

ABM University Health Board	
<b>Date of Meeting: 21<sup>st</sup> February 2018</b> <b>Finance and Performance Committee</b> <b>Agenda item: 2c</b>	
<b>Subject</b>	Delayed Follow Up Not Booked
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<b>Presented by</b>	Sandra Husband, Executive Director of Public Health

## 1. Situation

- 1.1 Timely access to a follow up outpatient appointment contributes to patient outcomes and is therefore a critical quality and safety issue. ABMU Health Board performance against the Follow Up Not Booked (FUNB) profile detailed within the 2017-18 Integrated Medium Term Plan (IMTP) has been poor, with a notable deterioration over the past 12 months. This paper describes the most recent performance and some of the actions being taken to address the position.

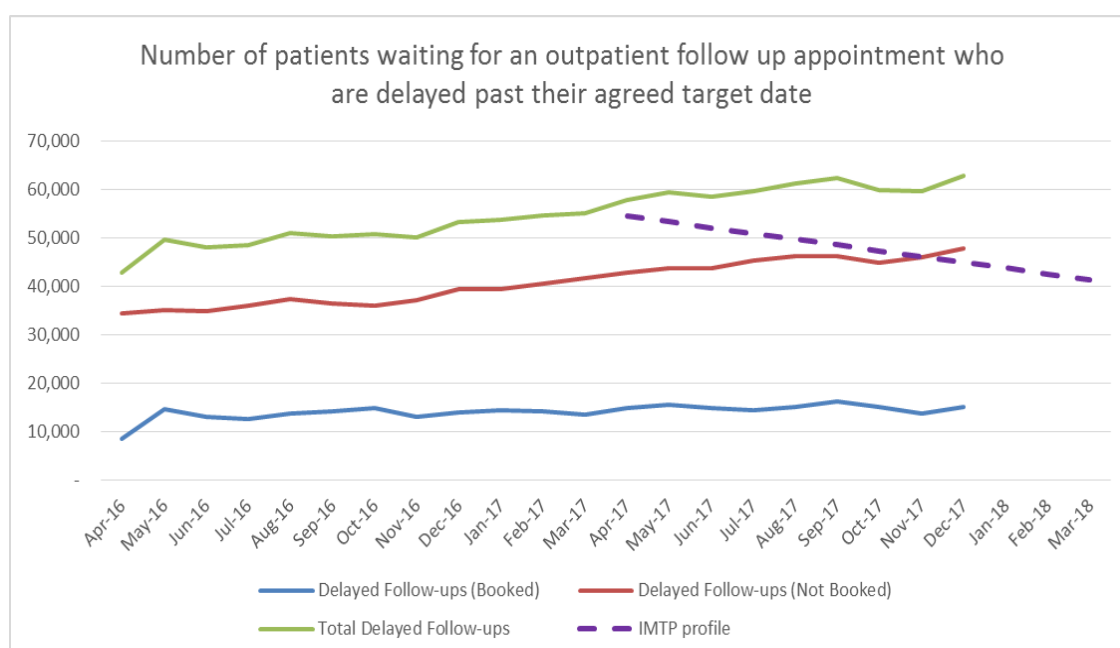
## 2. Background

- 2.1 Between April and June 2015 the Wales Audit Office (WAO) undertook a review of follow up outpatient appointments in ABMU. The report concluded that too many patients on the outpatient follow up list are delayed, the clinical risks associated with these patients are not fully known and that operational planning, scrutiny and assurance needed improving.
- 2.2 The WAO undertook a return visit to ABMU between May and July 2017 to review progress in addressing the issues highlighted from the 2015 review. The WAO have produced a report which concludes that 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 In accordance with Welsh Government guidance, the Health Board has a process in place to ensure that when patients are added to the Follow Up Waiting List they are allocated to one of the following categories:

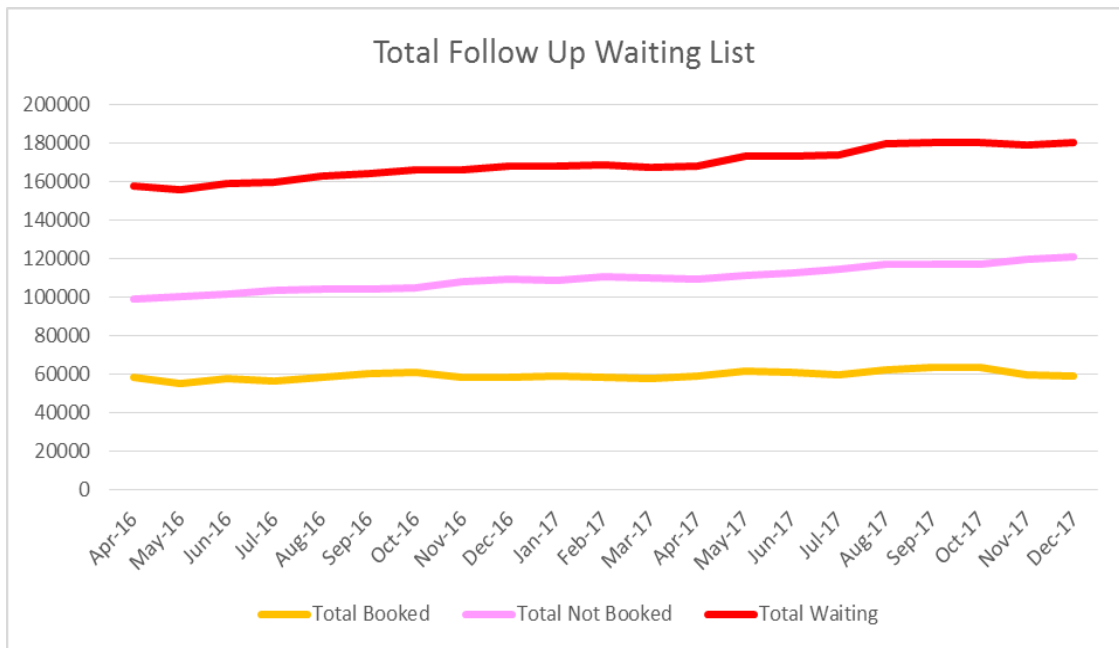
Category	Classification
A*	Must be seen by target date
A	Within 1 week of target date
AR	Do not use / must see lead clinician / do not cancel
B	Within 4 weeks of target date
C	Within 3 months of target date
D	Awaiting Diagnostics
E	Unknown Target Date
T	Treatment

- 2.5 In the context of the Annual Plan framework, the Health Board developed a profile trajectory for 2017-18 for those patients waiting for an outpatient follow up appointment who are delayed past their target date. This has been developed to address both quality and risk with patients waiting a long time for review with potential deterioration in their condition. The performance against this profile is routinely monitored via the Welsh Government Quality and Delivery mechanism. The chart below shows the compliance against this profile during 2017-18:



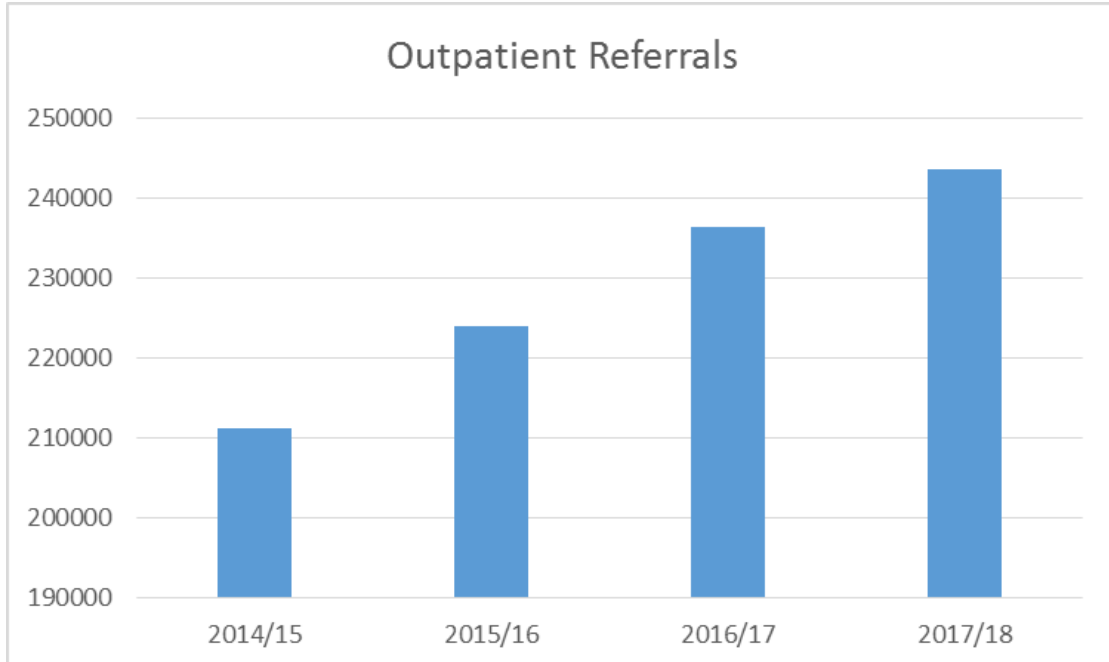
The chart shows a deteriorating position from April 2016 with a growth of 9,565 (17.8%) in delayed follow ups from December 2016 to December 2017; a growth of 5,099 (8.8%) in delayed follow ups between April and December 2017; and a failure to deliver the IMTP profile for 2017-18, the Health Board being 17,934 above profile at December 2017.

- 2.6 The total follow up waiting list during this same period is detailed below:



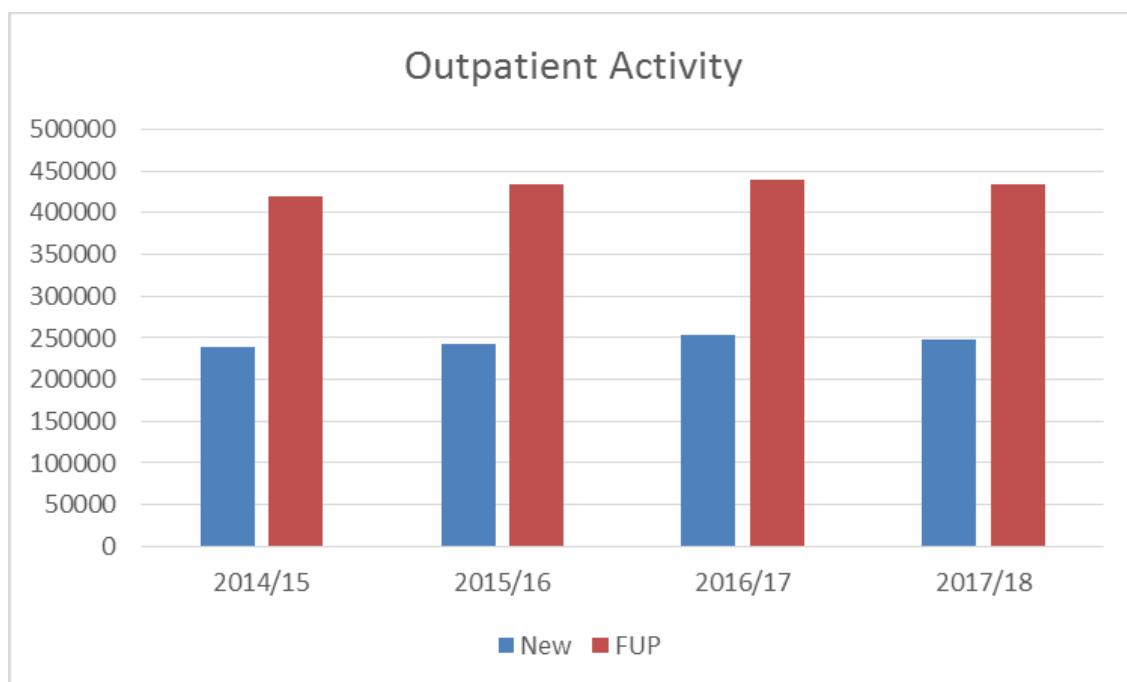
The chart shows a growth of 12,200 (7.3%) in total follow ups from December 2016 to December 2017; and a growth of 12,014 (7.2%) from April – December 2017.

- 2.7 In terms of demand, it is apparent that outpatient referrals have steadily increased from 2014-15. Based on referrals year to November 2017, it is predicted that 243,615 referrals will be received in 2017-18.



- 2.8 In terms of activity, it is apparent that both new and follow up outpatient activity has increased slightly from 2014-15. Based on activity year to date, it is predicted that ABMU will have undertaken 248,224 new outpatient appointments and 434,001 follow up outpatient appointments during 2017-18,

a slight decrease on activity levels in 2016-17 (253,240 new outpatients; 439,378 follow up outpatients).



### 3. Assessment

- 3.1 The ABMU Outpatient Transformation Work-stream, chaired by the NPTDU Service Director, 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.
- 3.2 The follow up position has historically not been included in Demand and Capacity planning nor in discussions regarding RTT monies.
- 3.3 Delayed Follow Up Booked (FUB): As at December 2017, there are 1,194 more follow ups booked compared to December 2016. However as a percentage of the total delayed follow up waiting list, performance has deteriorated with 26% of the total delayed follow up list having been booked in December 2016 this having decreased to 25% by December 2017.
- 3.4 Delayed Follow Up Not Booked (FUNB): In December 2017, there are 8,371 more follow ups not booked compared to December 2016. As a percentage of the total delayed follow up waiting list, performance has deteriorated with 74% of the total delayed follow up list were not booked in December 2016, this having increased to 75% by December 2017. The table below provides detail, by delivery unit, of those patients delayed past their target date:

Service Delivery Unit	Number over target date
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Mental Health and Learning Disabilities	2345
Morrison	11258
Neath Port Talbot	2972
Primary and Community Services	1100
Princess of Wales	13868
Singleton	17644
Blank	437
<b>Total</b>	<b>49624</b>

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

Service Delivery Unit	Specialty	Number over target date
<b>Mental Health/Learning Disabilities</b>	Child & Adolescent Psychiatry	290
	Mental Illness	1508
	Old Age Psychiatry	414
<b>Morrison</b>	Cardiology	1998
	Endocrinology	542
	ENT	1110
	General Surgery	927
	Neurology	907
	Oral/Maxillo Facial Surgery	754
	Plastic Surgery	984
	Trauma & Orthopaedic	1366
	Urology	897
	Vascular Surgery	654
<b>Neath Port Talbot</b>	Endocrinology	604
	General Medicine	968
	Rheumatology	1315
<b>Primary and Community Services</b>	Pain Management	185
	Restorative Dentistry	837
<b>Princess Of Wales</b>	Cardiology	3697
	Dermatology	1347
	ENT	1145
	General Surgery	938
	Gynaecology	663
	Obstetrics – AN (outpatients)	519
	Ophthalmology	1660
	Trauma & Orthopaedic	1272
	Urology	1202
<b>Singleton</b>	Gastroenterology	4811

	General Medicine	1064
	Gynaecology	1770
	Haematology	1026
	Ophthalmology	6620

#### 4. Actions Taken

- 4.1 Through the Outpatient Transformation Work-stream, all Delivery Units to have produced detailed plans with clear improvement targets and quantified impact on the follow up profile across the financial year. For example, NPT Delivery Unit has set the target of a 10% reduction per specialty for 2017-18.

The Delivery Unit plans explicitly detail actions to be undertaken to deliver an improved follow up profile for 2017-18 with a focus on:

- Clinical review of the Delayed Follow Up Not Booked waiting list to ensure that the clinical risks of these patients is understood and actions taken to ensure patients do not come to harm; and to determine whether patients still require a follow up outpatient appointment.
  - Explore opportunities for patient initiated follow up appointments / see on symptom (SOS) approach.
  - Consultant and nurse led virtual clinics.
  - Administrative validation of FUNB lists.
  - Co-production clinics with a view to agreeing a treatment plan between the patient and clinician which may involve discharge and SOS approach and/or non-face to face follow up appointments.
  - Increased utilisation of technology (e.g. Cisco Jabber, Patient Knows Best) for the provision of non-face to face follow up outpatient appointments.
- 4.2 The Outpatient Transformation Work-stream 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 take actions to address the clinical risks associated with the longest delayed patients; and to support the setting of robust, realistic and explicit improvement targets to improve the Health Board Follow Up position. The work-stream will utilise the Values Based Healthcare methodology to drive the Prudent Health Care agenda across the Health Board including:
- Develop and deliver co-production consultations to increase activation amongst patients with anticipated corresponding increase in empowerment and ownership to reduce dependency; move to a default position of no follow up / see on symptom; and reduction in unnecessary follow-up outpatient appointments.

- Develop and implement principles for consistent discharge from follow up by specialty in order to reduce unnecessary follow up appointments and improve utilisation of available capacity.
- Increase the provision of self-help information for patients to manage their condition in the community.
- Ensure the Delivery Units adhere to the Health Board DNA policy providing reasoning for instances of non-compliance.
- Promote learning across the Delivery Units via Learning Collaborative events supported by the Service Improvement Team.

## **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.