

Planned Care Work Programme

Goals	Methods	Outcomes	Clinical Services Group	Q2 - Key Milestones	Progress - August 2021	RAG
Implement a structured advice, guidance and triage service	Implement a structured service in the top ten high demand specialties, offering a consistent service for 4 hours daily Monday-Friday	Reduce New Outpatient GP referrals by at least 20%.	Outpatients	Roll-out Consultant Connect to operate in the top 10 specialties (June 2021) and in all other specialties by September 2021 Mandate Consultant Connect for urgent advice in acute areas Embed Advice and Guidance into referral pathways Develop communication plan to promote the use of consultant connect across Primary and Secondary Care Review follow up waiting list in top 10 high waiting specialties Pilot collaborative review of waiting list between Primary and Secondary Care (gastroenterology, ENT, Cardiology) Surgical Waiting List Prehab pilot to offer collaborative support and lifestyle advice to patients on surgical waiting list (ENT, General Surgery, T&O)	Clinical Lead actively supporting Outpatient Transformation projects Project plan/performance review initiated for 27 specialties – updated monthly (to support vacuformer shortage) 21/09 – Restorative Dentistry messaging service live on Consultant Connect 07/10 – General Surgery live on Consultant Connect National report comparing CC usage across Wales - SBU above average Continued engagement with GP practices to improve usage of Advice and Guidance Continued engagement with Secondary Care to improve Consultant Connect answer rates Continued engagement with Primary and Secondary Care to progress joint WJ review pilot Cardiology initiated pilot on 28/09 – 23% of referrals reviewed were discharged and 27% redirected Monitoring schedule for Service Transformation bids underway Outpatient Accommodation scoping exercise continues, rooms secured for Neurology, Spinal and Paediatric clinics E-advice comm sent out to GPs Letter Validation process commenced 06/10 for all patients due FlUs by 2018 (1914 patients)	Yellow
	Roll-out an Advice and Guidance system to operate in the top ten specialties (June 2021) and in all other specialties by September 2021	Reduce New Outpatient waiting list to less than 25,000 <36wks by March 2022.				
	Review Follow Ups in the top ten high waiting specialties between primary and secondary care and develop a plan with greater appropriate primary care follow up	Reduce follow-up waiting over 100% and total number of follow-up by 55% (March 2019) baseline by March 2022.				
Focus on improving position on elective orthopaedics through bridging solutions and transfer of service to NPT	Increase the use of the current theatres to six day working	Eradication of >2 year waits in Trauma and Orthopaedics (Sept 2021)	Surgery & Theatres	To be discussed and milestones agreed.	Last 2 weeks Capital Element of funding approved by Welsh Government. This covers enabling work and equipment costs Critical Path created / timelines signed off PID signed off Agreement on Solution – 3 theatres in Modular unit, 1 in main building PFI engaged and advised capital funding Procurement to be via direct award Last Month Paper to Plan Care Board Critical Path created / timelines reviewed Kick off of the Recruitment Workstream - 4 sub groups - clinicians, theatres, general and other areas Kick off call regarding modelling Gateway Review Cancelled. 5th Revision of Architect Drawings for three theatres received and reviewed. Draft equipment list created and costs supplied (for theatres only)	Red
	Transfer Orthopaedic capacity to Bridgend to increase theatre capacity 1x theatre - 2022/23	Reduce >1 year waits from 5,969 to i.e., 50% in T&O (Feb 2022)				
	Introduce consultant anaesthetist role, 5 days p/wk, to support the transfer of ASA 3 Cases					
	Capital development of four additional theatres at NPTH agreed with Welsh Government.					
Focus on increasing the centralisation of elective services at Singleton Hospital	Review and plan to increase centralisation of elective services at Singleton hospital and to increase use of the current surplus beds and theatre capacity to transfer certain surgical elective capacity from Morriston Hospital	Secure operating capacity for surgical specialties and create bed capacity at Morriston		Project Initiation	Request submitted to Welsh Government for the Capital Element of the modular build – Not awarded as part of this round of funding Paper to Planned Care Board Critical Path created / timelines reviewed 3rd Revision of Architect Drawings for three theatres received and reviewed. Three new theatres attached to main building in scope of the project. One new theatre for ophthalmology attached to the day case unit out of scope and to be lead by ARCH	Red
	Review and plan will be completed in April 2021 to increase use of the current surge beds and theatre capacity for April 2021 to transfer a range of surgical elective capacity from Morriston Hospital.			To be discussed and milestones agreed.		
Maximising use of Independent Sector	Commission additional private sector capacity in a range of surgical specialties but in particular ophthalmology and orthopaedics to reduce current waiting list	Contribute to maintaining waiting P/DC to under 24,000	Outsourcing working group		Full outsourcing contracts renewed for Plastic Surgery, Orthopaedics, Spinal and General Surgery from 1st October 2021 with BMI Werndale and Sancta Maria Potential for one day (2 x 5 hr sessions) at Sancta Maria for consultants to undertake NHS work in contracted sessions. Similar arrangement with St Joseph's approved at Management Board. Sancta continue to be interested in the arrangement and would like to start from November however, St Joseph's are not engaging at present. Parkway are interested in a facility only arrangements and have able to accommodate 3 sessions per week. Contract for facility only continues to be worked on in conjunction with Legal & Risk Services. It is anticipated that the final version will be agreed by 15th October. Contracts awarded for Ophthalmology following mini-competition process.	Yellow
Maximising access to diagnostics services	Implement the radiology recovery plan including a blended approach of sustainable solutions (workforce to enable extended day working and 7 day working) and non recurrent solutions (mobile, WLI, private sector) and working with the national programme.	Reduce >8wk waits by March 2022	Diagnostics	Milestones to be agreed.	Non-recurrent monies approved - service leads working on improvement trajectories for the end of October.	Yellow
	Implement the endoscopy recovery plan including the increase of efficiency of service, numbers of sessions activity and non recurrent solutions (in sourcing, WLI) and working with national NEP.					
	Improve access to cardiac investigations in line with recovery plan					
	Improve access neuro and respiratory physiology investigations					
	Undertake a review of diagnostic access to primary care practitioners and develop a plan to enable better prevention and early intervention with urgent conditions created					