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WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	28 th November 2018		Agenda Item	4a
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	The purpose of this report is to inform the Performance and Finance Committee of the current performance status against the Follow Up Not Booked (FUNB) profile detailed within the 2018-19 Integrated Medium Term Plan (IMTP).			
Key Issues	<p>The performance of our Outpatient services is a key objective for the Health Board. The main challenging area is that of delayed follow up appointments.</p> <p>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 2018-19 for the number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their target date.</p> <p>Failure to deliver improved performance that meets Welsh Government requirements will not deliver a level of quality of care to our patients.</p>			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
			✓	
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • RECEIVE and NOTE the status report of current performance against the FUNB profile for 2018/19 and actions to improve performance across the Delivery Units. 			

1. INTRODUCTION

- 1.1 The purpose of this report is to inform the Performance and Finance Committee of the current performance status against the Follow up Not Booked (FUNB) profile detailed within the 2018-19 Integrated Medium Term Plan (IMTP).

2. BACKGROUND

- 2.1 The Health Board Outpatient Improvement Group (OIG) was established to provide a Health Board wide structure to oversee the efficiency, utilisation and continued service improvement of outpatient services within ABMU.

The OIG aims to support the Delivery Units to transform the way in which ABMU delivers outpatient care to provide more modernised services that are responsive to the needs of patients. It also aims to build stronger links between primary and secondary care to deliver safe and effective services with the flexibility to ensure that the right patient is seen in the right place at the right time without necessarily needing to attend a traditional hospital based appointment, for both new and follow up review.

- 2.2 The Wales Audit Office (WAO) reviews of follow up appointments in ABMU (2015 and 2017) highlighted that too many patients on the outpatient follow up list are delayed; there is a need for greater clinician engagement in the recording of clinical risks associated with delayed follow up appointments; there are insufficient mechanisms in place to routinely report these clinical risks to the Board; and that issues persist with the management of the FUNB list.
- 2.3 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 2018-19 for the number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their target date.
- 2.4 The OIG has identified the delivery of an improved delayed follow up position as a key priority for the financial year 2018/19. The 2017/18 year end position was 62,799 delayed follow ups across the Health Board. The Executive Team have agreed a target for 2018/19 of a 24% reduction to deliver a year end position of 47,862 by the 31st March 2019.
- 2.5 Some of the reasons for a growing number of follow up not booked patients can be attributed to:

- Duplicate entries

The definition of a duplicate entry is the same patient ID under the same specialty with more than one entry on the delayed follow up waiting list. Not all of these duplicates will be genuinely waiting for two follow up appointments within the same specialty.

In the main duplicates are created by ward staff inputting incorrectly the next preferred clinician on WPAS when the patient will actually be seen by a nurse specialist prior to being seen by a consultant; and by booking staff not having amended the previous appointment details to the consultant the patient has a new appointment with.

- Follow ups awaiting diagnostic tests/results

These patients are also known as category D patients who will be on a follow up waiting list after diagnostic tests. Some of these patients' scans/results will have been reviewed by their clinician and communicated to them via letter rather than being brought back to an appointment if not required. However no entry on WPAS will have been made to remove them from the follow up not booked lists.

- Blank categories

If patients on the follow up waiting list do not have a category assigned then this technically means that they have no clinical priority allocated. This could potentially mean that the patients are not booked an appropriately timed follow up appointment. Ideally the system should not allow staff to proceed any further without inputting the category but this is not possible due to different patient pathways.

For example, within Orthopaedics a patient would see a consultant first who would then send them for an x-ray and ask them to return to clinic later on. Therefore consultants need to bypass areas and return to the PAS system using in-touch. Similarly not all areas are using in-touch and therefore is it reception staff that update the system from an outcome form completed by the consultant. If clear direction is not given on the form, it should be returned to the consultant for clarity however more often than not this does not happen and the patient is booked onto a follow up list with no clinical priority allocated.

- Patients not requiring appointments

There are inevitably patients who have been placed on the follow up waiting list that will no longer require the appointment for various reasons. These patients are often sent appointments and consequently do not attend, wasting vital clinic capacity and affecting the DNA rates of the organisation.

3. INTERNAL AUDIT REVIEW OF OUTPATIENT FOLLOW UP DELAYS

- 3.1 ABMU Internal Audit colleagues have recently undertaken a review of actions taken via the OIG to improve the quality of information reported to the Board and Welsh Government. The review was restricted to a review of evidence demonstrating progress against the Wales Audit Office recommendations identified in the 2015 and 2017 reviews. A Further Wales Audit Office paper has been published (copy attached) highlighting the national picture and the need to take decisive action to reduce these numbers with recommendations which are fully supported by Welsh Government.

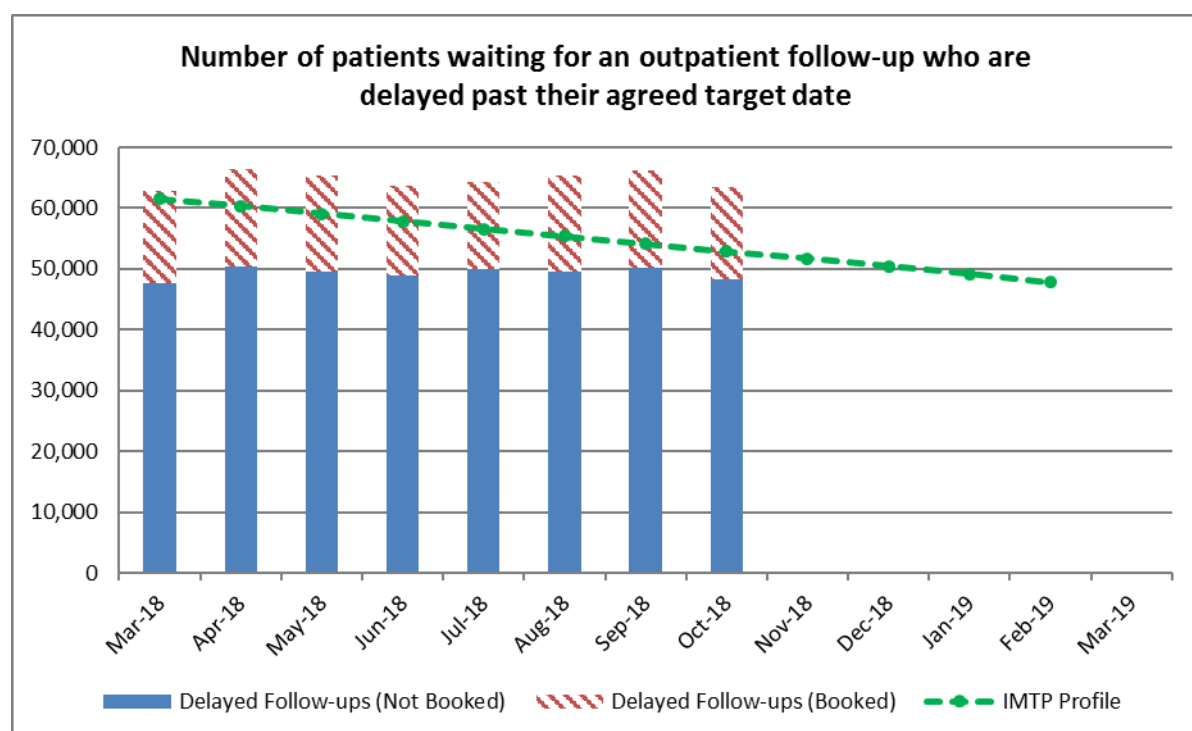
- 3.2 The Health Board has prepared a management response to the key findings and recommendations arising from the Internal Audit review (included in Appendix One).

4. CURRENT PERFORMANCE

- 4.1 The Wales Audit Office (WAO) reviews undertaken in 2015 and 2017 highlighted there are too many patients on outpatient follow up lists that are delayed; and insufficient mechanisms in place to routinely report clinical risks to the Board.

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

At the end of October 2018, the position reported to Welsh Government had slightly improved on the previous month to 63,538 from 66,629. This is still 9,394 above the Annual Plan profile trajectory for 2018/19 to October 2018.



5. IMPROVEMENT ACTIONS FOR 2018/19

- 5.1 The OIG has requested all Delivery Units submit detailed plans, on a quarterly basis, to deliver an improved Delayed Follow Up position. These plans would normally be reviewed on an ongoing basis by the OIG prior to presentation to the Planned Care Supporting Delivery Board with the expectation that they provide detailed actions to deliver the Unit specific Delayed Follow Up trajectory for 2018/19 and provide sufficient assurance that the Units are addressing the clinical risks of patients on the delayed follow up waiting list to ensure that patients do not come to harm.

The Planned Care Supporting Delivery Board has identified that the Unit plans do not provide sufficient detail on quantifiable actions to achieve the identified trajectories nor provide sufficient detail on actions that are being

taken to ensure that patients are not coming to harm and requested that detailed plans be developed for quarter 3.

5.2 At the end of October – Morriston, Neath Port Talbot and Singleton Delivery units had submitted their updated plans for review. Because of operational pressures the Princess of Wales Unit did not submit an updated position.

5.3 The delay in the delivery and the content of these plans were escalated to the Associate Director – Recovery and Sustainability and Chief Operating Officer. The escalation agreed a short and medium term strategy to take immediate action to remedy the deteriorating performance.

- To develop an SBAR to deal with a sustainable solution that would address the training needs of staff using the patient administration system to eliminate erroneous entries and updating actions for patient's ongoing care. The Delivery units have identified a significant investment to address this particular concern which will be considered at the Health Boards IBG Panel in due course. A precise of that investment is attached as appendix 2.
- To provide a solution in the short term to immediately address duplicate entries, incomplete pathways, and blank categories within the system. A non-recurrent investment be made available to the Delivery units in Morriston, Singleton and the Princess of Wales units along the following plans:
 - Morriston - £12,500 to remove:
 - Remove 1660 Duplicate entries
 - Reduce Cat D entries – 1300/month
 - Address Blank entries – approx. 1250
 - Neath Port Talbot - £1,951 to remove:
 - Remove 130 Duplicate entries
 - Reduce Cat D entries – 428 entries
 - Address Blank entries – approx. 1250
 - Princess of Wales - £7,820
 - Remove Duplicate entries - 222
 - Reduce Cat D entries – 1039 and a further 300 /month
 - Address Blank entries – approx. 1940
 - Longest waits – 41
- Singleton at this point are unable to identify administrative staff to support their Validation review – and Morriston colleagues are also unable to support them at this stage. There are approximately 2,000 duplicate entries within Ophthalmology – a group identified as most at risk of harm.
- A “Gold Command” Group under the leadership of Chris Morrell with clinicians and managers is being put into place to review the Ophthalmology pressures.
- The remaining investment of approx. £10K will be held to further review additional remedies to this short term solution.

- 5.4 The Health Board have undertaken a number of actions to understand and start to address as appropriate any potential harm due to long waits in follow ups. The main area where this work has been undertaken includes Ophthalmology where the specialty has reviewed all patients (approximately 22,000) and allocated risk status to all patients awaiting review – categorising them as R1 (High Risk), R2 (Medium Risk) and R3 (Low Risk) – the greatest number of these have glaucoma and an action plan has been agreed to address this group of patient which is monitored by both the Planned Care team and at a national level.

The use of PROMs software has been used in orthopaedics (shortly to be transferred using a NWIS developed system) to monitor Knee and Hip replacement patients ongoing care. Approximately 1300 patients are now being monitored through this process rather than within a follow up pathway.

The Delivery Unit have also undertaken a National Audit of all long waiting patients re potential harm resulting from delays in surgery – specifically within Orthopaedics but also in a small number of areas where long waits have been identified – their report is awaited.

- 5.5 Within the Planned Care Programme the development of virtual clinic activity and movement towards self-managed care has steadily been increasing. The Urology PSA elements have approximately 1200 patients reviewed via the clinical office rather than face to face contacts and the service is further evolving with the Patient Knows Best system to implement self-managed care (whereby patients access their own results from home and only need an intervention when their PSA results go outside of the guidelines). A number of other specialties are also well advanced with virtual clinics / Patient Knows Best implementation. Unfortunately a large number of these patients continue to reside within the FunB reporting structure and these skew actual figures. The National Improvement group have recently prepared and are in the process of agreeing new definitions which will clarify how these are to be counted in the future. Systems such as WPAS will also need to be updated to account for this change in accounting structure. Delivery Unit action plans are highlighting progress in this area.

- 5.6 The potential impact of these actions can be clarified:

The Health Boards Follow up position is approx. 66,630 – this figure could be reduced and patient's condition assessed and prioritised as appropriate by:

- The short term impact of validation as discussed above:
 - Reduce Duplicates – reduction of 1882
 - Reduce Cat D entries – 1,039 and a further 1600 per month
 - Address Blank entries – 3,190
- Implemented the medium to longer term training and validation plan as per appendix 2 – to continue to reduce overall numbers and target priority patients into follow up slots through improved training, validation and monitoring arrangements.
- Implementing the new definitions category for virtual care / self-managed care patients – thus removing significant numbers from the FunB lists and managing this cohort of patients through different arrangements such as Patient Knows Best.




- Understanding our population and their condition with regard to potential harm we should continue the use of PROMs activity in orthopaedics and the potential to extend this pathway into other sub specialty areas of orthopaedics and other specialties.
- The work that we have undertaken in ophthalmology clarifies that approximately a third of our FunB population have a risk index attached to them to identify appropriate and timely action – Delivery Unit plans will reflect the improvements necessary to manage this cohort appropriately.

6. 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.

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: <ul style="list-style-type: none">○ 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										
The short term costs of the proposal to improve the delayed follow up not booked has been identified as approx. £30K and will be funded via this year's RTT budget. The SBAR will need to be considered by the IBG but is in the order of £140K.										
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)										
In 2017/18 the Health Board provided 250,510 New Outpatient appointments and 433,666 follow up outpatient appointments. In addition, there were 18,451 new DNA and 42,603 follow up DNA appointments.										
Report History		Previous reports provided in February 2018 and April 2018.								
Appendices		<div><div></div><div></div><div></div></div> <div>Copy of 028 FunB Follow up management-follo Delayed Follow Upsreduction plan.docxw-up-outpatients-ei</div>								