



# Improving Care Portfolio Update

**Gethin Hughes– Chair**

**Dom Hurford– Vice Chair**



# Improving Care

- Overarching programme on improving care across the HB
- Driven by a set of metrics which sets out longer term ambition for services across Care Groups
- Year 1 priorities to 'turn the dial' on the longer term goals
- Each care group will be able to develop local metrics
- Dashboard will form the basis of the Care Group performance reviews



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

CTM 2030  
Ein Hiechyd  
Ein Dyfodol  
DATBLYGU CYMUNEDAU  
IACHACH GYDA'N GILYDD



CTM 2030  
Our Health  
Our Future  
BUILDING HEALTHIER  
COMMUNITIES TOGETHER



CREATING  
HEALTH



IMPROVING  
CARE



INSPIRING  
PEOPLE



SUSTAINING  
OUR FUTURE

ctmuhb.nhs.wales

# Improving Care

- The programme has been sub divided into 4 distinct areas of focus
- Improving Access
- Making Care Safer
- Transform our services
- Improve our learning



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

CTM 2030  
Ein Hiechyd  
Ein Dyfodol  
DATBLYGU CYMUNEDAU  
IACHACH GYDA'N GILYDD



CTM 2030  
Our Health  
Our Future  
BUILDING HEALTHIER  
COMMUNITIES TOGETHER



CREATING  
HEALTH



IMPROVING  
CARE



INSPIRING  
PEOPLE



SUSTAINING  
OUR FUTURE

ctmuhb.nhs.wales

## Long Term Ambitions

True North end of 25/26	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
		Reduce referrals to secondary care by 30%
	Making Care Safer	Lowest avoidable mortality in Wales
		Zero avoidable pressure ulcers
		50% reduction in the number of falls with harm
		Resistance prescribing rates by 90%
	Transforming our services	Delivery of SSNAP A rated Stroke Service
		Achieve highest rate of PIFU and SOS delivery within Wales
		Implementation of digitalisation of admin programme
	Improve our learning	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
		Reduce referrals to secondary care in

## 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
		Reduce referrals to secondary care in ENT and Dermatology by 30%
	Making Care Safer	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
		Resistance prescribing rates by 20%
	Transforming our services	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



The Change Hub  
Transforming  
Healthcare



**GIG**  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Improving Care aims:

Delivering safe and compassionate care

Developing new models of care

Digital transformation for patients and staff

Ensuring timely access to care

## OVERALL RAG



## STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Workstream	Status Update	RAG
Baseline Projects	<ul style="list-style-type: none"> <li>Baseline projects reviewed and provisionally allocated into Improving Care Strategic pillar. These are being assessed to determine suitability and priority.</li> </ul>	Green
Governance	<ul style="list-style-type: none"> <li>Improving Care Board meetings have been initiated on a monthly basis. ToR and PID TBA.</li> </ul>	Yellow
Strategic Portfolio Development	<ul style="list-style-type: none"> <li>Draft Structure agreed and will consist of four domains under the Improving Car Strategic Pillar. Work is continuing to define and detail the key measures including year one “breakthrough” and 3 – 5 year “true north” measures and also to ensure alignment with the Quality Strategy. These measures will be incorporated into scorecards which will form the basis of the performance management framework</li> </ul>	Green
Project and Programmes	<ul style="list-style-type: none"> <li>Work is still ongoing to produce the list of key projects and programmes which will underpin the delivery of the strategic objectives, identify any strategic gaps and review which current projects should be deprioritised.</li> </ul>	Yellow
Resources	TBA	

## KEY METRICS:

- See attached slides

## RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Competing priorities	Competing priorities with Improving Care aims and Winter pressures	Red
Financial Constraints and economic climate impacts	Impacting on ability to delivery projects and adversely affecting operational performance	Red
Staffing constraints	Impact on performance	Yellow

## ESCALATIONS/ DECISIONS TO BOARD:

None



**GIG**  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

CTM 2030  
**Ein Hiechyd  
Ein Dyfodol**  
DATBLYGU CYMUNEDAU  
IACHACH GYDA’N GILYDD



CTM 2030  
**Our Health  
Our Future**  
BUILDING HEALTHIER  
COMMUNITIES TOGETHER



CREATING  
HEALTH



IMPROVING  
CARE



INSPIRING  
PEOPLE



SUSTAINING  
OUR FUTURE

ctmuhb.nhs.wales  
Use Corporate Data rating for risks