




# Cwm Taf Morgannwg UHB Targeted Intervention

MAE EIN  
GWERTHOEDD  
YN EIN HELPU  
NI I FOD AR  
EIN GORAU  
  
OUR VALUES  
HELP US BE AT  
OUR BEST

RYDYN NI'N  
GWRANDO,  
YN DYSGU  
AC YN GWELLA  
  
  
  
WE LISTEN,  
LEARN AND  
IMPROVE

RYDYN NI'N  
TRIN PAWB  
A PHARCH  
  
  
  
WE TREAT  
EVERYONE  
WITH RESPECT

RYDYN NI I GYD  
YN CYDWEITHIO  
FEL UN TÎM  
  
  
  
WE ALL WORK  
TOGETHER  
AS ONE TEAM

Thursday, 9<sup>th</sup> February 2023



# Quality related to long waiting times

- Improved planned care performance against an agreed trajectory maintained over six months
- Improved cancer performance with performance against an agreed backlog trajectory maintained over six months
- Improved CAMHS and neurodevelopment performance with performance against an agreed trajectory maintained over six months
- Consistency in urgent and emergency care over a six month period.
- Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over six months.



# Targeted Intervention: Performance

- Long waiting times - overview

**SRO** – Gethin Hughes



**In year goals**

Breakthrough objectives (23/24)

Improving Access to Care	30% of discharges to be achieved by noon
	maximum wait of 52 weeks for Stage 1 and stage 4
	achieve 75% compliance with SCP
	70% of CAMHS pts will receive 1st assesment within 28 days
Making Care Safer	Reduce referrals to secondary care in ENT and Dermatology by 30%
	90% compliance with Sepsis 6 Budles in A&E
	50% reduction in patients presenting to ED with a pressure ulcer from DN (District Nurse) caseloads
	15% reduction in the number of falls with harm
Transforming our services	Resistance prescribing rates by 20%
	Reduce by 15% number of incidents resulting in Severe and moderate harm
	Ensure 50% improvement in front door stroke metrics
	Ensure minimum of 20% of all follow up activity is converted to SOS/PIFU
Improve our learning	Implementation of digitalisation of admin programme
	Ensure only 15% of bed days are occupied by clinically optimised patients

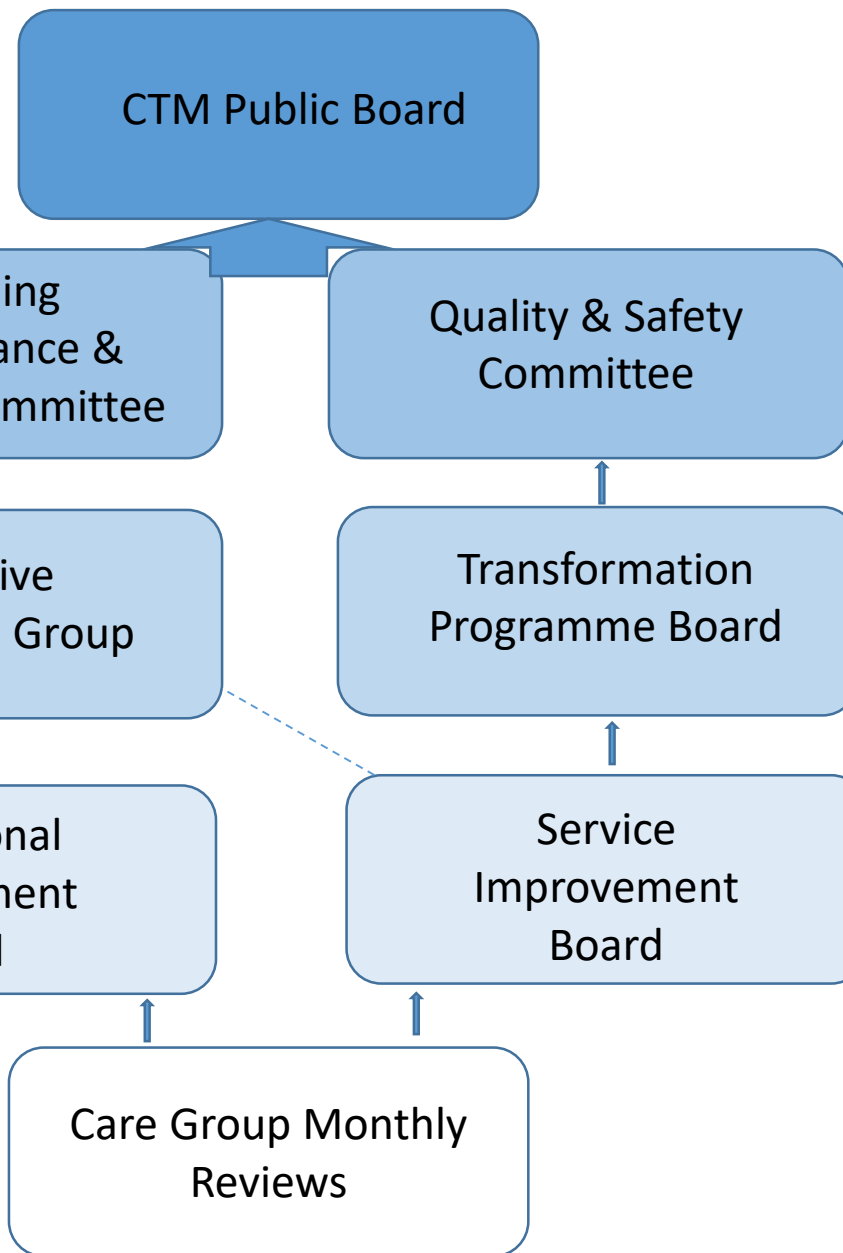
**Long Term Ambitions**

True North end of 25/26



Improving Care Dashboard

Improving Access to Care	90% delivery of the 4 hour standard for emergency care
	achieve RTT compliance
	Cancer compliance by end of 24/25
	90% of CAMHS pts will receive 1st assesment within 28 days
Making Care Safer	Reduce referrals to seconday care by 30%
	Lowest avoidable mortality in Wales
	Zero avoidable pressure ulcers
	50% reduction in the number of falls with harm
Transforming our services	Resistance prescribing rates by 90%
	Reduce by 50% number of incidents resulting in Severe and moderate harm
	Delivery of SSNAP A rated Stroke Service
	Achieve highest rate of PIFU and SOS delivery within Wales
Improve our learning	Implementation of digitalisation of admin programme
	Ensure only 5% of bed days are occupied by clinically optimised patients
Improving Access to Care	30% of discharges to be achieved by noon
	maximum wait of 52 weeks for Stage 1 and stage 4
	achieve 75% compliance with SCP
	70% of CAMHS pts will receive 1st assesment within 28 days



**A forum for sharing information and communication of operational matters across the Care Groups and corporate Departments.** To monitor key performance metrics and to discuss and approve business cases, service changes, proposals and similar documents prior to onward progression through the UHB.

A number of groups will report to the Board, including:

- Operational Capital Group
- H&S and Fire Group
- Local Partnership Group
- QSR Care Group Committee CG Papers

**A forum for the sharing of information and communication of improving care issues across the Care Groups and corporate Departments** within the Health Board, to monitor Improvement projects, service changes, proposals and similar documents prior to onward progression through the UHB.

A number of groups will report to the Board, including:

- Six Goals Programme
- Cancer Board
- Digital and Data Update
- PC and Community Transformation Programme
- Mental Health & Learning Disability Transformation Programme
- Improving Care Dashboards

This structure is in its early days and it is likely that there will be changes and adaptations needed as the new Care Group structure develops and beds in.



# Cancer Improvement

## Proposed SCP Improvement Trajectory\*

Q1 – 48% - 144 pts

Q2 – 56% - 168 pts

Q3 – 62% - 186 pts

Q4 – 70% - 210 pts

### 104 day Reduction Trajectory

Q1 – 190 pts

Q2 – 170 pts

Q3 – 150 pts

Q4 – 130 pts

\*modelled on 300 confirmed cases per month





# Cancer Improvement

- Skin
  - Cancer is being prioritised
  - Max Fax pathways and significant SB/CTM pathology delays in Q4
- Lower GI
  - Waiting time for Endoscopy – total LGI diagnostics waits down by 14% on last month. Further work to increase productivity and efficiencies.
  - Challenges with BSW – To meet current demand and clear backlog – 6 BSW lists required currently run 4 lists. Interim plans to increase lists through WLI's and backfilling symptomatic lists.
- Urology
  - Diagnostic pathway challenged
  - Clinical capacity
- Breast
  - Outpatient capacity
  - Treatment capacity access to wires at NPT
- UGI
  - Waiting time for Endoscopy – Total UGI diagnostic waits down by 12% on last month. TNE plan to increase capacity.

- Skin
  - Appointing Specialty Dr to increase clinic and MOP capacity. Need additional sessions have JD could go out to recruit if funding available. Would need review of space and admin/nursing for clinic in PCR Bid 2022/23
- Lower GI
  - Internal changes to improve current utilisation and expansion of current rooms through extended sessions and 7 day working and re allocation of OGD capacity to Colons by increasing Trans-nasal Endoscopy (TNE's). Increase planned templates (mobile unit) to offset DNA's. Development of a Transformation Programme for Gastro & Endoscopy. Endoscopy Programme Board to commence.
- Urology
  - Appointing new surgeon and PCR investment in additional LAPB lists.
- Breast
  - New clinic opening 20/2/23 appointing additional consultant March
- UGI
  - Implementation of TNE for OGDs increase capacity and one stop clinics. Working with the Clinicians and site General Manager to agree capacity increase and a sustainable location on the RGH footprint.





Q4 – 130



# Urgent Care Improvement

## 4 Hour

- Congestion and occupancy levels in Emergency Departments.
- Attendance v admission.
- LoS in Emergency and Acute Medicine front door footprint.
- Onward inpatient acute hospital flow.
- Pan CTM approach to Emergency Pressures Escalation.

## Ambulance 4 Hour

- Acute Hospital flow and discharge.
- Integrated Discharge approach.
- 7 day, in and out of hours requires consistent approach to handover of Ambulance and management of escalation of emergency pressures.

## 4 Hour

- Deployment of Navigation Hub.
- Directory of services under construction.
- Develop direct pathway to SDEC and Acute Frailty.
- Increase WAST utilisation.
- Ensure equitable access to Minor Injury Units across CTM – provision of walk in access.
- Implement a CTM standardised emergency pressures escalation procedure and review effectiveness of actions.
- Focus on 50% of discharges by noon

## Ambulance 4 Hour

- Implement ambulance handover escalation plan ( in line with escalation plan).
- Review cross CTM - “on-boarding” and “Full Capacity Protocol” to support agile response to escalation of emergency pressures.
- Six Goals programme re-prioritised for delivery – targets set.
- Deployment of D2RA Hub to support discharge.
- D2RA data component delivered by eWhiteboards “live view system” in conjunction with National Care Pathways, transparency and clear reporting.
- Discharge referrals standardised across CTM with Local Authorities.
- Review and implement robust evening and weekend planning.





## Planned Care Improvement

- End of June Targets
  - Delivery of the **104** week target for **stage 4** in all specialties excluding
    - Gynaecology – end Q2
    - ENT - end Q3
    - Urology – end Q3
  - Delivery of the **52 week** target for **stage 1** in all specialties excluding
    - Ophthalmology – end Q3
    - ENT – end Q3
    - Dermatology – end Q2
    - Urology – end Q3
    - Orthodontics/Restorative dentistry
- End of March 24
  - Working towards a **78** week RTT position





# Planned Care Improvement

## Stage 1

- Outpatient Capacity
- Unwarranted levels of demand in key specialties

## Stage 4

- Theatre capacity challenges
- Consultant capacity in key

## Stage 1

- Additional outsourcing prior to march 23
- Additional appointments to key specialties
- Application of new INNU policy
- Establishment of interface services in Dermatology and ENT

## • Stage 4

- Additional insourcing to open 2 theatres at POW
- Revised Orthopaedic Trauma model
- Centralisation of Urology and H&N oncalls
- Application of new INNU policy





# Mental Health Improvement

## Part 1a Mental Health Measure CAMHS – Assessment

Over 28 days trajectory      Performance – seen in 28 days

• Q1	200	35%
• Q2	100	40%
• Q3	50	50%
• Q4	10	70%

## Part 1b Mental Health Measure CAMHS – Interventions

Over 28 days trajectory      Performance – intervention started in 28 days

• Q1	160	35%
• Q2	120	40%
• Q3	80	50%
• Q4	40	60%



## Mental Health Improvement

- Part 2 Care & Treatment Planning - Mental Health Measure CAMHS

Q1 50%

Q2 55%

Q3 65%

Q4 70%

Psychology waiting over 26 weeks trajectory

Q1 360

Q2 300

Q3 250

Q4 200