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| **Meeting Date** | 19th February 2019 | **Agenda Item** | **5.1** |
| **Report Title** | **Follow Up Not Booked (FUNB)** | | |
| **Report Author** | Malcolm Thomas – Associate Director – Recovery and Sustainability | | |
| **Report Sponsor** | Dr Sandra Husbands, Executive Director of Public Health | | |
| **Presented by** | Dr Sandra Husbands, Executive Director of Public Health | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | This supplementary report updates the paper presented at the November F & P meeting with an action plan to remedy the current performance status against the Follow Up Not Booked (FUNB) profile as part of the 2019-21 Integrated Medium Term Plan (IMTP). | | |
| **Key Issues** | The performance of our Outpatient services is a key objective for the Health Board. One of the main challenging areas is that of delayed follow up appointments.<br><br>The NHS Wales Planning Framework 2018-2021 has a clear expectation that quality must be at the centre of the delivery of services, ensuring that the NHS in Wales reduces waits and harmful delays for patients. The framework requires that the Health Board derive a clear trajectory for 2019-21 for the number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their target date.<br><br>Failure to deliver improved performance that meets Welsh Government requirements will not deliver a level of quality of care to our patients. | | |
| **Specific Action Required** ***(please ✓one only)*** | **Information** | **Discussion** | **Assurance** / ✓ | **Approval** |
| | | | ✓ | |
| **Recommendations** | Members are asked to:<br>• **RECEIVE** and note the action plan to address a reduction in the number of follow up patients through digitalisation, categorisation and validation that will improve our delivery and performance across the Delivery Units. | | | |

## 1. INTRODUCTION

1.1 The purpose of this report is to share with the Performance and Finance Committee an action plan to improve the delivery and performance of our Follow up Not Booked (FUNB) profile for the 2019-21 Integrated Medium Term Plan (IMTP).

## 2. BACKGROUND

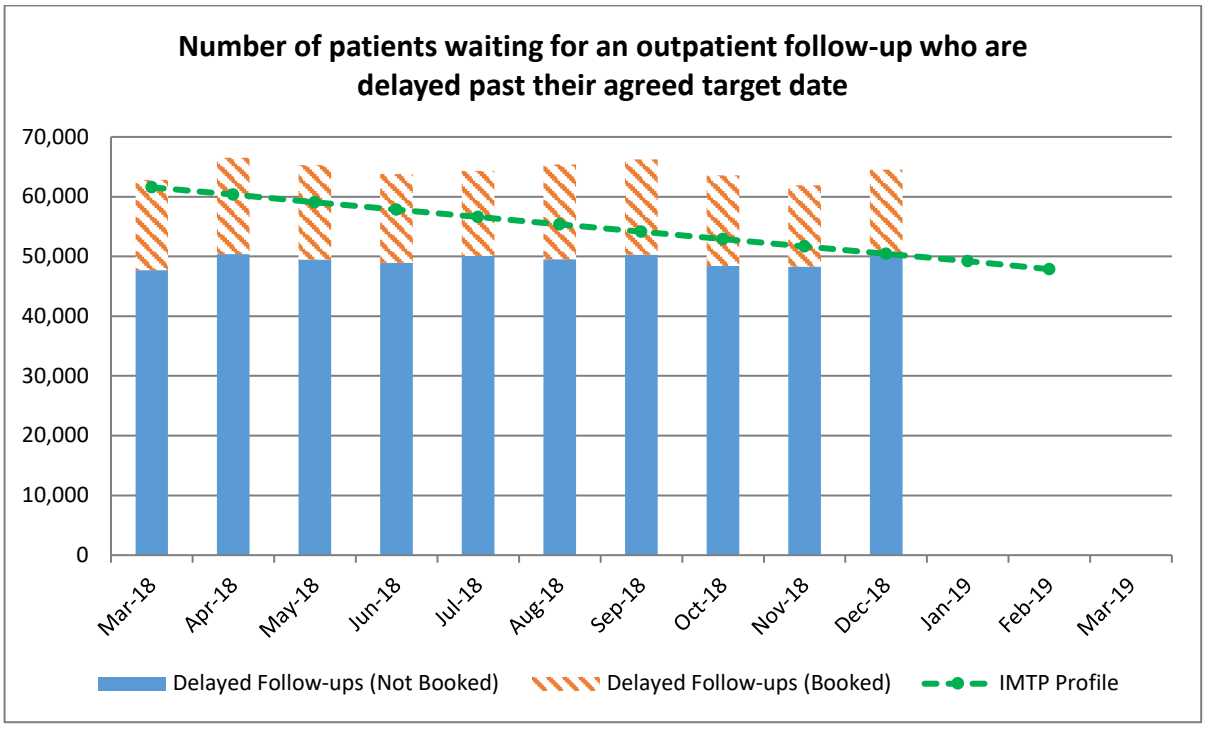
2.1 A Status Report with detailed background information was presented at the November Performance and Finance Committee. The report highlighted existing arrangements, current performance and comparative data.

This supplementary paper provides a more detailed action plan to be implemented that addresses the performance and management of follow ups as part of the IMTP.

## 3. CURRENT PEFORMANCE AND ACTIONS

3.1 The NHS Planning Framework 2018-2021 has a clear expectation that waits and harmful delays for patients are reduced.

At the end of December 2018, the position reported to Welsh Government had deteriorated when compared with the previous month's progress (64,535 from 61,889). This is 12,864 above the Annual Plan profile trajectory for 2018/19 to December 2018.




3.2 Actions taken over the last two months include:

- Additional non-recurrent funding was released to Morriston and NPT delivery units to validate current lists – the impact of which was as follows:

| Number of FUNB entries checked | Booked/linked/removed | No capacity to book | Number of hours worked |
|---|---|---|---|
| 2818 | 1196 | 581 | 59 |

The impact has been reduced due the nature of the non-recurrent investment with only limited numbers of clerical staff taking up the opportunity to work overtime to address the backlog.

- To provide a solution in the medium to longer term a paper went to the Investment Business Group on the 29th January 2019 which agreed to invest in a 3 year programme – with the following objectives:

a) The largest population of follow-up's reside within the Singleton and Morriston Units – we invest a level of funding – as detailed in the attached appendix - into the booking team – who will on behalf of Delivery Units address the validation and management of the follow up patients.

b) The team then validate and train staff at all levels in the correct processes to reduce / eliminate the erroneous and blank entries within this population.

c) This team will also provide support to move those patients now and in the future managed through virtual clinics / self-managed care are appropriately recorded within the WPAS and not within the FunB listings – as per the refined definition criteria that will be issued nationally in the near future. This cohort of patient will increase in number as the use of virtual and self-managed care evolves within the Health Service – so it is vital that we do not continue to mix this group with those patients that require urgent review and skew any calculations around our demand and capacity profiles.

d) Further through the IMTP process appropriate capacity and demand profiles are considered to ensure the overall number of patients waiting for a follow up appointment are consistent with the clinical review date allocated. This may also require further investment so as not to compromise the delivery of the Health Boards RTT position.

3.3 Rather than simply look at reducing overall follow ups – the Health Board will be taking a different solution / target to improve performance and clinical risk. The following profile highlights those patients who are waiting longer that their original target dates. The Health Board will be focusing the action to ensure that all patients by the end of March 2020 waiting longer than 100%+ over their intended original target date for review are removed / updated / reviewed by the most appropriate clinician and we are planning to submit a nil return for that cohort of patient. That is a reduction of 23,014 patient waiting as at the 31st December 2019 that will be taken off the FunB lists / reports.

Using target dates as the initial review allows for patients to be best managed for clinical risk – i.e. some patients may have been required to be reviewed at 4 weeks (their target date) but are not seen for 8 weeks+ - these patients are likely to need a review as opposed to those who have been offered a target date of 6 months / 12 months and have not been seen for 12 months or 24 months respectively – and who could potentially be discharged.

It also allows for patients who are required to maintained for surveillance reasons – regarded currently as FunB patients – but who could be better managed using technology such as “Patient Knows Best” – i.e. Urology PSA patients etc. who need regularly blood reviews but do not need to see their consultant if the results are within the clinical guidelines.

The Health Boards Planned Care Programme has also facilitated improvements which will support these changes to patient’s categorisation. Some of these are as follows:

- Urology – Planning to use Patient Knows Best to implement self-managed care for patients requiring PSA monitoring – allowing patients to access their own results on a regular basis – will see approx. 500 to 800 patients moved to this categorisation with the remainder being review through the virtual clinical office rather than face to face medical review.

- PROMs within Orthopaedics – patients being discharged at 6 weeks post-surgical follow up and then they are sent electronic PROM questionnaires to complete instead of an appointment.

- See on Symptom patients being discharged and only requiring access to a medical intervention if required.

- Greater use of non-medical intervention – i.e. the ODTC in Ophthalmology etc.

These changes in clinical pathways together with greater use of technology and other supportive arrangements will see reductions in the number of follow ups over the next 12 months. However, we will see other reporting of alternative pathways as described above being reported – and which are entirely appropriate.

Outpatient Follow-up Delays - Monthly Submission Proforma ****** Not including Princess of Wales *****

| Local Health Board | Abertawe Bro Morgannwg UHB | Census Date | 31st December 2018 |
|---|---|---|---|

| Count | | 1a | 1b | 2a | 2b | 3a | | | | | 3b | | | | | 3c |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Treatment Function Code | Treatment Function | Total number of patients waiting for follow-up where there is NO documented target date | Total number of patients where there is NO documented target date for follow-up as the outcome of their last appointment was 'See on Symptom' | Total number of patients waiting for follow-up where there IS a documented target date | | Total number of patients waiting for follow-up who are delayed past their target date - NOT BOOKED | | | | | Total number of patients waiting for follow-up who are delayed past their target date - BOOKED | | | | | Number of patients waiting for follow-up who are delayed past their target date but previously CNA or DNA their last appointment |
| | | | | Number of patients waiting for a follow-up where there IS a documented target date (NOT BOOKED) | Number of patients waiting for a follow-up where there IS a documented target date (BOOKED) | 0% up to 25% delay | Over 26 up to 50% delay | Over 50% up to 100% delay | Over 100% delay | Total NOT BOOKED | 0% up to 25% delay | Over 26 up to 50% delay | Over 50% up to 100% delay | Over 100% delay | Total BOOKED | |
| Total for all treatment functions | | 2,846 | | 87,232 | 42,985 | 6,232 | 4,062 | 5,626 | 19,157 | 35,077 | 3,749 | 2,098 | 2,106 | 3,857 | 11,810 | 0 |

**4. PROPOSED ACTION PLAN 2019 / 20** – with a revised plan scheduled to be agreed by the end of March for implementation.

The attached plan is currently being finalised within the Outpatient Modernisation Group – and in conjunction with Service Directors / Chief Operating Officer to ensure the right level of attention to delivery and performance. The work of the group also forms part of the Health Boards financial recovery programme and will be reporting into that work as required. The RAG status will be updated once action has been agreed.

| Action | Lead | RAG Status | Timescale | Impact |
|---|---|---|---|---|
| Agree final action plan | COO / A.D – R&S | | March 2019 | Action which has been agreed and owned by the Outpatient Modernisation Board / delivery Units. |
| Recruit to Validation Team with experienced staff and backfill | DU | | March 2019 | Appoint experienced staff into funded posts and backfill (potentially consider option of apprentices as backfill) |
| Validation Team to commence review of Patients and categorisation | Lead delivery Unit | | March / April | Staff in post and commencement of review / validation arrangements |
| Refresh leadership and management team attending and Leading Modernisation Process | COO | | March 19 | Executive Sponsor – COO<br>Clinical Lead – Dr Sandra Husbands and / or other nominated Senior Medical representative<br>Programme Manager – Associate Director – R & S<br>Validation Management Lead – Senior Manager from DU<br>Information Lead – TBA<br>Quality Improvement Lead – Emma Smith<br>Human Resources Lead – Bethan Raby<br>Delivery Unit Representatives - TBA |
| Identify changes to WPAS to accommodate new definitions / categorisations of activity | IT Rep | | March / April | WPAS to accommodate new categorisation – to include values for – See on Symptom, PROMs, Self-Managed Care, Surveillance patients etc. |
| Validation – reduction in Duplicates etc. | Validation Team | | April onwards | Duplicate entries – minimum 50% reduction in 12 months: (Morriston - 1,050); (Singleton - 1,000)<br><br>Follow Ups awaiting diagnostic tests/results – minimum 33% reduction to: (Morriston - 838); (Singleton - 1463)<br><br>Blank categories – minimum 32% reduction in 12 months: (Morriston – 3,135); (Singleton – 2,653) |
| Review and reallocate within WPAS new categorisations | Validation Team | | April onwards | Review Follow up cohort and re assign patients in WPAS as appropriate into See on Symptom, PROMs, Self-Managed Care, Surveillance patients etc. categories. |
| Review backlog of known follow ups and identify for clinical validation | Validation Team | | April onwards | Identifies those patients that urgently and appropriately require review thus reducing clinical risk |
| Clinically validate | Specialty teams / Consultants | | June onwards | Specialty Clinicians will need to review if Patients who have waited require to be seen – some will clearly – but it may be the case that those routine patients will be discharged. |

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| Send appropriate correspondence to patients informing them of the outcome of the clinical validation | Specialty teams | | September onwards | The National Outpatient Board is planning an Information to Patients programme to run from September informing patients of changes that they could expect to see with new ways of working which includes See on Symptom, PROMs, Self-Managed Care, Surveillance patients etc. |
| Remove patients not required to be reviewed | Validation Team | | June onwards | Patients clinically reviewed and not requiring a follow up removed from the FunB lists. |
| Patients known to require follow up from clinical validation to be offered appointments with most appropriate clinician (not necessarily medical) | Specialty teams | | April onwards | Appropriate patients offered to be reviewed by clinician to assess ongoing care and any intervention prior to being discharged. |
| Monitor profile | Validation Team | | June Onwards | Regular reports on patients updated / removed provided to Modernisation Group and to F & P Committee. |
| Implement training programme for staff | Validation Team | | June onwards | Ensures staff booking patients are fully aware of significance and delivery of changes and how to record / book patients appropriately within WPAS. |
| Training sessions | Validation Team | | June onwards | Regular sessions in WPAS / new categories to assign patients rolled out across designated areas that regularly book patients. |
| Further validate those patients in the 0 to 100 delayed over target date categories | Validation Team | | 2020 / 2021 | Eliminate delayed patients with sustainable systems in place to meet the demand |
| Modernisation Group to consider wider alternatives to improve pathways and reduce pressures in both New and follow up arrangements – i.e. considering multi-disciplinary outpatient review on patients with multiple co morbidities / managing fragile elderly patients | Modernisation group / Specialties | | April 19 onwards | Review Outpatient modernisation and pathways to assess alternatives for delivery and to monitor progress.<br><br>To transfer learning from Planned Care programme and national pilots etc. across baseline and specialties.<br><br>Develop clinical Change Champions to foster and lead changes. |
| Planned Care programme - Urology | Specialty teams | | April 19 onwards | Implementation of Patient Knows Best – potential to transfer backlog of up to 1200 patients from Fun B list into self-managed care – plus any new patients on-going. |
| Planned Care programme - Orthopaedics | Specialty teams | | January 19 onwards | Implementation of NWIS PROMs – backlog and new patients being added – potential for 3,000 patients to be added |
| Planned Care programme - Ophthalmology | Specialty teams | | December 18 onwards | Implementation of ODTC for non-medical professionals to review Glaucoma patients to enable a sustainable service and timely review from a very high clinical risk perspective |
| Planned Care programme - ENT | Specialty teams | | Currently being monitored | Follow national guidelines for discharging appropriate patients to review significant numbers of patients. |

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| Planned Care programme - Dermatology | Specialty teams | | Currently being monitored | Utilising e-referral to offer advice and ongoing care for patients to Primary Care – then not leading to referral. |

Developing an appropriate trajectory is currently under consideration as the delivery is essentially to be able to report by the end of March 2020 no patients waiting in excess of 100%+ over their target date – and because it is multi-faceted – i.e. removing duplicates and validation, transferring patients into more appropriate monitoring, discharging patients not requiring clinical review and reviewing patients that do need to be seen means that it cannot be a straight line trajectory but more likely a stepped change down to the final figure.

## 5. GOVERNANCE AND RISK ISSUES

6.1 It is clear that the current drift in performance in removing these potentially erroneous entries on our systems are impacting on the delivery of reducing the numbers of patient who genuinely require to be reviewed. Removing the inaccurate entries allows a more focused attention in reducing the numbers of patients waiting to be reviewed in a timely way. Failure not to invest in improving these systems will only continue to mask the true position of patient awaiting follow up.

6.2 Delivery units will still need to ensure that a clinical monitoring / review process are included within their respective action plans to ensure that no harm is brought about to patients awaiting review and are being delayed access to that review.

6.3 Delivery unit IMTP submissions will need to ensure that adequate capacity is available to outpatient clinics to meet this and future demand. The impact of that capacity can be mitigated through changes in work flow – such as greater use of virtual clinics / self-managed care, alternatives to medical face to face reviews in primary care – actions which will be addressed through greater co production and agreement. Current developments by each Delivery Units IMTP are being assessed to ensure this aspect is included in their returns.

6.4 If no immediate action is taken the numbers on these lists will continue to grow with the knock on increased costs to address.

6.5 There remains an issue with regard to changes to the WPAS system to accommodate the new categorisations which have been raised with NWIS and the team are reviewing – it will be important to ensure such changes are able to be provided in a timely way to support this work.

## 7. RECOMMENDATION

7.1 The Committee is asked to note the content of the report and the actions being taken to improve performance in this key area for the Health Board.

| Governance and Assurance | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Link to corporate objectives** ***(please ✓)*** | Promoting and enabling healthier communities | Delivering excellent patient outcomes, experience and access | Demonstrating value and sustainability | Securing a fully engaged skilled workforce | Embedding effective governance and partnerships | | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| **Link to Health and Care Standards** ***(please ✓)*** | Staying Healthy | Safe Care | Effective Care | Dignified Care | Timely Care | Individual Care | Staff and Resources |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Quality, Safety and Patient Experience**

For our population we want:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Achieve better outcomes and experience for patients at reduced cost
- Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion
- To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans
- Minimise harm to patients

**Financial Implications**

IBG have supported the investment to cover the cost of the validation team for a two year period with a third year to be explored utilising savings that could be accrued from cost avoidance with improved performance and delivery.

**Legal Implications (including equality and diversity assessment)**

The Health Board is responsible for planning and delivering primary, community and secondary care health services for its resident population. Ensuring that the Committee is fully sighted on this area of business is essential to positive assurance processes and related risk management.

**Staffing Implications**

The proposal to improve the delayed follow up not booked position has identified the need for additional staff dedicated to training and resolving any erroneous data entries.

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.

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| **Report History** | Previous reports provided November 2018. |
| **Appendices** | SBAR - finance details.docx |