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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	16 th July 2019	Agenda Item	5b	
Report Title	Follow Up Not Booked (FUNB) – Status Update			
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 papers presented at previous F & P meetings with known National targets, actions completed and an updated 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	<p>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.</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 2019-21 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	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.			

1. INTRODUCTION

- 1.1 The purpose of this report is to share with the Performance and Finance Committee the recently agreed national targets that have been developed by the All Wales Outpatient Modernisation Group to deliver performance improvements, our actions taken to date and an updated 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 and February Performance and Finance Committees. The reports highlighted existing arrangements, current performance and comparative data.

This supplementary paper provides further agreements at the National Outpatient Board, actions completed to date and an updated action plan to be implemented that addresses the performance and management of follow ups as part of the IMTP.

3. CURRENT PERFORMANCE AND ACTIONS

- 3.1 The NHS Planning Framework 2018-2021 has a clear expectation that waits and harmful delays for patients are reduced. To support all Health Boards in Wales to drive through such improvements in Outpatient activity, a National Outpatient Modernisation Board has been established with senior leaders representing Health Boards at monthly meetings.

The group meets to monitor progress, share learning and best exemplars, and to provide assurance. This group have also advised the Welsh Government that the following Targets should be implemented to provide that assurance that changes and performance across the organisations is being implemented:

- **All health boards to have allocated a clinical review date to 98% of patients on a follow up waiting list – December 2019**
- **All health boards to have allocated a clinical risk factor to 95% of patients on the eye care measures by September 2019**
- **All health boards to report accurately see on symptoms patient pathways – December 2019**
- **All health boards to reduce the overall size of the follow up waiting list (based on the end of August 2019 position) by at least 15% by; March 2020, a further 20% - March 2021, a further 20% March 2022**
- **Reduce the number of patients delayed by over 100% by at least 15% - March 2020, a further 20% - March 2021, a further 20% March 2022**

3.2 The performance against these targets are now reported consistently as part of the Performance reports to the Committee. Some further refinement of reporting against these targets is underway and will be reported in future reports. Most recent reporting has been as follows:

Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)

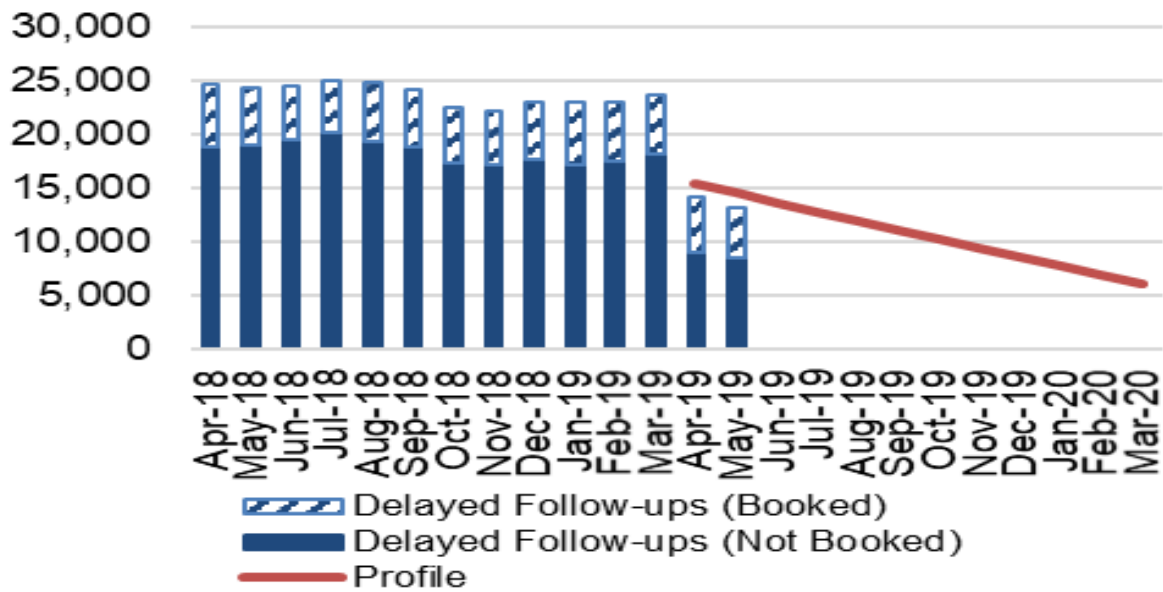


Chart 13: Number of patients without a documented clinical review date

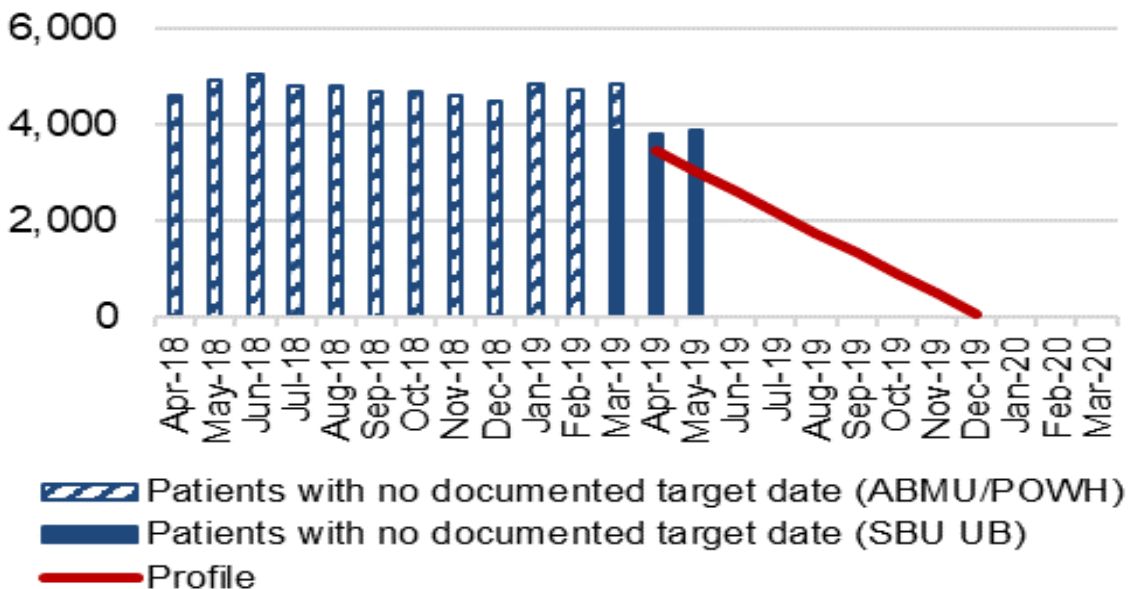
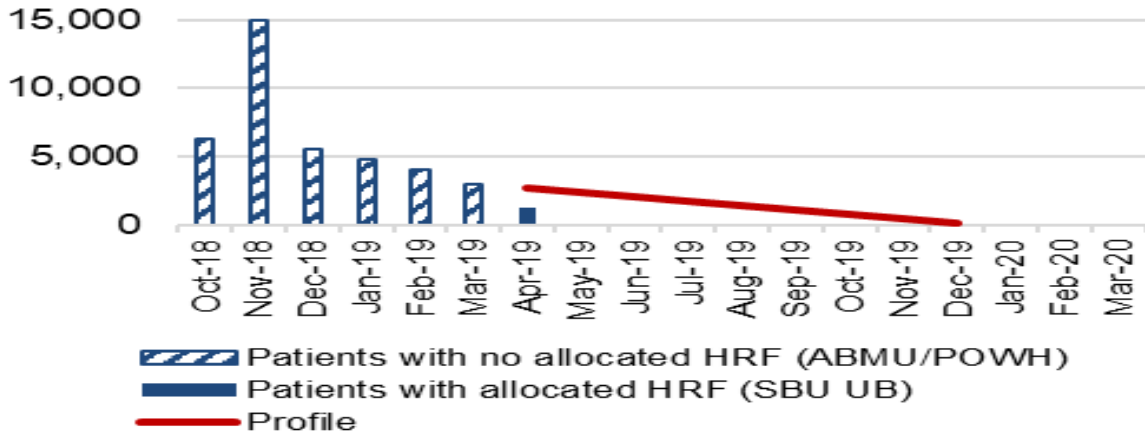


Chart 14: Ophthalmology patients without an allocated clinical risk factor



Note: May figures not available at time of writing but if available a verbal update will be given

Chart 15: Total number of patients on the follow-up waiting list

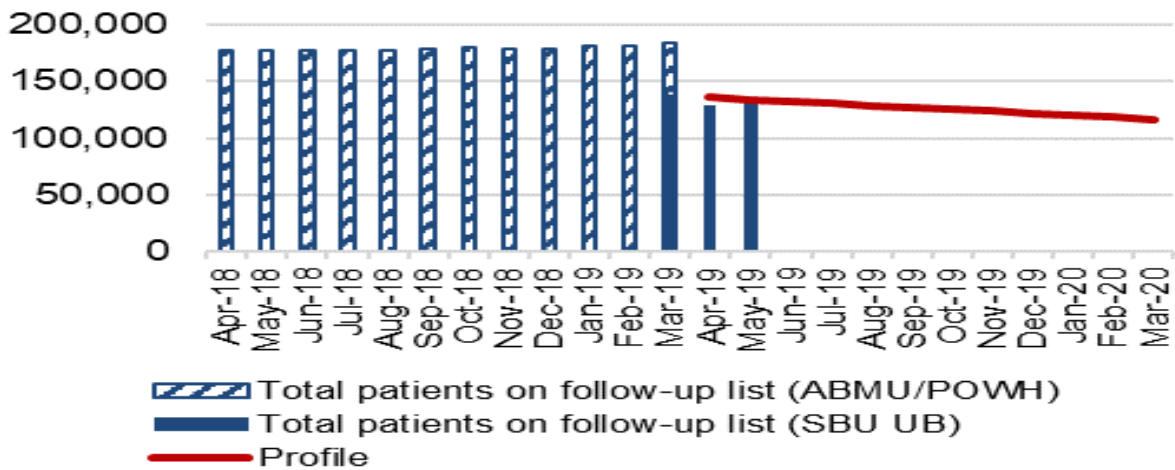
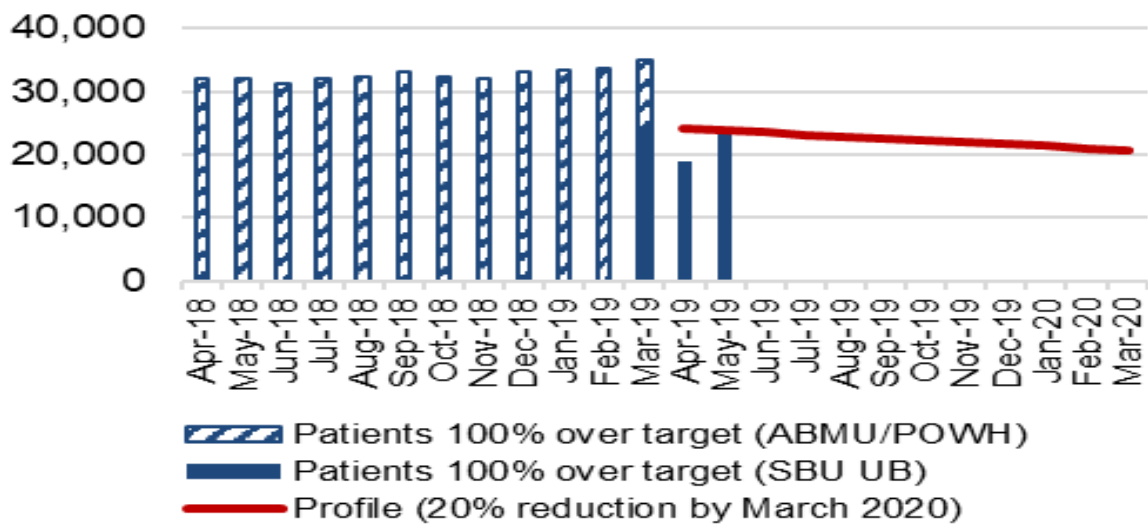


Chart 16: Number of patients delayed by over 100%



3.3 Actions taken over the last two months include:

- The Health Board has refreshed its current Outpatient Modernisation arrangements with a programme of work as part of its Recovery and Sustainability Programme.
- Additional recurrent funding has been released to create a full time Validation team to work across delivery units to reduce erroneous activity and to validate backlog. The team will also need to support delivery units with improved support to identify problem areas. This team is in place as of this month.
- Long standing Patient Administration System initiated problems have been identified and resolved with our NWIS colleagues. This has removed a substantial number of duplicate entries from our systems.
- Delivery units are more focused on addressing these issues having put into place local delivery Unit based outpatient groups.
- The Clinical strategy discussions with clinical groups are further highlighting the needs to change working practices and challenging the status quo.
- The validation team will also provide support to move those patients now and in the future managed through See on Symptom, virtual clinics / self-managed care are appropriately recorded within the WPAS and not within the FunB listings – as per the refined definition criteria. 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.

- 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 Optometric Diagnostic and Treatment Centres (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.



- Additional recurrent and non-recurrent funding has been made available to key areas such as ophthalmology to address service shortfalls and improve target dates for high risk patients.
- The Health Board is participating in the All Wales reviews around key deliverables such as See on Symptom in order to clarify a framework to manage future additions and reduce current numbers to reflect true clinical need for review.
- The Morriston Outpatient Group have led on a review of “Did Not Attend’s” within the services – see attached report, and have made recommendations around improved management and practice of these patients – which follow national guidelines, and which are now being rolled out across the Health Board
- The Health Boards Outpatient Modernisation Board has also prepared the attached Action Plan.

4. GOVERNANCE AND RISK ISSUES

- 4.1 It is noted that the current 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.
- 4.2 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.
- 4.3 Future 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.
- 4.4 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.

5. RECOMMENDATION

- 5.1 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 <i>(please ✓)</i>	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 <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓	✓	✓	✓	✓	✓	✓
Quality, Safety and Patient Experience							
<p>For our population we want:</p> <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							
<p>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.</p> <p>The R & S Programme have identified a savings programme opportunity for this work – it is considered to be a cost avoidance option rather than savings as activity will change over time.</p>							
Legal Implications (including equality and diversity assessment)							
<p>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.</p>							
Staffing Implications							
<p>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.</p>							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
<p>Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.</p>							
Report History	<p>Previous reports provided November 2018 and February 2019.</p>						
Appendices	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Outpatient Modernisation Prog</p> </div> <div style="text-align: center;">  <p>FUNB SBAR v2.1.doc</p> </div> </div>						

