

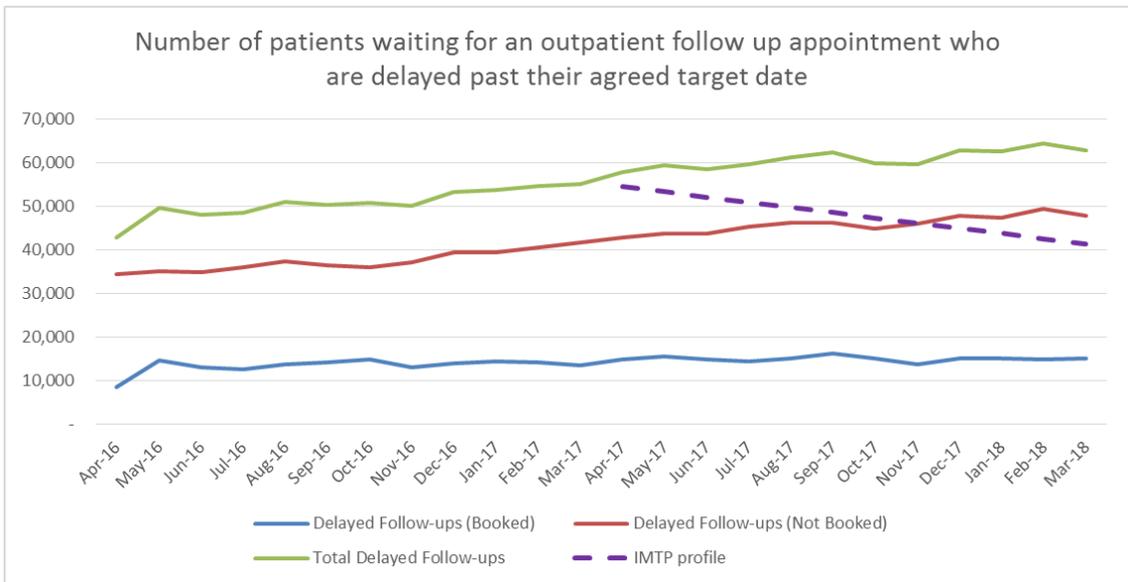
ABM University Health Board	
Date of Meeting: ***** 2018 Finance and Performance Committee Agenda item: ***	
Subject	Delayed Follow Up Not Booked
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Presented by	Sandra Husbands, Executive Director of Public Health

1. Situation

- 1.1 A paper was presented to the Finance and Performance Committee on the 21st February 2018 providing an update on the ABMU Health Board performance against the Follow-Up Not Booked (FUNB) profile detailed within the 2017-18 Integrated Medium Term Plan (IMTP). This paper describes the most recent performance and the actions being taken to address the position.

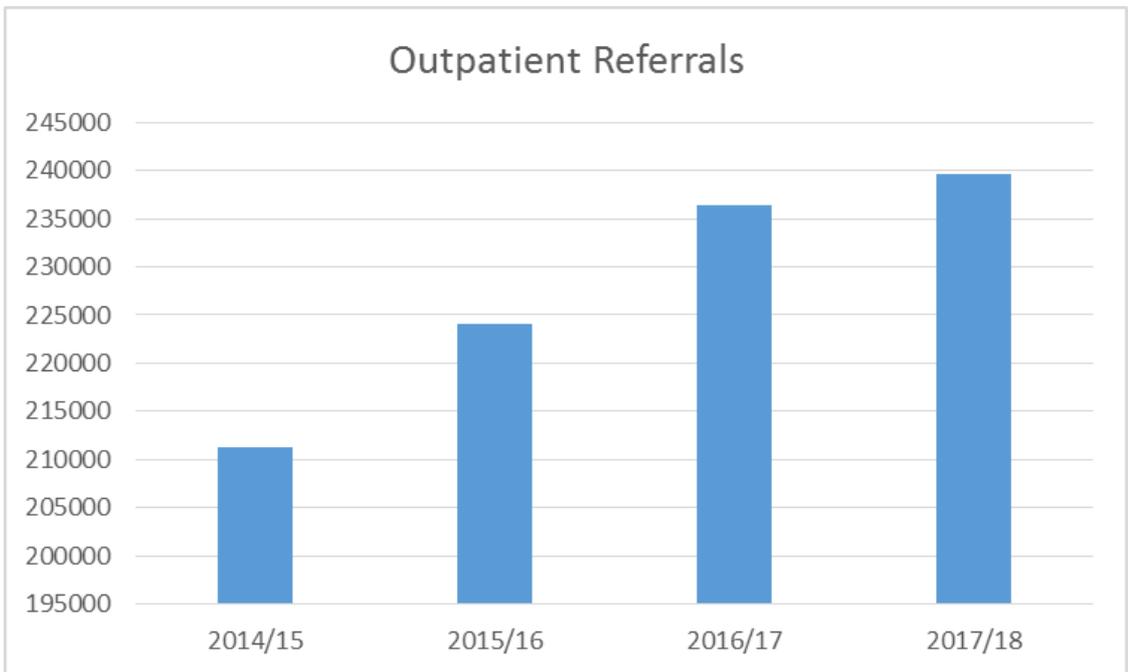
2. Background

- 2.1 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.
- 2.2 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.
- 2.3 The Health Board Annual Planning Framework for 2017-18 developed a profile trajectory for those patients waiting for an outpatient follow up appointment delayed past their target date. The chart below shows the compliance against this profile during 2017-18:



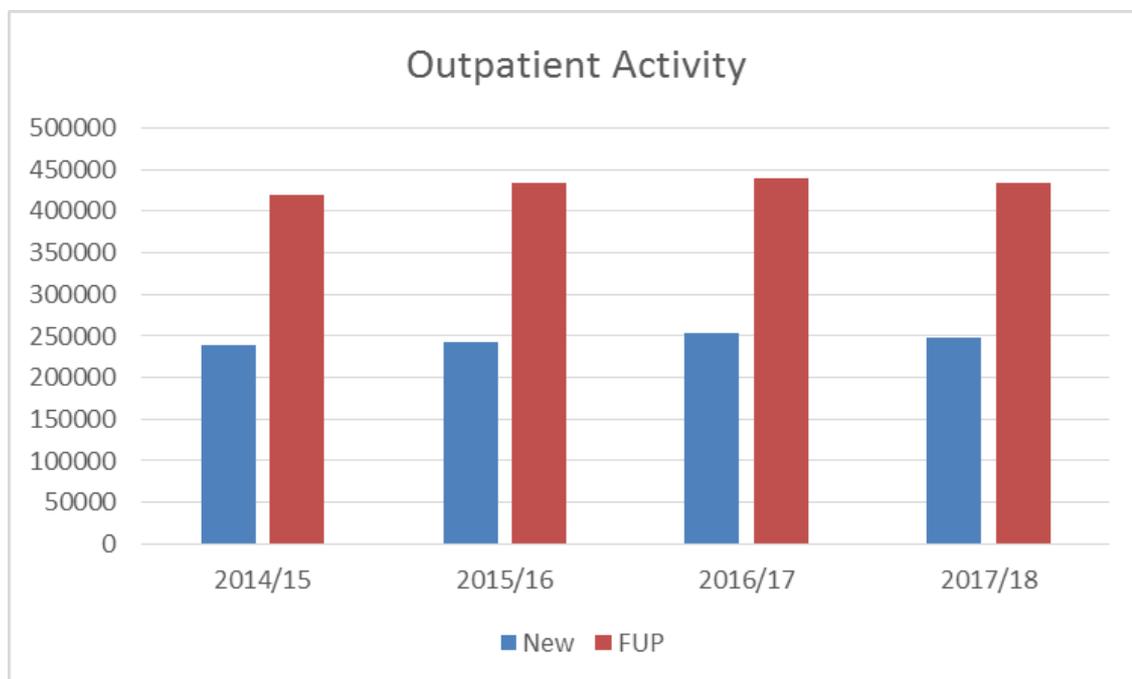
The chart shows a deteriorating position from April 2016 with a growth of 7,806 (14.2%) in delayed follow ups from March 2017 to March 2018. The Health Board has not delivered against the IMTP profile for 2017-18, being 21,519 above profile at the end of March 2018.

- 2.4 It is apparent that outpatient referrals have steadily increased from 2014-15. Based on referrals year to January 2018, it is predicted that 239,656 referrals will be received in 2017-18.



Data source: Stats Wales

- 2.5 Both new and follow up outpatient activity has increased slightly from 2014-15. In 2017-18 ABMU delivered 249,226 new outpatient appointments and 431,917 follow up outpatient appointments. This is a slight decrease on activity levels in 2016-17 (253,170 new outpatients; 431,917 follow up outpatients).



- 2.6 The Annual Plan for 2018-19 has again identified the importance of reducing the number of patients waiting for an outpatient follow-up (booked and not booked) with a year-end profile figure of 47,862. The performance against this profile will be monitored via the Health Board Planned Care Supporting Delivery Board, chaired by the Chief Operating Officer, and also via the Welsh Government Quality and Delivery mechanism.

3. Assessment

- 3.1 The ABMU Outpatient Improvement Group has been tasked with overseeing the improvement of the Health Board follow up position. Fundamental to this is the need to review performance but also to understand the issues impacting on delivery of an improved position.
- 3.3 Delayed Follow-Up Booked (FUB): As at the 31 March 2018, there are 1,600 more follow ups booked compared to 31 March 2017. As a percentage of the total delayed follow up waiting list, performance has remained consistent with 24.5% having been booked in March 2017, 24% having been booked in March 2018.
- 3.4 Delayed Follow-Up Not Booked (FUNB): As at the 31 March 2018, there are 6,206 more follow ups not booked compared to 31 March 2017. As a percentage of the total delayed follow up waiting list, performance has remained consistent with 75.4% of the total delayed follow up list not booked in March 2017, 75.9% having been booked in March 2018. The table below

provides detail, by delivery unit, of those patients delayed past their target date (not booked) at the 31 March 2018:

Service Delivery Unit	Number over target date
Mental Health and Learning Disabilities	2780
Morrison	12082
Neath Port Talbot	2798
Primary and Community Services	1121
Princess of Wales	14823
Singleton	18612

The main problem areas (by volumes) per delivery unit are:

Service Delivery Unit	Specialty	Number over target date
Mental Health/Learning Disabilities	Adult Mental Health	1790
	Older People's Service	559
Morrison	Trauma and Orthopaedic	1320
	Cardiology	1290
	ENT	1221
	Other Neurology	1083
	Urology	1043
	Plastic Surgery	931
	General Surgery	873
	Tertiary Cardiology	721
Neath Port Talbot	Rheumatology	1283
	Respiratory	824
	Endocrinology	506
Primary and Community Services	Restorative Dentistry	926
	Pain Management	79
Princess Of Wales	Cardiology	3784
	Urology	1665
	Ophthalmology	1642
	Trauma and Orthopaedic	1381
	ENT	1303
	Dermatology	1224
	Gynaecology	733
General Surgery	608	

Service Delivery Unit	Specialty	Number over target date
Singleton	Ophthalmology	7426
	Gastroenterology	4759
	Gynaecology	1785
	Respiratory	1054
	Clinical Haematology	1002
	Paediatrics	658
	Dermatology	628
	Oncology	472

4. Actions Taken

4.1 Through the Outpatient Improvement Group, all Delivery Units have been requested to submit detailed plans to deliver the delayed follow up profile across the financial year 2018-19. These plans, which are being reviewed by the Group during April 2018 prior to presentation to the Health Board Planned Care Supporting Delivery Board, have identified a number of actions to improve the Delayed Follow Up position for the Health Board with the expectation that the following are delivered by the 30th June 2018:

- Identify the highest Delayed Follow Up specialties and undertake mass administrative and clinical validation to 'clean' the waiting lists and remove duplicates, errors and patients who no longer require a follow up appointment.

Undertaking the administrative validation will have a resource implication. Colleagues in Morriston and Singleton Delivery Units are in the process of developing a briefing paper to present to the Outpatient Improvement Group in May 2018 to provide background on the scale of the duplicate entries; backlogs in updates to the Welsh Patient Administration System; and a proposal for the establishment of a delayed follow up waiting list team to address these issues and put processes in place to avoid them from recurring.

- Patient Initiated Follow Up appointments – already implemented in Rheumatology. Evaluate and roll out across specialties across the Health Board.
- Review adherence to the RTT guidance for follow ups and DNA process to ensure consistent application across the Health Board.
- Embed the national Planned Care Programme follow up guidelines and recommendations for Ophthalmology, ENT, Orthopaedics, Urology and Dermatology.
- Advanced Practitioner led virtual follow up clinics.

- Increased support and advice to primary care to increase the management of patients in primary care with consequent reduction in new outpatient appointments – planned that this would allow for this new outpatient capacity to be converted to follow up to address the Delayed Follow Up backlog.
- 4.2 Within the Delivery Unit plans, there is a clearly defined improvement trajectory to deliver the Health Board Delayed Follow Up profile for 2018/19. This will be reviewed on a monthly basis by the Outpatient Improvement Group, reporting to the Planned Care Supporting Delivery Board.
- 4.3 The Outpatient Improvement Group will continue to provide both a supportive framework, working closely with the Service Improvement Team, and performance management approach to ensure that the Delivery Units are able to achieve and sustain their planned trajectories and take appropriate actions to address the clinical risks associated with the longest delayed patients.

5 Recommendations

- 5.1 The delivery of an improved follow up position in ABMU remains fragile. The Finance and Performance Committee is asked to note the improvement work identified and support the direction of travel for continued performance management and cross unit solutions, in order to deliver a sustained improvement.