UPDATE ON PLANNED CARE ACTIONS REPORTED TO PERFORMANCE AND FINANCE COMMITTEE ON 17^{TH} DECEMBER 2019

Specialty	Action	Update	Further Actions
Orthopaedic & Spinal Surgery	10 beds on ring fenced ward now open and protected	In place and held	Monitor bed usage as unscheduled care plan beds in to move back to 17 bed full model
	Anaesthetic recruitment campaign underway (16 th)	(start quarter 1 2020/21)	Anaesthetics workforce plan to be developed
	December interview date)	5 sessions return to DCC as a result of job redesign	Agree cohorts of permanent recruitment
			Develop a range of short term actions to mitigate anaesthetic loses
	Continuation of outsourcing programme	40 orthopaedic cases and 20 spinal cases scheduled for quarter 4	 Routine monitoring of contracts for slippage. Where slippage occurs redeploy recourse to increase outsourcing in orthopaedics Further 30 cases identified for
	Increased outsourcing programme	10 further longest waiting patients to be treated in Reading	outsourcing and actioned. Routine monitoring of contracts for slippage. Where slippage occurs redeploy recourse to increase outsourcing in orthopaedics
	Use of NPTH and Singleton Hospital where clinically appropriate to do so.	Orthopaedic lists for Singleton and Neath Port Talbot contain cohort patients	No further action required
Ophthalmology	Align theatres to run concurrently so that anaesthetic cover can be shared across two theatres	Complete	No further action required

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	 2 packages of outsourcing to stabilise and recover the waiting list 	• • • • • • • • • • • • • • • • • • • •	 No further action required Develop recovery plan for 2020/21 with comprehensive outsource plan.
	 Consideration of recruitment of a dedicated Ophthalmology anaesthetist to the department 	Agreement reached with Singleton Unit Medical Director to oversee a specific anaesthetic appointment to the Unit Team.	Discussion scheduled with anaesthetic team to test governance of post being assigned specifically to a single specialty
	 Full implementation of the actions within the Ophthalmology Gold Command structures. 	 Risks are on the Diabetic Retina – The plan has the capacity for sustainability but we have lost some capacity for the backlog. Solutions for the backlog are being worked through and we will have a zero backlog in the area by end of March 	No further action required
General Surgery	 Revisit trolley model in Singleton Hospital for patient suitability to increase throughput 	Ward moves now complete in Singleton and trolley space has been released. However unscheduled care pressures not yet released Ward 2 surgical beds.	 Continue to implement unscheduled care action plan Specific General Surgery review of patients suitable for trolleys in Morriston commissioned and will complete 31st January 2020.
	Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key	 2 anaesthetists recruited from first round (start quarter 1 2020/21) 5 sessions return to DCC as a result of job redesign 	 Anaesthetics workforce plan to be developed Agree cohorts of permanent recruitment Develop a range of short term actions to mitigate anaesthetic loses
	Return to core bed base at Morriston Hopsital	Not been achieved due to unscheduled care pressures	Continue to implement unscheduled care action plan
	Continuation of outsource plan	In place	No further action required

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Gastroenterology	Revisit consultant appetite for additional Outpatient work	Limited take up compared to previous levels. 9 sessions picked up in January.	Weekly gastroenterology huddle to maintain discussions with consultants. 6 additional sessions identified across February and March.
	Outsource Outpatients to local provider	Tenders invited and received. Prior to tender evaluation both tenderers withdrew theirs bids.	Explore insource STA with ID Medical who are currently providing endoscopy support. To conclude feasibility Friday 24th January.
	Extend current contract for endoscopy to Gastroenterology Outpatients	See line above. Action underway.	• n/a
	Develop primary care based models for Gastroenterology services	Support provided for dietetic support for Irritable Bowel Syndrome patients. 1 year pilot to commence February 2020.	No further action required
	Temporarily flex follow up Outpatients to new patient capacity	Discussion held with clinical team and this option is not practical due to clinical prioritisation.	No further action required
	Revisit recruitment plan to look for locum solution	Rolling action. No suitable candidates at this time.	Routine discussions with locum providers and routine testing of market for suitable candidates.
	Discuss options for possible cover with Hywel Dda University Health Board	1 consultant has indicated willingness to support 'super Saturday' clinics (circa 18 patients/clinic), but has not given full commitment at time of writing.	Requires clinical buy-in, and an honorary contract with SBUHB. Unit team to develop the position by 31st January 2020.
ENT	Revisit trolley model in Singleton for patient suitability to increase throughput	Ward moves now complete in Singleton and trolley space has been released. However unscheduled care pressures not yet released Ward 2 surgical beds.	 Continue to implement unscheduled care action plan Specific General Surgery review of patients suitable for trolleys in Morriston commissioned and will complete 31st January 2020.

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	Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key		 Anaesthetics workforce plan to be developed Agree cohorts of permanent recruitment Develop a range of short term actions to mitigate anaesthetic loses
	Continuation of outsource plan	In place	No further action required
Plastic Surgery	Maintain high volume, short stay surgery options	In place	No further action required
	Ensure hand surgeon can be retained permanently as currently a locum		No further action required
	Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key		 Anaesthetics workforce plan to be developed Agree cohorts of permanent recruitment Develop a range of short term actions to mitigate anaesthetic loses
	Finalise plan currently under development to treat the longer waiting cases which require a longer length of stay, general anaesthetic cover and possibly critical care cover (i.e. cases only suitable for Morriston Hospital)	team but a final plan is yet to be forthcoming as it will be depended on theatre availability and anaesthetic cover.	Final plan to be agreed by 14 th February 2020.