



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>18 June 2019</b>		<b>Agenda Item</b>	<b>2.1</b>
<b>Report Title</b>	<b>Delayed Follow-ups – Progress Update</b>			
<b>Report Author</b>	Sandra Husbands			
<b>Report Sponsor</b>	Dr Sandra Husbands, Executive Director of Public Health			
<b>Presented by</b>	Sandra Husbands			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This report provides the committee with an overview of the action plan to reduce delayed follow-ups and includes trajectories for reduction in specialties included in the National Planned Care Programme.			
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>•</li> <li>• Despite signs of progress in some key specialties, delayed follow-ups remain a challenge for the health board</li> <li>•</li> </ul>			
<b>Specific Action Required</b>  <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to:			

	<ul style="list-style-type: none"><li>• <b>RECEIVE</b> the report and note the actions being taken to improve and current progress against the trajectories.</li></ul>
--	--

## **DELAYED FOLLOW-UPS – PROGRESS UPDATE**

### **1. INTRODUCTION**

- 1.1. The purpose of this report is to inform the Performance and Finance Committee of the current performance against the Follow Up Not Booked (FUNB) action plan.

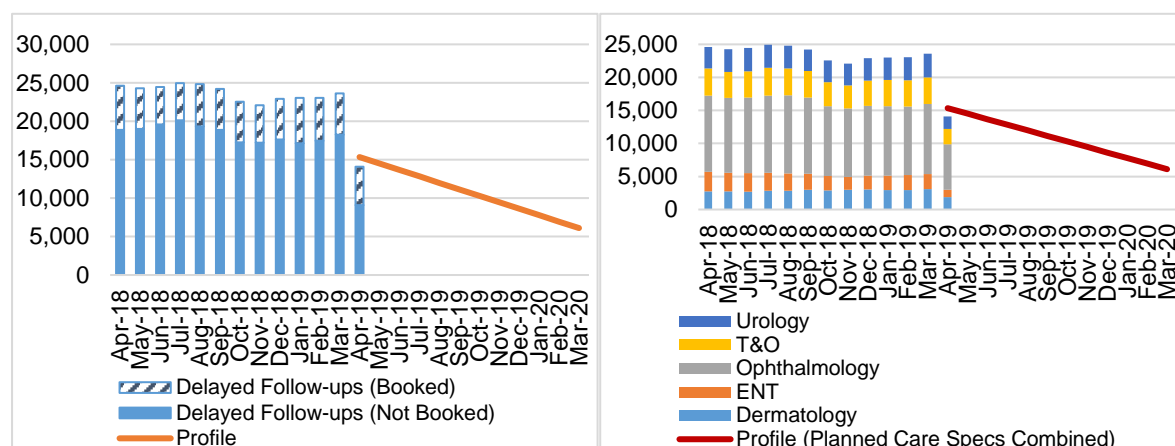
### **2. BACKGROUND**

- 2.1. There has been increasing national and local attention to the follow up system of care for outpatients. Numbers of patients on follow up waiting lists across Wales have been increasing and, with a focus on referral to treatment time (RTT) as a key metric, follow up care has not traditionally been prioritised to the same degree.
- 2.2. Through the National Planned Care Programme there has been a clear directive to adopt new ways of working, across the specialities within the programme, to develop more modern methods for following up patients than the traditional clinic attendance model.
- 2.3. Within this health board this work is being led by the Outpatient Modernisation Group, reporting to the Planned Care Programme Board.  
To assist with the delivery of a clear pathway for improvement, a range of additional national indicators has been proposed and, whilst not formally adopted yet, these have been included in the Health Board's Integrated Performance Report in May and will form part of the planned care update. A performance scorecard has been developed and will be monitored on a monthly basis at both Health Board-wide Outpatient Modernisation Group and at local Outpatient Steering Groups.
- 2.4. The draft national indicators are set out below:
  - 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

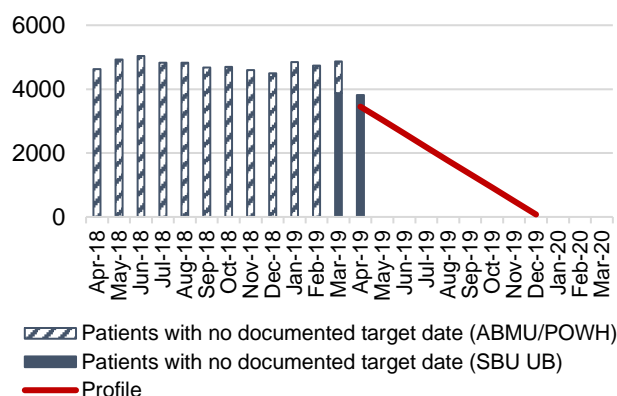
The outpatient improvement programme has been amended to reflect these changes to the national indicators, which have been included in the scorecards.

- 2.5. Set out below is the current position for Swansea Bay against the five key indicators, in the national planned care specialities.
- 2.6. The charts provided show improvement in April 2019 as a result of the disaggregation of the Bridgend data from the data set (where April data is available at the time of writing).
- 2.7. The solid bars in March 2019 are the Swansea Bay element and the striped bars are the Bridgend element. This should aid comparison where it's been possible to make a clear disaggregation. The red lines are the improvement trajectories that the Health Board has put in place to monitor performance improvement.

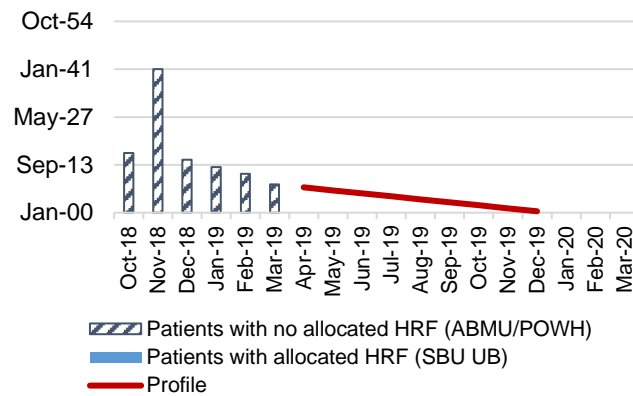
### Number of patients waiting for an outpatient follow-up who are delayed past their target date (planned care specialities only)



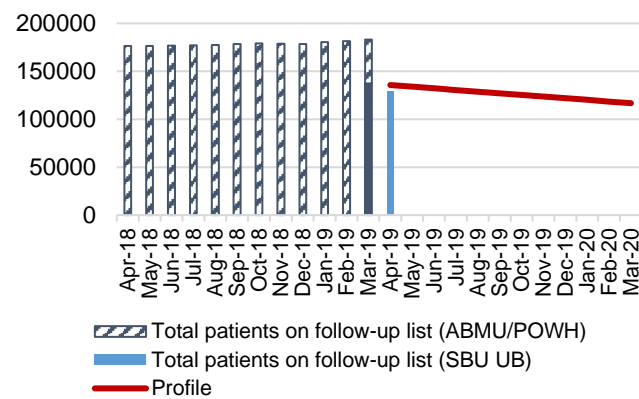
### Number of patients without a documented clinical review date



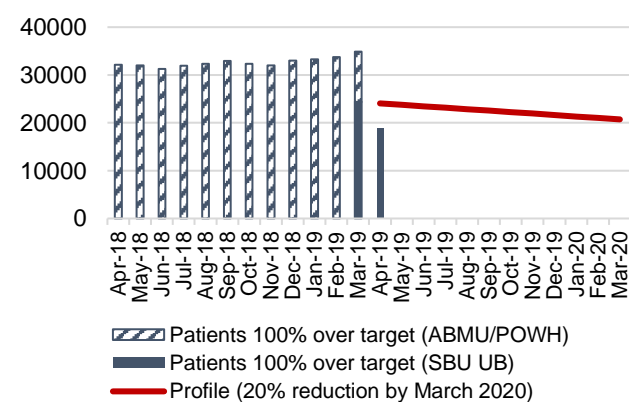
## Ophthalmology patients without an allocated clinical risk factor



## Total number of patients on the follow-up waiting list



## Number of patients delayed by over 100%



- 2.8. These targets will be monitored locally via the outpatient scorecard. A baseline will be established at the end of June 2019, to coincide with the Validation Team start of 1<sup>st</sup> July. Trajectories for reduction will be developed at that point.
- 2.9. The Validation Team is a small administrative team, who are all due to start work in July 2019. It is proposed that the team works under the following terms:
- Administrative validation on longest waiting patients with focus on duplicate entries, blank target and blank categories
  - Identifying process error themes and highlighting to service managers and clerical teams for action (each speciality will have a designated contact for validation feedback)

### **3. GOVERNANCE AND RISK ISSUES**

- 3.1. Although there will soon be a system in place for administrative validation of the entries on the outpatient waiting lists, the Validation Team will not be qualified to undertake any clinical validation. In the past this has been done on an ad hoc basis by unit medical directors and clinical directors reviewing high level case information, but not patients' notes. Further work is required to ensure that there is a systematic approach to identifying those patients who are at the greatest clinical risk from long waits, that their clinical reviews and/or treatments are expedited and to assure the health board that they are safe.
- 3.2. ~Delivery Units have each developed plans for reducing FUNB, which have been included in the annual plan. However, they will have to work together to achieve the necessary reductions in FUNBs, across units and specialties.

### **4. FINANCIAL IMPLICATIONS**

- 4.1. There are no new financial implications arising from the recommendations in this paper and current action plans are fully funded.

### **5. RECOMMENDATION**

- 5.1. The committee is asked to receive the report and note the actions being taken to improve and current progress against the planned care trajectories.
- 5.2. To receive a further update for assurance in July, once the HB-wide trajectories have been set and Validation Team is in place.

Governance and Assurance		
<b>Link to Enabling Objectives</b>  <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>Patients who have lengthy waits for clinical care are at risk of having their conditions deteriorate, or developing complications. Without regular reviews or contact with patients, clinicians will be unaware of such deterioration and, therefore, the possible changing clinical urgency of cases waiting for follow up appointments does not</p>		

inform their appointment dates. They also find the experience frustrating and worrying – i.e. long waits cause poor patient experience.	
<b>Financial Implications</b>	
IBG has already supported 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.	
<b>Legal Implications (including equality and diversity assessment)</b>	
Should any patients come to harm while waiting for follow up appointments that have been delayed, this could result in action against the health board.	
<b>Staffing Implications</b>	
No new staffing implications have been identified.	
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
Meets the Vision for Wales in regard to Outpatient modernisation and Planned care.	
<b>Report History</b>	Previous reports provided to this committee in November 2018 and February 2019
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• Scorecard</li> <li>• FUNB Profile</li> </ul>