

## Context and Background

Request by HON to provide a draft risk detailing actions needed and rationale for scoring in relation to patients on a partial booking list

## Background

There is currently a nationally reported issue of high rates of ophthalmology patients not receiving follow up appointments within the clinically indicated (safe) time. The predicted rise in patient numbers means that more patients will be at risk of losing their sight. There is a portfolio of national programs relating primarily to acute ophthalmology, such as GIRFT, EyesWise, and the High Impact Intervention. The NHSE High Impact Intervention plan for ophthalmology underpins much of the UHBristol response to this national challenge.

A patient on a partial booking list is recognised as one that requires a follow up outpatient appointment within a specified timeframe but has yet to have been offered any appointment date. Proportions of these patients are overdue for their intended schedule timeframe for follow up and so are identified as delayed.

If ophthalmology appointments are delayed then interventions are not delivered in the required timeframe and so there is a risk that that deterioration in sight may occur and possible blindness particularly for those conditions that require time-sensitive monitoring. Patients that suffer from chronic conditions are at greatest risk and form the largest group of our patients. BEH delivers approx. 25% of Trust outpatient appointments

*(For clarity the term partial booking is also used for a system where by patients are invited to call within a 2 week time frame to arrange a mutually convenient date and time for their appointment – this is not the interpretation that applies in this risk)*

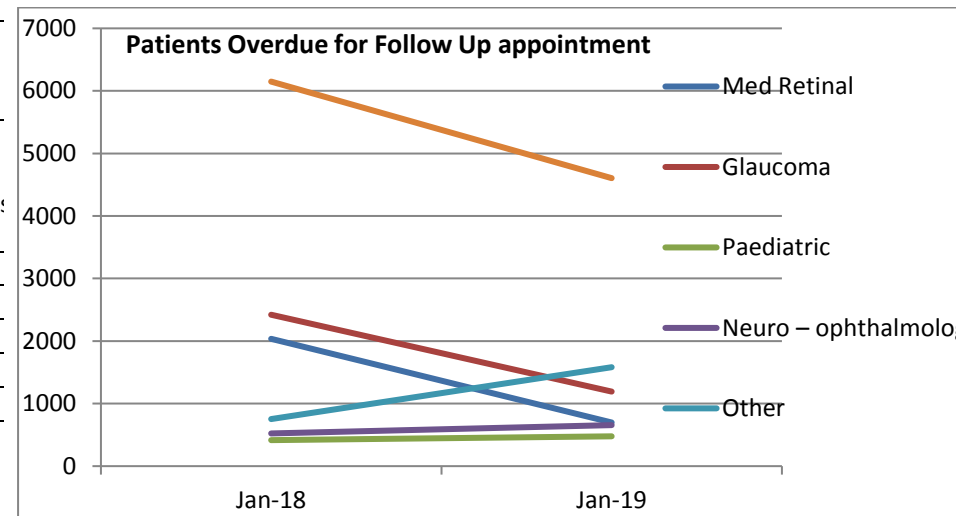
Risk 2631 registered 20/06/18 - Patients will experience irreversible preventable vision loss due to delayed follow up appointments – **this is directly related to the risk under discussion and has been updated accordingly rather than create an additional risk**

## Current Situation 2019

There have been 26 incidents registered as Follow Up appointment delay in 2019 of which 24 appear to be Delayed FU ( 2 were process issues that did not result in delay)

| Subspecialty                           | Total per Sub specialty | Degree of Harm Recorded |          |          |                |
|--|-------------------------|-------------------------|----------|----------|----------------|
|  |                         | None                    | Minor    | Moderate | None Near miss |
| Optometry / Orthoptist - Joint clinics | 8                       | 7                       | 1        |          |                |
| Paediatric joint clinic issues)        | 4                       | 4                       |          |          |                |
| Paeds                                  | 1                       |                         | 1        |          |                |
| Med Ret                                | 8                       | 3                       | 1        | 3        | 1              |
| ED                                     | 1                       | 1                       |          |          |                |
| Corneal                                | 1                       | 1                       |          |          |                |
| Glaucoma                               | 1                       | 1                       |          |          |                |
| <b>Totals</b>                          | <b>24</b>               | <b>17</b>               | <b>3</b> | <b>3</b> | <b>1</b>       |

| Patients Overdue for Follow Up appointment | June 2018<br>( Risk data recorded by Johannes Keller ) |                    |            |                    | Sept 2019<br>Info Web data |                    |              |                    |
|--|--|--------------------|------------|--------------------|----------------------------|--------------------|--------------|--------------------|
|  | June 2018  | Less than 2 months | 3-5 months | More than 6 months | Sept 2019                  | Less than 2 months | 3-5 months   | More than 6 months |
| Med Retinal                                | <b>2036</b>  |                    |            |                    | <b>698</b>                 | 698                |              |                    |
| Glaucoma                                   | <b>2421</b>  |                    |            |                    | <b>1192</b>                | 752                | 173          | 267                |
| Paediatric                                 | <b>416</b>   |                    |            |                    | <b>477</b>                 | 232                | 120          | 125                |
| Neuro                                      | <b>523</b>   |                    |            |                    | <b>656</b>                 | 346                | 161          | 149                |
| Other                                      | <b>753</b>   |                    |            |                    | <b>1582</b>                |                    |              |                    |
| Total ( Grand total all Ophth)             | <b>6149</b>  | 4152               | 1495       | 505                | <b>4605</b>                | 2977               | 749          | 879                |
|  | <b>Increased in Aug to 6967</b>                        |                    |            |                    | <b>1544</b> ↓              | <b>1155</b> ↓      | <b>746</b> ↓ | <b>374</b> ↑       |



### Scoring Rational

Initial risk assessment delivered a score of **16 likely and major**

#### In response

- Additional capacity was delivered to accommodate most urgent demand
- A task group including the hospital manager, clinical director and specialty leads was formed to devise solutions.

Controls in place delivered current risk score of **12 possible and major**

- These controls were deemed in adequate and further response has since been delivered see action plan below

With full implementation of all actions in progress Target score of **8 unlikely and major**

Rational the possibility of reoccurrence is potentially 5- 25 % chance of annual reoccurrence with a risk of an outcome of major harm

### Completed Actions

| Action required to deliver recommendation  | Individual responsible for completing action | Target Date for Completion | Date Completed    | Management Committee responsible closing the action. | Evidence that the action has been completed. | Preventative Action Type (See Below ) | RAG Rating |
|--|--|----------------------------|-------------------|--|--|---------------------------------------|------------|
| BEH Project manager appointed with an objective to deliver NHSE High Impact Interventions: Ophthalmology Specification May 2018 (GIRFT principles) | Surgery Divisional Director                  | Spring 2019                | In post June 2019 | Surgery Governance Board                             | PM in post                                   | Organisational Strategic              |            |
| Appoint Failsafe Officer responsible for prioritization processes and polices  | BEH AGM                                      | Jan 2019                   | Aug 2019          | BEH Management                                       | Failsafe Officer in Post                     | Organisational Strategic              |            |
| Locum Med Ret cover and WLI Substantive Med Ret Consultant Recruitment   | BEH AGM                                      | April 2019                 | Start Jan 2020    | BEH Management                                       | In post                                      | Organisational Strategic              |            |

### Actions in Progress

| Action required to deliver recommendation  | Individual responsible for completing action  | Target Date for Completion       | Date Completed | Management Committee responsible closing the action. | Evidence that the action has been completed.  | Preventative Action Type (See Below ) | RAG Rating |
|--|---|----------------------------------|----------------|--|---|---------------------------------------|------------|
| <p><b>Implement NHSE High Impact Intervention Action 1( 5 parts)</b></p> <p>Documented prioritization processes and policies are applied to manage the risk of harm to BEH patients that are identified as delayed to follow up.</p> | <p>[content removed]<br/>Project Manager<br/>BEH</p> <p>Hand over as BAU to BEH AGM<br/>[Content removed]</p> | <p>June 2020</p> <p>Jan 2020</p> |                | Surgery Governance Board                             | <p>Baseline assessment completed by PM July 2019</p> <p>Action i) – iv) below completed</p> | Organisational Strategic              |            |

| Action required to deliver recommendation  | Individual responsible for completing action | Target Date for Completion | Date Completed | Management Committee responsible closing the action. | Evidence that the action has been completed.  | Preventative Action Type (See Below )   | RAG Rating |
|--|--|----------------------------|----------------|--|---|---|------------|
| i) Each subspecialty patient group is stratified according to level of risk.<br>Utilising guidance from UKOA, the RcoOphth and EyesWise team | BEH PM / Failsafe officer                    | Dec 2019                   |                | Ophthalmology Governance Group                       | Risk stratification documentation available by sub specialty  | Arrange ready access to Protocols/Policies/Decision Support                               |            |
| ii) All patients have a specified follow up indicated as an outcome of their appointment   | BEH PM / Failsafe officer                    | Sept 2019                  |                | Ophthalmology Governance Group                       | Spot check outcome forms monthly  | Arrange ready access to Protocols/Policies/Decision Support                               |            |
| iii) All high risk patients have an appointment booked for follow up with in 25% of the time specified                                       | BEH PM / Failsafe officer                    | June 2020                  |                | Ophthalmology Governance Group                       | Reduction in ODFU numbers to agreed level<br><br>Achieve NHSE target that patients receive FU within 25% of their target schedule | Tangible measurement of and improvement in Safety Culture                                 |            |
| iv) Patient Cancellations are managed to avoid overdue delay<br>Trust cancellation policy applied  | BEH PM / Failsafe officer                    | Jan 2020                   |                | Ophthalmology Governance Group                       | Cancelation policy evidenced in working practice  | Tangible measurement of and improvement in Safety Culture<br><br>Education and training   |            |
| v) Management of patient DNA requiring rebooking. Trust DNA policy applied   | BEH PM / Failsafe officer                    | Jan 2020                   |                | Ophthalmology Governance Group                       | DNA policy evidenced in working practice<br><br>Documentation on workspace and reference tools accessible at every reception PC   | Arrange ready access to Protocols/Policies/Decision Support<br><br>Education and Training | C          |

**Actions in Progress**

| Action required to deliver recommendation  | Individual responsible for completing action          | Target Date for Completion | Date Completed                               | Management Committee responsible closing the action. | Evidence that the action has been completed.   | Preventative Action Type (See Below )   | RAG Rating |
|--|---|----------------------------|--|--|--|---|------------|
| <b>Implement NHSE High Impact Intervention Action 2</b><br>Clinical risk prioritisation audit of existing ophthalmology patients (3 parts) | Project Manager<br>BEH<br>Hand over as BAU to BEH AGM | June 2020<br><br>Jan 2020  |  | Surgery Governance Board                             | Documented audit tool action i) – iii) below complete                                      | Organisational and Strategic<br><br>Task  | Green      |
| i) Regular administrative review of patients that do not have a follow up appointment  | BEH POM / Failsafe officer                            | Aug 2019                   | Ongoing daily process of validation in place | BEH Governance Group                                 | RTT Ops Tracker<br><br>BEH RTT Ops Tracker   | Education and Training<br>Provision of adequate staff Education/Training                    | Green      |
| ii) Regular administrative review and appropriate action for patients that have an appointment to identify if this is overdue,             | BEH POM / Failsafe officer                            | Aug 2019                   | Ongoing daily process of validation in place | BEH Governance Group                                 |  | Organisational and Strategic<br>Tangible measurement of and improvement in Safety Culture   | Green      |
| ii) Programme of Clinical review of electronic and paper records for each subspecialty   | BEH PM / Failsafe officer                             | Nov 2019                   |  | BEH Governance Group                                 | Documented system in place to complete clinical review at agreed interval by sub specialty | Organisational and Strategic<br>Arrange ready access to Protocols/Policies/Decision Support | Red        |

| Actions in Progress cont.  |  |   |                |  |  |   |            |
|--|--|---|----------------|--|--|---|------------|
| Action required to deliver recommendation  | Individual responsible for completing action | Target Date for Completion                                      | Date Completed | Management Committee responsible closing the action. | Evidence that the action has been completed.     | Preventative Action Type (See Below )                                     | RAG Rating |
| Complete IMAS Modelling to inform demand and capacity planning<br><i>Respond to known shortfall in capacity corneal, plastics and Paeds</i>                    | AGM BEH                                      | Nov 2019  | Ongoing        | Surgery Governance Board                             | IMAS model in use                                | Organisational and Strategic  |            |
| Split reporting for New and FU patients to ensure clarity and clear management   | AGM BEH                                      | Dec 2020  |                | BEH Governance Group                                 | Report developed and accessible                  | Organisational and Strategic  |            |
| Ensure each Subspecialty Meeting responds to FU demand with action plan to address appointment shortfall application of Risk stratification to inform priority | Sub Spec Lead and POM                        | Full completion Feb 2020<br>X 2 Sub specialty teams outstanding |                | BEH Governance Group                                 | Standing item on agenda                          | Tangible measurement of and improvement in Safety Culture Team and Social |            |
| Incorporate overdue Follow Up appointment management as a standing item in the BEH Governance meeting agenda   | AGM and Clinical Gov. Lead                   | Dec 2019  | Dec 2019       | BEH Governance Group                                 | Standing item on agenda                          | Tangible measurement of and improvement in Safety Culture                 |            |
| Short term provision of WLI as required in response to level of risk until Capacity planning fruition  | AGM / POM                                    | Ongoing   |                | BEH Governance Group                                 | WLI direct result in reduction on ODFU on report | Organisational and Strategic  |            |

**Actions yet to be implemented**

| Action required to deliver recommendation   | Individual responsible for completing action | Target Date for Completion  | Date Completed | Management Committee responsible closing the action. | Evidence that the action has been completed.               | Preventative Action Type<br>(See Below )  | RAG Rating |
|---|--|---|----------------|--|--|---|------------|
| Implement Electronic Outcome forms across all subspecialties  | POM  | April 2020  |                | BEH Governance Group                                 | Electronic Outcome forms in use for all specialties in BEH | Organisational and Strategic<br>Task and Resource                                     | Red        |
| Conversion to Electronic patient records for all subspecialties within BEH (EPR)  | AGM  | Start date March 2020<br>completion approx. 6 months from start   |                | BEH Governance Group                                 | No paper records / paper light records                     | Education and Training<br>Equipment and Resource<br>Organisational and Strategic      | Yellow     |
| Report developed from Medway to provide our performance against the 25% threshold from Earliest Clinically Appropriate Date.(ECAD)<br>(not currently available) | AGM  | Dependency on Medway functionality<br><br>Once developed time delay to implement one year to transfer from old to new |                | Trust Performance board                              | Report developed and Fit for Purpose and in use            | Education and Training<br>Equipment and Resource Task<br>Organisational and Strategic | Red        |
| Expansion of Advanced Nurse Practitioner Role within Sub specialties to increase capacity to accommodate FU demand  | Matron / Deputy HON Surgery                  | Tbc   |                | Surgery Governance Group                             | New and additional ANPs roles in post                      | Organisational and Strategic<br>Education and Training<br>Team and Social             | Red        |