Transformation Initiatives

Specialty	Goal	Method	Outcome: 1 Year Deliverable
ENT	Reduce ENT referrals from Audiology (450 patients per annum)	Provide Audiology with the means of taking diagnostic quality images of ears. Audiology dept will need to provide the photographs for ENT avoiding in most cases ENT having to see the patient themselves.	Reduced footfall in ENT OPD (releases capacity for ENT in OPD and footfall in Hospital)
ENT	Reduce number of queries / referrals from GPs relating to Chemosensory losses associated with COVID	Use Band 5 nurse to run one clinic per month (4 hours). Purchase of chemosensory testing materials	Reduced referral demand by 72 patients per annum (1 clinic per month)
Cardiology	Robust follow up arrangements for HF patients.	Ongoing development of the Heart Failure Hub Deliver 8 Follow Up outpatients per clinic on weekly basis; 336 follow ups per year	Deliver 336 FU appointments, seeing a reduction in the waiting list
Cardiology	Ensure patients who have identified AS are monitored in a timely and clinically appropriate way, ensure that deterioration of symptoms is identified at the earliest opportunity to provide timely intervention, and monitor AS patient post procedure	Development of a valve clinic to support the ongoing expansion of the aortic stenosis pathway, supported by proposals from WHSSC to implement a 62-day RTT target for AS patients.	60 patients per annum equalling one clinic a month to begin with.
Cardiology	Ongoing support and development of the chest pain pathway	Creating a clear rapid outpatient pathway for chest pain patients both straight from GP and via 'front door'. Development of clear clinical criteria based on NICE guidance. Providing 8 new patients per clinic on weekly basis delivering 336 new ops per year	Deliver 336 appointments, seeing a reduction in the waiting list
COTE	Use Advice and Guidance to ease demand on outpatient activity.	Allocate 1 session per week to provide dedicated Advice & Guidance	Ease demand on Outpatient activity: Difficult to anticipate exact numbers for capacity created as this will be a new way of working for the team

Respiratory	Use Advice and Guidance to ease demand on outpatient activity.	Allocate 1 session per week to provide dedicated Advice & Guidance Based on a recent pilot >60 minutes talk time spent for 6 patients, where 33% of referrals were avoided. With further use of Consultant Connect across all clinicians within the team, we would like this initiative to have similar results in preventing ED attendances and admission avoidances	Ease demand on Outpatient activity: Difficult to anticipate exact numbers for capacity created as this will be a new way of working for the team
Diabetes & Endocrinology	Increase capacity of Specialist nurses	Appoint a multidisciplinary Co-ordinator (Type 1 Diabetes / Young adult co-ordinator) to: 1. Support the administrative duties of the Morriston Diabetes team. Following the outcome of the Type 1 Diabetes Peer Review it was discovered that the nurses are spending too much time doing administrative duties, which is taking away from the clinical care. E.g., Pump ordering (including any issues), facilitating engagement and appointment of patients for Diabetes nurses and Dieticians, liaising with the patients, and supporting a structured education 2. Assign patients to 6-month telephone appointments or 12 month face to face annual review - A number of patients haven't been seen over the last year and therefore will now need to start bringing in more face to face patients therefore a co-ordinator will be best placed to be able to best utilise face to face and virtual reviews	Increased capacity of Specialist nurses tbc

Neurology	The forecast will be to reduce waiting time for first appointment to within the 26-week target within the next 12 months (currently patients in Neuro are waiting over 66 weeks for a first appointment) with the support of a co-ordinator, which has proved to be very successful in other Services. E.g. Epilepsy waiting time for first appointment reduced from 30 weeks to 0 weeks in the space of a year of the co-ordinator being in post.	General Neurology co-ordinator 1. Support the vetting of referrals 2. Prioritise patients for appointments in the right clinic with the right clinician at the right time (in line with our Clinical Services Plan). 3. Chasing results and making the clinicians aware of any abnormalities for their review. 4. Assist in the general administrative duties of the Neurology team (e.g. minute taking at meetings/MDTs, secretarial support)	Epilepsy new patient waiting list reduced from 30 weeks (April-20) waiting down to 0 weeks (April-21)), which we would like to implement across the General Neurology area which accounts for the largest number of referrals on the Neurology waiting list There have already been massive improvements in our waiting list position following WG funding for an Epilepsy co-ordinator (in 1 year
Neurology	£5,000 funding from WG in 2020 allowed clinical validation (as extra WLI sessions) to be completed on approximately 400 over target FUNB patients (across 5 Neurology Consultants), where those patients have now been seen (or plan to be seen), discharged or added to a PIFU pathway.	Additional funding can be used for both over target Stage 1 patients (273 not booked) and/or over target FUNB patients (>1,700), which we are also planning to undergo the Dr. Doctor Quick Question validation exercise in the coming months, however this will require additional work for clinicians to provide clinical validation. Based on the above number, more than £5,000 will be required, if possible.	Clinical validation (as extra WLI sessions) to be completed on approximately 400 over target FUNB patients
Renal	Forecast for improvement: - Sustained or increased use of virtual clinics in nephrology - Introduction of a text reminder service to reduce DNA's - Reduced WAST demands as a result of fewer journeys needed to transport patients to OPD appointments. - Improved RTT/Delayed Follow Up position.	Additional Administrative support The plan is to continue with virtual appointments; however, this leads to an increase in administrative duties. For example: 1. Contacting the patients prior to clinic 2. Secretaries are now requesting and printing electronic test requests (which they've been trained on) in order for the blood forms to be included with the letters 3. Secretaries are having to take calls from patients to let us know bloods have been done	Supports RTT and getting patients seen and reviewed in a timelier manner. Supports a move to permanently embed virtual consultations into OPD pathways. Increased use of virtual consultation had to potential to reduce reliance Reduced WAST demands as a result of fewer journeys needed to transport patients to OPD appointments. L49
Gastro	Reduce demands and waiting list backlog, but running more clinics	Use of GP cluster groups / Bay Field Hospital for clinic space to run additional clinics Able to see more patients and reduce the demand/backlog on the waiting list	Reduced demand and waiting list backlog

Renal	Increase the number of virtual appointments	Due to increase in administration time in contacting the patients before clinic to let them know whether telephone or attendance needed. As well as this increased contact time existing staff have trained in sending blood forms and collating these results to have them ready before any face-to-face attendance. It is hoped further administrative support will allow virtual levels of activity to continue.	RTT levels are also likely to improve as there is more administrative time to focus on out coming patients correctly and validating the waiting list. Patients being reviewed on a face-to-face basis is essential and will never not be required. As we get back to 'normality' following C19 it is key that we retain the benefits that virtual consultations bring us. Reduced need for travel via virtual consultation reduces time in hospitals for Renal patients, many of whom are already spending 12 hours per week in dialysis units alone. Renal patients are entitled to free transport. Providing alternative means of consultation reduces pressure on WAST and NEPTS by releasing crews to attend to other jobs.
Spinal / MCAS	On average the service sees 75 virtual new, 64 f2f new, 100 virtual fu, 80 f2f fu if not funded the service would see an increase to the waiting list of approx. 160 patients per month	Increase to consultant sessions 2 out of the 5 consultants are paid 10 sessions but have been working a 12 session job plan since October 2020 to support additional OPD activity to mitigate risk of unknown significant pathology on the waiting list. In order to continue to provide a sustainable service, meeting the stg 1 demand and continue to improve the FUNB position, it is recommended we support the required additional funding through annual plan/delivery funds.	The stg 1 and funb will increase by approx. 160 patients per month without investment. The stg 5 will increase by approx. 20 patients per month without the investment.
Urology	Reduce waiting list backlog, seeing an additional 168 patients per month	WLI clinics for Consultants and CNS to reduce backlog	Additional 168 patients seen per month

Medicine	Increase Virtual Activity for outpatients	Appointment of a Band 5 Facilitator to Introduce/Promote Virtual Group Clinics (VGC) across the Health Board This member of staff could work across the Health Board to facilitate and promote virtual group working. Initial discussions have been held with Welsh Government who have supported this suggestion. Agreed that this would form part of an over-arching proposal to WG for the virtual work. However, Kim Beddow confirmed that discussions with Liz Davies have confirmed that they like the idea of the facilitator and would approve the proposal if received.	Reduced F2F appointments. Patients are normally given 30 min appointment which could be undertaken in a group session in selected cohorts of patient. Approximately 12 patients could be seen in 1 hour, depending on the group of patients this could be increased
Dermatology	An average photographic session is 10 mins plus administrative time and patient preparation time which would mean a full-time photographer could clear 24 per day / 96 per week / 4608 per year. However, if administrative support were provided these numbers could increase.	Appointment of a 1 wte Medical Illustrator for Dermatology	Reduced F2F appointments and provide a quicker diagnosis for USC lesions.
Audiology	6 hours band 2 per week over 6 months = £1887 if undertaken by Audiology using Audiology patient management system. Postal cost £650 per month @ £1 per letter (estimated). Total cost 6 months £5787. Use of system already in operation such as Dr Doctor, cost unknown. Activity approximately 650 patients per month. Postal cost £650 per month. Predicted impact on demand: validation that has taken place during the initial COVID recovery phase would not be indicative of more 'normal' activity and so accurate figures difficult to obtain. Based on DNA rate expected to be due to 'unwanted' appointments broad prediction would be release of 5% new and 10% FU appointment. This may translate in to approximately 7 hours @ Band 5-7 per week.	Administrative support for validation and patient-initiated follow-up – Audiology Audiology has a number of adult and paediatric pathways for both diagnostics and rehabilitation of hearing and balance. A number of these pathways include automatic follow-up. DNA rates for some of these pathways, particularly Tinnitus Therapy and Hearing Aid fitting are high (25% and 23% respectively). Audiology is required to offer follow-up for these pathways in line with National Standards. Audiology is also required to measure the outcomes of treatment provided and so would like to propose a model of validation of follow-up which allows for outcome measures to be collected.	Audiology will measure the impact of the process on demand for new and follow-up appointments. It is hoped that capacity would be released of an order to be able to continue to support the process within the current establishment of the Audiology team beyond the funded period.

Ophthalmology	We aim to reform our Glaucoma pathways in line with the national clinical programme for planned care and best practice. There are currently 2800 glaucoma patients waiting to be reviewed under ODTC These patients require a variety of tests which could be performed by band 3 technicians and all virtually reviewed by our ophthalmologists and non-medical advanced glaucoma practitioner team. We would look to set up One stop test clinics with 6 band 3 technicians performing OCT, visual fields, VA and ORA 120 sessions of 24 patients over 7 months	Backlog initiative	• Once this backlog has been addressed, we aim to maintain a sustainable Glaucoma ODTC service within SBUHB, across our 4 Hospital and community based sites • Most at risk patients (R1) will be see promptly and within clinical targets • Reduction in patient complaints and serious harm incidents • By enabling patients to be seen in the right place, at the right time, and by the most appropriate healthcare professional; • To maximise capacity within the healthcare system to meet demand and provide timely care for patients;
Ophthalmology	We aim to reform our Medical Retina (MR) pathways in line with the national clinical programme for planned care and best practice. An additional 2 non-medical practitioners are required to compliment the already successful move to more non-medical practitioner within the AMD Service and the recently funded community optometrists initiative diabetic retina review scheme. (Full proposal attached) Current medical staff are released for other eye capacity e.g. Cataract or Glaucoma Backlog	2.00 wte band 7s - only bidding for Q3 & 4	• Sustainable Medical Retina service • Most at risk patients (R1) will be see promptly and within clinical targets • Reduction in patient complaints and serious harm incidents • By enabling patients to be seen in the right place, at the right time, and by the most appropriate healthcare professional; • To maximise capacity within the healthcare system to meet demand and provide timely care for patients;

Adult Psychiatry	This exercise will aim to reduce the overall cohort of patients waiting (approx. 8000) by 20% through reassignment of alternative management pathways (such as SOS or PIFU) or discharge/removal.	Consultant Psychiatrists to conduct clinically-led clinical validation of 'over target' patients on Mental Health FUNB waiting lists. This exercise will aim to reduce the overall cohort of patients waiting (approx. 8000) by 20% through reassignment of alternative management pathways (such as SOS or PIFU) or discharge/removal. Validation of over target FUNB patients will be undertaken by the clinical workforce in adult and older people's mental health services. This work will be completed through payment of additional clinical sessions and overtime. Additional recruitment will not be required to undertake this validation exercise. To ensure that all over target patient entries are clinically validated (approximately 8000) this project will need to commence in Qtr2.	Project objectives are fully aligned with the aims of the national outpatient strategy which seeks to: • Reduce the numbers of patients waiting for a follow up appointment • Reduce the length of time patients are waiting for a new and follow up appointment • Achieve the identified targets agreed in the Outpatients Strategy and will support delivery of a sustainable outpatient model in Mental Health services in SBUHB.
MCAS	Based on service evaluation approximately 60% of patients were managed in MCAS. With historic spinal referral rates of 550 this would equate to reduction of approximately 330 NP onto the spinal stage 1 WL per annum	To provide joint Spinal Consultant and Advanced Physiotherapy Practitioner (MCAS) clinics for Spinal New OPD Attendances (RTT Stage 1). Significant opportunities to the model identified, including; Business case developed by MCAS (Hannah Stockham) and Spinal (Vikki Gibbs); o 1 x Spinal Consultant (Mr Navin Verghese)/ 3 x Advanced Physiotherapy Practitioner / plus admin cover per 3.75 hr session o Each APP responsible for 6 patients per session (normal clinic template) = 18 patients per session o 1 x 3.75hr session every other week o Clinics to take place in SA1	• Reduction of Spinal RTT Stage 1 waiting list (thereby reducing need for Spinal WLI clinics therefore cost saving to SB UHB) • Clinical benefits (outlined in business case)

TWOC community	During covid Community Care have been managing appropriate patients in regard to our Trial Without Catheter Service (TWOC) and for many patients it is far better that they do not have to attend hospital for this service because of infection rates etc.	397.5 hours of capacity would be released annually. Which would be utilised to support other clinics	Reduced footfall in secondary care. I have put together some preliminary figures based on the patients seen in the community from April 2020 - March 2021: • They have seen 265 patients for TWOC • Based on the figures of average 3hrs per patient. This includes x 2 visit face to face plus one phone contact and travelling, they would require x 795 band 5 per year • Additional to this they would require 200 hrs band 2 admin per year • For consumables we have based the figures on the number of failed TWOCs which was 107 needed re-catheterisation, the cost of the community catheter trays are £17.83 plus the dispensing costs of £9.30 = total cost £2902.91 per year