

MANAGEMENT ACTION PLAN

APPENDIX C

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| Audit Source: | Internal Audit | Audit Year: | 2018/19 |
| Report Ref: | ABM-1819-028 | Title: | Delayed Follow Ups |
| Report Issued: | 19/10/2018 | Overall Assurance Opinion: | Limited |
| Lead Executive: | Chris White | Version: | FINAL v1.1 |

KEY: Design of System/Control (D) & Operation of System/Control (O)

| Key Finding Ref | Findings | Impact (Internal Audit) | Recommendation | Priority | Management Response | Responsible Officer | Deadline |
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| 1a (D) | A review of the Delivery Unit plans for 2018/19 identified the consistent reporting of information across all sites. However, we were unable to view any reference to clinical risks that would have prompted the raising of actions in the plans. | Lack of identified clinical risks recorded in Delivery Unit Plans 2018/19 reduces the level of scrutiny and assurance arrangements. | Management should ensure where actions have been listed in the Delivery Unit plans, clinical risks are also recorded. | H | <p>All delivery units have been requested that action plans are produced to address this requirement, progress against which is reported to the Health Board Outpatient Improvement Group and then to the Planned Care Supporting Delivery Board. As part of this process, Units have been asked to provide assurance that those highest risk patients are being addressed and ensure patients are not being harmed.</p> <p>The Planned Care Supporting Delivery Board has identified that the Unit plans do not provide sufficient detail on actions that are being taken to ensure that patients are not coming to harm and that detailed plans are developed for quarter 4, that will provide this level of assurance, for discussion at the meeting of the Outpatient Improvement Group in Feb 2019. <i>Target Date: Monthly Review from February 2019</i></p> | Malcolm Thomas, Associate Director of Recovery and Sustainability | 28/02/2019 |
| 1b (D) | We can confirm that FUNB was listed as a standing item under the 'Timely Care' objective at the August 2017 and April 2018 Quality & Safety meetings. Following a review of the minutes and papers of both these meetings, we can confirm that the WAO Follow-up Not Booked report was submitted to the August 2017 meeting; however, no report or paper detailing clinical risks associated with delayed follow-ups has been reported to the Q&S Committee since. | Poor reporting of identified clinical risks to the Quality & Safety Committee reduces the level of scrutiny and assurance arrangements. | Management should ensure that progress updates for follow-up not booked is regularly submitted to the Quality & Safety Committee. | M | <p>The Health Board Outpatient Improvement Group has determined a clearly defined improvement trajectory to deliver the Health Board Delayed Follow Up profile for 2018/19. This is reviewed on a monthly basis by the Outpatient Improvement Group with reports provided to the Planned Care Supporting Delivery Board.</p> <p>Regular reports are also provided to the Health Board Finance and Performance Committee (reports have been provided in February and April 2018 with a further report to be provided in November 2018) and from December 2018 will be provided on a regular basis to the Quality & Safety Committee.</p> <p><u>Board Lead:</u> Executive Director of Public Health <u>Action by:</u> Executive Director of Public Health and Associate Director of Recovery and Sustainability <u>Target dates:</u> <i>Outpatient Improvement Group (monthly)</i> <i>Finance and Performance Committee (Nov 2018)</i> <i>Quality & Safety Committee (from Dec 2018).</i></p> | Sandra Husbands, Executive Director of Public Health | 31/12/2018 |

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| <p>2 (D)</p> | <p>The Health Board have begun introducing service changes from lessons learned with the recent introduction of the patient initiated appointment system being trialled within the Rheumatology Department at NPT Hospital Unit.</p> <p>The Service Optimisation: Planned Care Work stream Project Outline Document recognises that the work stream requires support from the Service Improvement Team in order to facilitate regular shared learning lessons and to provide increased support to Delivery Units to assist in taking forward modernisation initiatives. Concluding discussions with the Planning & Performance Partner, work is ongoing to implement this requirement, resulting in the continuation of no overarching mechanism to share lessons learned from service changes across the Health Board.</p> | <p>There is no formal system in place to share lessons learned from service changes introduced in specialties and delivery units.</p> | <p>Management should progress with the introduction of the requirements set out in the Planned Care Work stream Project Outline Document to utilise the Service Improvement Team to facilitate regular shared learning of lessons across Units and Directorates.</p> | <p>H</p> | <p>The Service Improvement Team are active members of the Health Board Outpatient Improvement Group.</p> <p>Best practice from across Wales (received via the National Outpatient Steering Group and National Outpatient Learning Collaborative) is shared on a regular basis with members of Outpatient Improvement Group for onward dissemination within the Delivery Units. Best practice across the UK (received via the National Outpatient Benchmarking programme) is also shared on a regular basis with members of the Outpatient Improvement Group.</p> <p>The Outpatient Improvement Group also ensures that best practice is shared internally between the Delivery Units.</p> <p>Review to be undertaken at October 2018 meeting. <i>Target date: October 2018 and regular review thereafter</i></p> | <p>Malcolm Thomas, Associate Director of Recovery and Sustainability</p> | <p>31/10/2018</p> |
| <p>3 (O)</p> | <p>A review of the OIG and PCSDB papers for 2018 noted that follow-up priority plans had been submitted for ENT, Ophthalmology, Orthopaedics and Urology specialties to help reduce the number of follow-up appointments in the PCSDB April and June 2018 meetings. Whilst the plans contained modelling calculations, including an estimate impact analysis, no financial figures were reported only numerical patient numbers.</p> <p>No other reference to financial savings were evident in the OIG or PCSDB minutes and papers. In addition, the Service Optimisation: Planned Care Work stream Project Outline Document had not calculated the financial benefits/savings that will be delivered.</p> | <p>Management are unable to quantify the financial savings as they have not been informed of the financial impact that outpatient modernisation project activities are having within Units and Directorates.</p> | <p>Management should regularly report the financial savings resulting from outpatient modernisation project activities to the Planned Care Supporting Delivery Board via the Outpatient Improvement Group.</p> | <p>M</p> | <p>The Outpatient Improvement Group is an efficiency based work stream. Until significant service remodelling of outpatient delivery is undertaken it is unlikely that there will be savings with continued focus on improved efficiency and improved patient experience.</p> <p>The priority follow up plans referred to are specific to the National Planned Care Programme specialties and are discussed at the Health Board Planned Care Supporting Delivery Board.</p> <p>The Outpatient Improvement Group has been regularly monitoring the impact of the Outpatient appointment text reminder service introduced in July 2017. This has been from an efficiency and cost avoidance perspective with regular updates provided to the Planned Care Supporting Delivery Board. Work continues to explore new methods of delivery of follow up appointments e.g. via virtual clinics to increase the utilisation of available capacity and avoid the costs associated with missed appointments (potential waiting list initiatives, re-booking costs).</p> | <p>Malcolm Thomas, Associate Director of Recovery and Sustainability</p> | <p>n/a</p> |

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| 4a (D) | The PCSDB terms of reference were approved at the June 2018 meeting, with actions on improving performance required to be submitted to the Executive Team and Health Board. However, no reference was made to the Recovery & Sustainability Programme Board (RSPB) where a revised RSPB 2018/19 governance structure had been submitted to the February 2018 meeting detailing the various work streams and supporting groups, including the PCSDB. | Inaccurate reporting arrangements recorded in the Planned Care Supporting Delivery Board terms of reference. | The Planned Care Supporting Delivery Board should ensure their terms of reference are amended to reflect the reporting arrangements to the Recovery & Sustainability Programme Board. | M | The Outpatient Improvement Group reports directly to the Planned Care Supporting Delivery Board. Work has been undertaken to have developed a programme structure by which the Planned Care Supporting Delivery Board would report through the Recovery & Sustainability process, however this has not been formally agreed. It has been agreed that as the Finance and Performance Committee of the Health Board has oversight of the Targeted Interventions priorities, and the issue of Delayed Follow Ups preceded the Recovery & Sustainability work, reports on the Delayed Follow up position would be taken through the Finance and Performance Committee. The next report will be taken to the November meeting. <i>Target Date: November & regular review</i> | Malcolm Thomas, Associate Director of Recovery and Sustainability | 30/11/2018 |
| 4b (D) | We can confirm that an explicit report on delayed follow-ups had been reported to the RSPB in February 2018, but we were unable to see a regular submission by the PCSDB in comparison with other work streams that appear to report to the RSPB on a monthly basis. | Inconsistent reporting of update reports to the Recovery & Sustainability Programme Board. | The Planned Care Supporting Delivery Board should ensure regular update reports are submitted to the Recovery & Sustainability Programme Board. | M | As indicated above, the Outpatient Improvement Group reports directly to the Planned Care Supporting Delivery Board, a further report to be provided to the meeting in October 2018. Regular reports on the Health Board delayed follow up position are provided to the Finance and Performance Committee and not the Recovery and Sustainability Programme Board. <i>Target Date: November & regular review</i> | Malcolm Thomas, Associate Director of Recovery and Sustainability | 30/11/2018 |
| 5 (D) | A review of the Unit plans for 2018/19 was undertaken to establish whether validation activities that focused on clinical conditions where patients could come to irreversible harm if delays occurred in follow-up appointments had been included. As noted in the WAO follow up report issued in February 2018, POW Hospital Unit continue to outline the clinical validation that is being undertaken, but there is no reference to how they planned to identify and prioritise high-risk patients. | High risk patients could come to irreversible harm if patients are not prioritised by POW during their clinical validation if delays occur in follow-up appointments. | POW Hospital Unit should document how they planned to identify and prioritise high-risk patients within their validation activities. | H | It is a requirement for all Units and not specifically POW to identify and prioritise high-risk patients. It is the expectation that this is reflected in the Unit Delivery Plans for Q3 that will be monitored via the Outpatient Improvement Group. Clinical risks will be regularly reported to the Quality and Safety Committee from December 2018. <i>Target: December 2018 and monthly review</i> POW are taking specific actions to put more administrative resource into validation initially and prioritise clinical validation in Cardiology. <i>Target: November 2018</i> Additional non recurring funds are being released to Morriston, NPT and POW units to address the validation of their Follow up not booked lists. These funds are being made available through to the end of the financial year. Further an SBAR is being prepared to address medium to long term actions for the continuous improvement / reduction of follow up not booked patients. <i>Target: November 2018</i> | Malcolm Thomas, Associate Director of Recovery and Sustainability | 30/12/2018 |