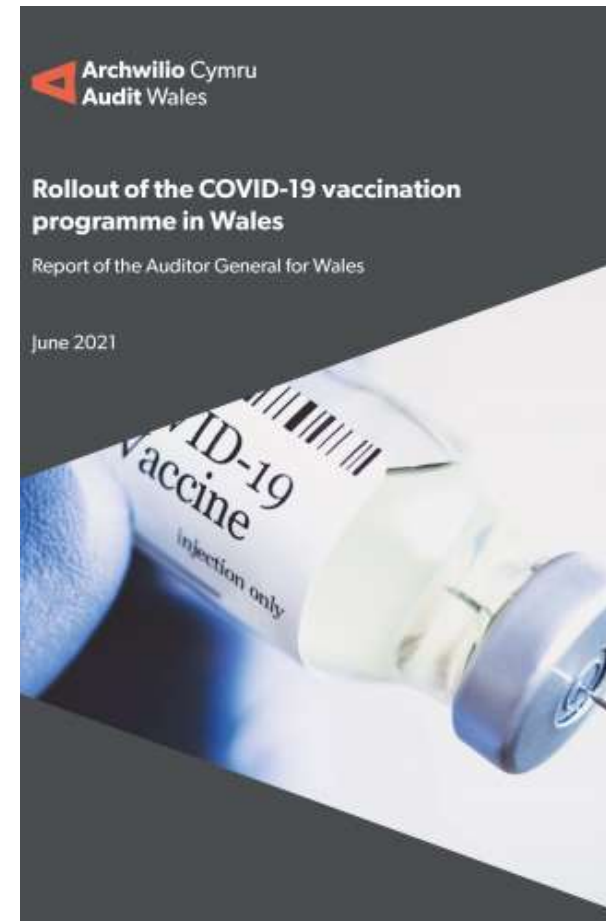
Rapid response and re-purposing of resources

Public sector bodies uniting around common purpose

Evidence of quick learning as programmes developed

Good use of knowledge about communities

Scope to transfer learning into recovery activities



Work currently underway and planned



Unscheduled care – focus on delayed discharges, interface with social care, demand management and system leadership



NHS workforce planning – recruitment and retention, staff well-being, meeting short, medium and long term need



Tackling the planned care backlog – focus on orthopaedics and more general follow on work at individual organisations

These are part of a wider forward programme of work with an increasing focus on joined up delivery across public sector organisations

Questions / follow up



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