

Swansea Bay University Health Board

Outpatient Modernisation Programme

Executive Sponsor	Chris White
Management Lead	Malcolm Thomas
Clinical Lead	Dr Aidan Byrne
Financial lead	Chris Bimson
Workforce Lead	Bethan Raby
Project Manager	TBA
Informatics Lead	Sian Richards / (Query Deirdre Roberts)
Quality Improvement Lead	TBA - QI
Delivery Unit Leads	<p>Validation / re-categorisation of streaming funB / WPAS training – Rhodri Davies & Kelly Jones</p> <p>Planned care Programme – Ophthalmology – Suzanne James / Adel Davies.</p> <ul style="list-style-type: none"> - Urology – Jo Davies / Sara Williams - ENT – Charlotte Le Brocq - Orthopaedics – Dean Packman / Victoria Gibbs - Dermatology – Rhodri Davies

Ref.	Action	Lead	Target Completion	Status	Financial Saving or Cost	Comments / Target Objective
1	Validation Team – Two year project <ul style="list-style-type: none"> • Secure Funds for a HB wide dedicated Validation Team • Recruit Validation team and Backfill • Validation team in place and commissioned • Finalise score card for monitoring / recording improvements / changes in validation activity 	MMT	Feb 19		£80K	Remove all duplicates / erroneous data and stream / re categorise activities Team in place – July – work to deliver is now ongoing.
		KJ	June 19			
		KJ / RD	June 19			
		KJ	April 19			
2	Validation / Stream FunB activity <ul style="list-style-type: none"> • Resolve FunB / DNA / CNA Recording issues on WPAS • Address immediate impact data recording 					Remove / reduce 100%+ over target FunB long waiters – approx.. 20,000 patients
		Informatics	May 19			
		KJ / RD	June 19			

	<ul style="list-style-type: none"> Produce Duplicates listing from WPAS Agree programme of review (High Harm areas first) Stream / re categorise activity Training of clerical workforce 	Informatics	April 19			Units able to generate their own lists for local review
		KJ / RD	April 19			Initial area for review - Ophthalmology
		Validation team	June 19 onwards			
		Validation team	Ongoing throughout 19 / 20			Working with operational teams / IT WPAS training team to refresh training material as appropriate to reflect new definitions. Auditing / Monitoring variances and feeding back.
3	Text reminder System Review <ul style="list-style-type: none"> Review of existing service Review / redesign existing pathways Establish benefit realisation programme Assess system impact on reducing DNA's Produce updated review paper for potential investment / recommendations Procure system – if appropriate – commencement 					Targeted improvement / reduction of 1% to 2% Paper received – agreed to extend contract for 12 months to undertake a full benefits realisation programme
		IT / QI	Feb 19			
		IT / QI	April 19 onwards			
		IT / QI	April 19			Need to agree Project management arrangements
		IT / QI	Sept 19			SBAR completed
		IT / QI	Oct 19			
		IT / QI	Nov 19			
4	Maximise utilisation of e-Referral system <ul style="list-style-type: none"> Elimination of paper / fax referrals Extend use of referrals for advice only Working with clusters to reduce demand 	IT / Primary Care	Sept 19			Achieve 100% e-referral utilisation (currently at approx. 65%)
5	In Touch Administrative System <ul style="list-style-type: none"> Roll out across Morriston site 					InTouch in use in HVS – not across site but we have a site licence in Morriston only / improved efficiency and accuracy of data recording
		IT	Aug 19		TBC	Additional cost of checking in booths but potential saving in reception costs

	<ul style="list-style-type: none"> Assess roll out / costs across Singleton / NPT Implement extended services (additional Modules i.e. WAST linkages etc.) 	IT	Dec 19		TBC	Additional cost of site Licence / checking in booths but potential saving in reception costs
		IT	Dec 19		TBC	Additional cost of site Licence / checking in booths but potential saving in reception costs
6	Planned Care Programme – Urology <ul style="list-style-type: none"> Roll out PKB in PSA Patients Extend PKB into other areas of Urology Address mpMRI Pathway 	MMT / Morrison DU	April 19 onwards		Band 3 f/t wte	30% of all Urology follow up activity is prostate cancer 40% of prostate cancer follow up activity is suitable for the management of self-care Initial PSA patients recruited Continuing to recruit patients through clinics Extending recruitment into kidney etc
			June 19		TBC	Increased MRI access required to achieve NICE requirements
7	Planned Care Programme – ENT <ul style="list-style-type: none"> Implement / monitor Guidance around early discharge Monitor impact of Audiology investment / new pathway Stream “procedure” patients appropriately 	MMT / Morrison DU	April 19			Increase to follow up discharges as per guidance – currently reporting 62% compliance Review information compliance / re-designate and remove procedures from report. Monitor reduction of 1,000 referrals per annum to be re-directed into Audiology.
			March 20			
			May 19			
8	Planned Care programme – Orthopaedics					1 follow up appointment pre-op; 1 follow up appointment post op; 2:1 ratio 10% patients after that need further appointment All major joint post-operative will receive a PROM (virtually) at 6 months.

11	Other Modernisation / Transformation <ul style="list-style-type: none"> Extended roll out of PKB to other specialties with further advances in self-management initiatives. Review Pre assessment module of In Touch to improve Operative Pre assessment processes. Work with Cluster developments to review activities that could be transferred out of secondary care Hospital and into Clusters 	IT / MMT IT / MMT IT / MMT / PC & CS Unit	Dec 19 Sept 19 March 20			PKB is already being trialled – but limited – needs to be extended and evaluated In Touch has a pre assessment module which needs to be assessed if added value could be achieved within the centralised pre assessment team at Morriston. Initial work with Cwmtawe Cluster underway – as further cluster investments are received – extended work with those clusters could commence and build on the pilot.
12	Development of a strategic vision for Outpatients which is linked to the Health Boards Clinical Strategy	MMT / AB / Clinical Leaders	July / Sept 19			
13	Build Capacity and Demand profile for reduction of overall number of patients waiting	IT / MMT / Performance and DU's	October 19			
14.	Reflect changes in clinical delivery into Consultant / team job plans	Delivery Units	March 20			