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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>23 November 2021</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Outpatient Transformation: Follow-Up Not Booked Progress Update</b>		
<b>Report Author</b>	Jessica Jones, Project Manager Rich Brown, Head of Transformation Portfolio		
<b>Report Sponsor</b>	Craig Wilson, Deputy Chief Operating Officer		
<b>Presented by</b>	Inese Robotham, Chief Operating Officer		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this document is to outline the position of the Outpatient Follow-Up Waiting List, highlighting key issues, and detailing plans to address the backlog, in line with national targets and Welsh Government objectives to decrease the total number of follow-ups by 55% by March 2022 (March 2019 baseline).		
<b>Key Issues</b>	<p>Follow-up waiting lists continue to present a challenge to the Health Board in recovering its position on Planned Care services. Outpatient services have been greatly impacted by the COVID-19 pandemic and recovery has been challenging.</p> <p>Significantly reduced outpatient activity during the pandemic has attributed to an increase in the number of patients awaiting appointments and increased waiting times. Furthermore, a reduction in outpatient accommodation, physical distancing requirements and workforce pressures have impacted on the ability to resume outpatient activity to pre-COVID levels.</p> <p>At the end of October 2021, there were 133,231 patients on the Follow Up waiting list with 33,465 100% over target, an increase of 247 patients on the total waiting list and 11,572 over 100% from October 2019.</p>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• <b>NOTE</b> the content of the report and the actions being taken to improve performance in this key area for the Health Board, and</li> <li>• <b>NOTE</b> the key risks to delivery of the Outpatients Transformation project.</li> </ul>		

## Outpatient Redesign and Recovery Group: Outpatients Follow-Up Waiting List Progress Update November 2021

### 1. INTRODUCTION

The performance of our Outpatient services is a key objective for the Health Board. Growing waiting lists and delayed follow-up appointments remain challenging areas in the redesign and recovery of Outpatients.

The purpose of this report is to share with the Performance and Finance Committee the current position of the Follow-Up Waiting Lists and the ongoing improvements and actions of the Outpatient Redesign and Recovery Group to support the Welsh Government Outpatient Transformation Fund Programme activities.

### 2. BACKGROUND

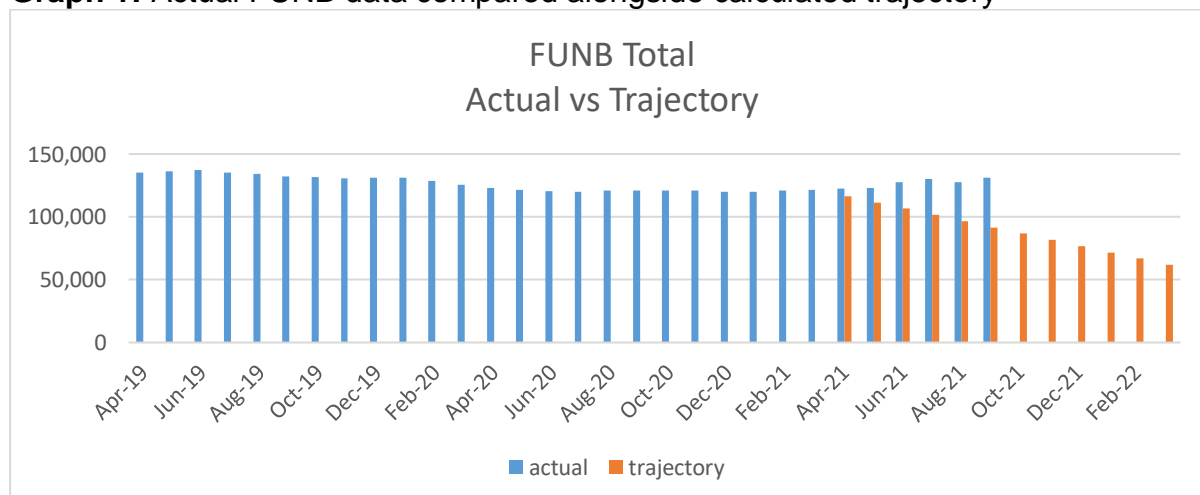
The Outpatient Transformation programme is guided by the following targeted outcomes in the Health Boards annual plan and by the Welsh Government targets for follow up appointment not booked:

- Reduce New Outpatient GP referrals by at least 20%
- Reduce New Outpatient waiting list to less than 25,000 <36wks by March 22
- Reduce Follow-Up waiting over 100% and total number of Follow-Ups by 55% (March 2019) baseline by March 22.

#### 2.1 Current performance and actions:

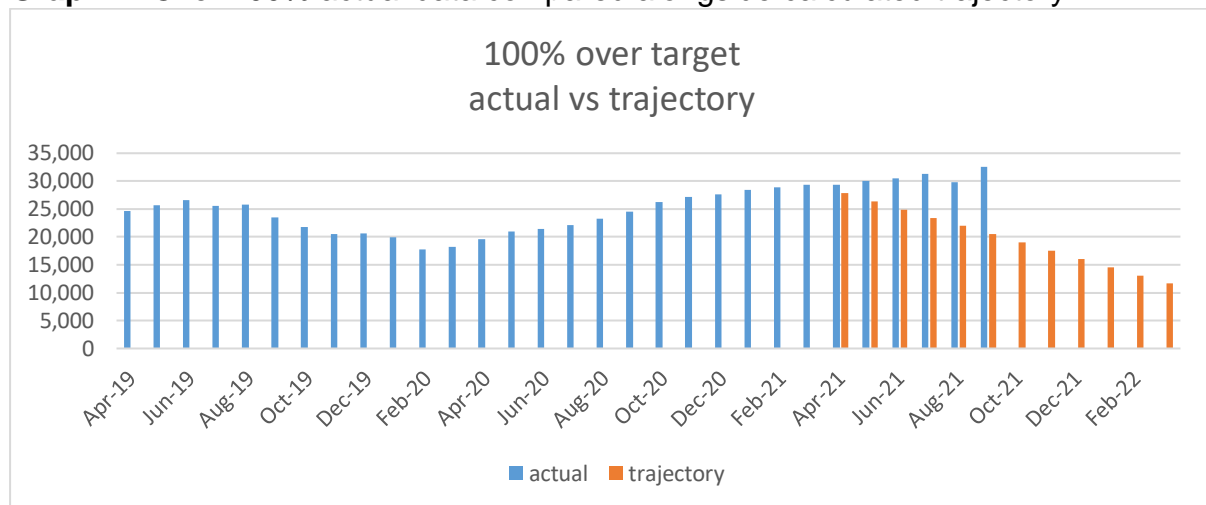
#### Follow-Up Not Booked (FUNB)

**Graph 1:** Actual FUNB data compared alongside calculated trajectory



From an April 2019 baseline of 124,215 patients, October 2021 data shows an increase to 133,231 patients on the total Outpatient Follow-Up Waiting List. To achieve the 55% reduction target, 77,335 patients would need to be removed from the list by March 22. As the graph demonstrates the trajectory for the required reduction is not being achieved.

**Graph 2: Over 100% actual data compared alongside calculated trajectory**



In April 2019, 24,642 patients were 100% over target on the Follow-Up Waiting List and whilst significant progress was made pre Covid (reducing to 17,747) this has increased to 33,465 by the end of October 2021.

The effects COVID-19 have, and continue to, contribute to the increasing waiting lists. Outpatient activity is currently running at ~80% pre-covid levels. This is attributed to a reduction in outpatient accommodation (40 rooms and waiting area re-purposed at Morriston), the 2-metre social distancing restrictions limiting clinic capacity and significant workforce vacancies.

The waiting list is not where the organisation had forecasted it to be at present, and recovery workstreams continue with additional initiatives planned to reduce the waiting list position.

## 2.2 Actions; taken and planned

### Specialty Specific WG Agreed Solutions:

#### a) Eye care: £228,084

- Increase ODTC (Ophthalmic Diagnosis and Treatment Centre) activity
- Increase capacity for Diabetic Retina Service
- Community Referral Refinement Scheme for AMD

#### b) New ways of working: SBUHB PP and PSA monitoring staffing costs: £125,667

- Increase uptake of Swansea Bay Patient Portal, reducing unnecessary OPD appointments
- Optimise pathways
- Specific focus on Diabetes, Urology, Cardiology, Gastroenterology, Gynaecology, Breast Surgery

**c) Pathway refinement: See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU): £102,667**

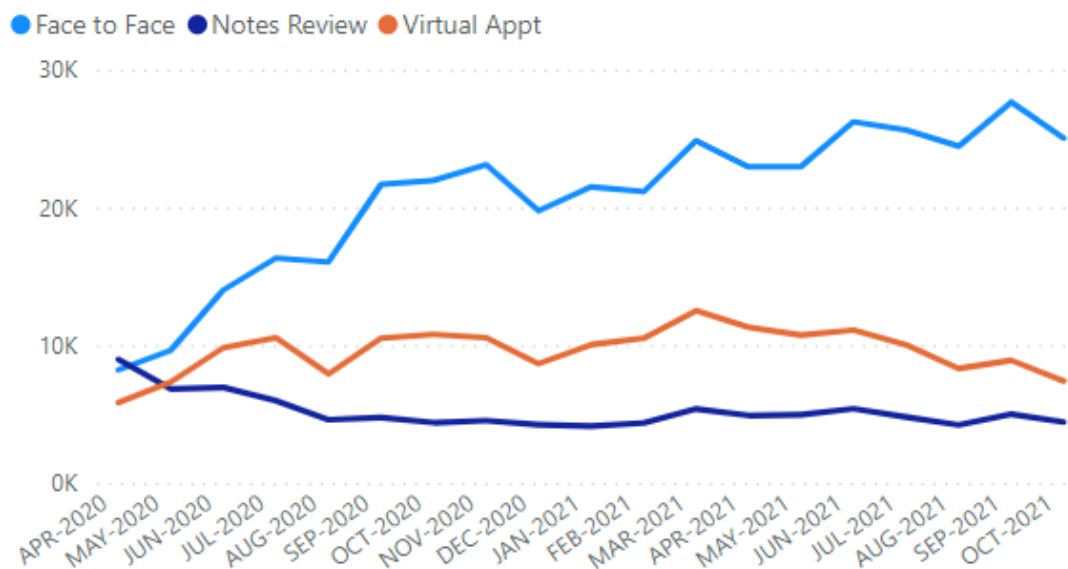
- Improve patient experience and safety
- Improve efficiency
- Reduce Operating costs
- Reduce Follow Up Waiting List

**Virtual Activity**

Virtual activity (vide and telephone) and clinical note reviews continue to be utilised to overcome some of the capacity limitations noted above.

**Graph 3: Outpatient Attendances**

**All OP Attendances by Consultation Method**



Approximately 10,000 virtual appointments and 5,000 note reviews are taking place each month, this accounts for ~37% of the overall outpatient appointments. The Welsh Government targets are 35% for new and 50% for follow up appointments.

**Space Utilisation**

A space utilisation exercise is underway to maximise the use of available Outpatient accommodation across all acute sites, in addition to sourcing Primary and Community Care accommodation to facilitate clinics.

**Virtual Group Consultations**

Welsh Government are promoting the use of Virtual Group Consultations (VGCs) for the management of patients with a common condition. As with the current strategy previously employed on a face-to-face basis in some specialties group this allows a number of patients to be seen at the same time and also provides peer support. The Health Board have begun implementing VGCs in Rheumatology and Dermatology and are exploring the usage in Orthopaedic joint schools, for patients awaiting surgery.

## Validation

Administrative and clinical validation of the waiting lists continue to be undertaken. A letter validation exercise targeting all patients due appointments before March 2020\* commenced at the beginning of October, it is anticipated that 20% of the cohort will be removed from the waiting list.

*\*excluding Mental Health, Paediatrics and Ophthalmology*

Waiting List Initiatives (WLIs) and transformation projects have been supported through recovery funds, which facilitate further validation work and additional clinics, however, these have been limited due to workforce constraints and non-recurrent funding.

Cohort	Up to 2018	Up to 2019	Up to end March 2020
Amount	1914	2290	1742
Date sent	6/10/21	13/10/21	20/10/21
Amount of Non response after 2 weeks	1006	1029	647
Reminder sent	25/10/21	3/11/21	11/11/21
SOS on WPAS	10/11/21	17/11/21	25/11/21

## SOS and PIFU

See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) outcomes continue to be widely utilised across the Health Board with 27,192 patients added to an SOS pathway and 5,211 added to a PIFU from April 2021 to October 2021. This is further supported by patient self-management tool, Swansea Bay Patient Portal, allowing patients to monitor their results.

## Primary Care Initiatives

Primary Care initiatives have been successful in both targeting the Follow-Up and Stage 1 Waiting Lists. Collaborative clinical reviews of the waiting lists are being undertaken by GPs and Secondary Care specialists, this work continues to be developed and extended to further priority specialties.

## Advice and Guidance

The implementation of e-referral and e-advice via the Welsh Clinical Communications Gateway will improve efficiency and quality of referrals and reduce the number of unnecessary referrals by offering specialist advice. This is further supported by Consultant Connect, a platform facilitating the connection of Health Care Professionals to gain urgent advice and guidance.

## 3. GOVERNANCE AND RISK ISSUES

SBUHB has an Outpatients Re-design and Recovery Group. The scope of this group is to set the strategic direction and oversee the implementation of Outpatient recovery plans, service performance, and transformation initiatives within the Outpatients

Transformation Project. The project is tasked with delivering against the goals, methods, and outcomes within the organisation's Annual Plan for 2021/22.

The Outpatients Re-design and Recovery Group report into the Planned Care Recovery Programme Board, chaired by the Deputy Chief Operating Officer. The project management team work closely with the national Outpatients Transformation project, to align priorities and monitor local outpatient performance in line with other Health Boards across Wales.

Financial controls for the programme and operations are managed through delegated limits issued to the Planned Care Recovery Programme Board. Delivery of the project is being controlled in management stages, using best-practice programme and project management processes.

The risk management procedure for the project is in line with the SBUHB Risk Management Strategy, and the risk management plan. A risk register has been developed, and all formally managed risks relating to the delivery of the programme will be recorded and reported to stakeholders where necessary.

A log of decision-making is managed as a register, which is maintained and reviewed monthly.

Table 1, below, lists the key risks to delivery of the Outpatients Transformation project:

**Table 1**

Description	Score	Mitigating action	New Score
Suitable Outpatient Accommodation cannot be identified	25	Undertaking scoping exercise to identify options	20
Waiting time for patients continue to increase (inc. USCs and Priority patients)	25	Monitor data to review risk	20
Small Programme Management team and temporary workforce in place to support the implementation	20	Project Manager and Project Support Officer recruited to support Outpatient Transformation Programme. Transformation Portfolio Office is supporting. Discussions with finance colleagues to potentially secure longer-term funding.	16
Physical distancing requirements and COVID-19 variants continue to restrict services / reduce capacity to provide adequate outpatient appointments, therefore, waiting lists continues to exceed targets	20	Facilitate virtual and telephone appointments where possible. Prioritise F2F appointments with most urgent. Working with Gold/Silver command for direction.	16

Systems and processes for Outpatient Transformation are not adopted by users	20	Engagement with users and services.	12
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#### 4. FINANCIAL IMPLICATIONS

Outpatient Transformation and COVID recovery funds are supporting the workstreams detailed, however, the majority of the allocated funds are non-recurrent, so the future of the projects is not assured.

#### 5. RECOMMENDATION

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, and
- **NOTE** the key risks to delivery of the Outpatients Transformation project.

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<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 checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" 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 checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>For our population we want:</p> <ul style="list-style-type: none"> <li>• Improved population health and wellbeing</li> <li>• Better quality and more accessible health and social care services</li> <li>• Achieve better outcomes and experience for patients at reduced cost</li> <li>• Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion</li> <li>• To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans</li> <li>• Minimise harm to patients</li> </ul>		
Financial Implications		
Outpatient Transformation and COVID recovery funds are supporting the workstreams detailed, however, the majority of the allocated funds are non-recurrent, so the future of the projects is not assured.		
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		
<p>A number of short term and non-recurring funded posts have been secured – which will need to be managed if these funds are not covered by agreed IMTP monies.</p> <p>COVID related absence remains a strain on the workforce, and core staff vacancies continue to limit capacity.</p>		



<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>	
Meets the Vision for Wales regarding Outpatient Transformation and Planned care.	
<b>Report History</b>	Previous reports provided November 2018, February 2019, June 2019, September 2019, November 2019, February 2020, June 2020, October 2020 and February 2021.
<b>Appendices</b>	Appendix 1