

# Countermeasure Area

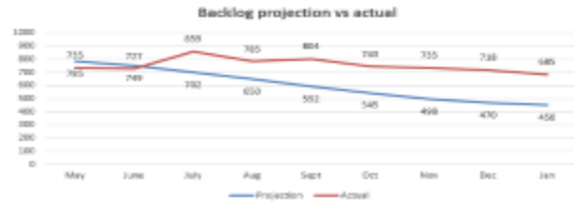
**Owner:** Director of Planned Care

**Metric:** > 104 days = 190 by Q1

**Trending:** ↓

**Problem Statement –2. Failure to meet backlog and performance target trajectories**

## 1. Historic Trend Data



## 2. Stratified Data

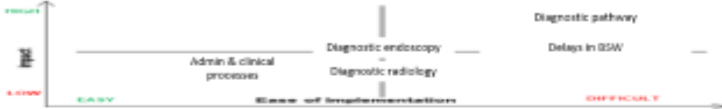
Category	Actual	Target	Variance	Actual	Target	Variance	Actual	Target	Variance
Colon	10	10	0	10	10	0	10	10	0
Rectum	10	10	0	10	10	0	10	10	0
Sigmoid	10	10	0	10	10	0	10	10	0
Small Int	10	10	0	10	10	0	10	10	0
Large Int	10	10	0	10	10	0	10	10	0
Other	10	10	0	10	10	0	10	10	0

Category	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Actual
Colon	65	52.2	65	65	65	70	70	70	70	64.3
Rectum	40.3	38.9	40	40	40	40	40	40	40	38
Sigmoid	74.3	70.2	80	80	80	80	80	80	80	75.8
Small Int	16.8	16	16	16	16	16	16	16	16	16.2
Large Int	30	28.3	30	30	30	30	30	30	30	28.8
Other	17	17.4	17	17	17	17	17	17	17	16.8

## 3. Top Contributors / Pareto: Appraisals Core



## 4. Opportunities and Countermeasures: Appraisals Core



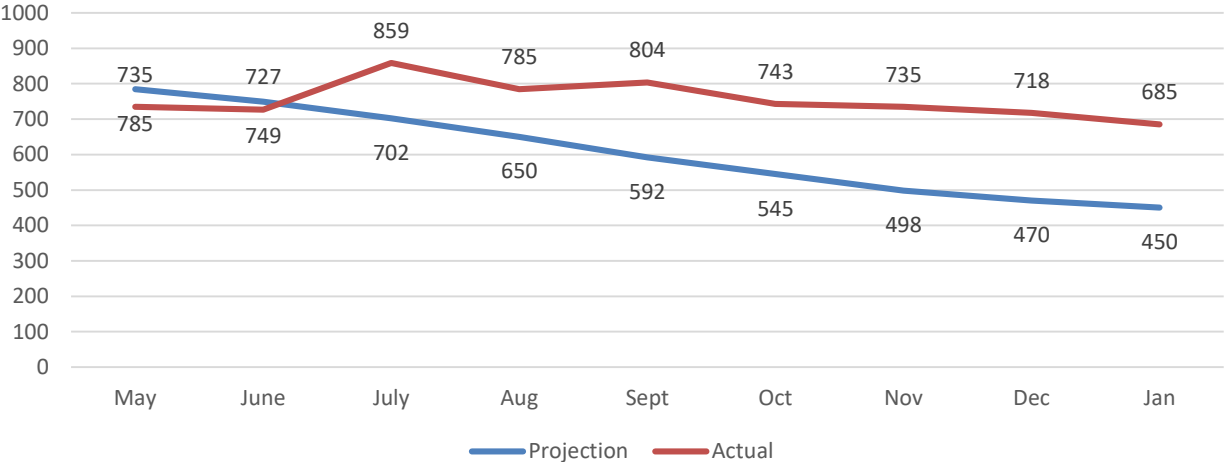
Contributor	Root Cause	Counter-Measure	Impact	Ease
Diagnostic Pathology	Delays in reporting turnaround times, more so in skin and urology and gynaecology tumour sites	All backlog pathology prioritized as a USC to be reported in maximum 10 days	High	Difficult
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity, insufficient screening colonoscopies & SGP's	Regional support Recruitment & training of SGP's Additional colonoscopy lists Requiring Review of booking process	Moderate	Fairly Difficult - will take time
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites Review of booking process	Moderate	Medium
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Overtime, bank, locum and Funding & recruitment of staff completed Prioritisation of all USC requests Improved booking process	Moderate	Medium
Admin & Clinical processes	Non compliance with NCCP routes & realistic practice	Compliance with all NCCP's Review of processes & recommendations implemented	Moderate	Fairly easy - will take time

## 5. Action Plan

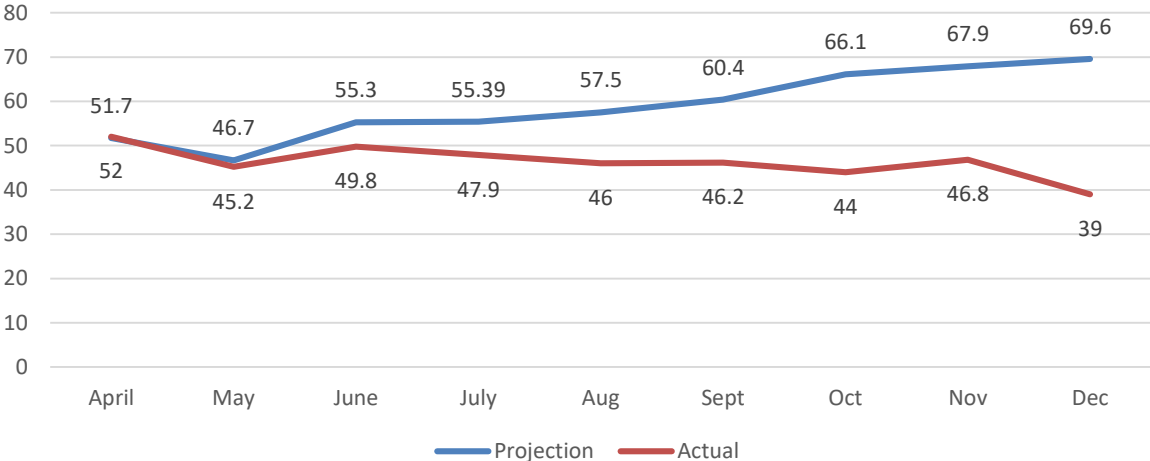
Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting turnaround times, more so in skin and urology tumour sites	All backlog prioritized as a USC to be reported in maximum 10 days	Pathology		Red
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity, insufficient screening colonoscopies & SGP's	Recruitment & training of SGP's	Health Board		Yellow
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites	Health Board		Yellow
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Overtime, bank, locum and Funding & recruitment of staff completed	Health Board		Yellow
Admin & Clinical processes	Non compliance with NCCP routes & realistic practice	Compliance with all NCCP's	Health Board		Yellow
Insufficient resources of pathology at all pathway stages	Demand to service capacity	Recruitment of additional staff	Health Board		Yellow
Delays	Insufficient resources for Order turnaround	Recruitment of additional staff	Health Board		Yellow

# 1. Historic Trend Data

### Backlog projection vs actual



### % Performance projection vs actual



## 2. Stratified Data

		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Actual
All sites	H&N	13	11	11	11	11	11	17
	Upper GI	93	88	86	84	82	82	74
	Lower GI	149	144	139	134	129	129	219
	Lung	5	0	0	0	0	0	21
	Sarcoma	0	0	0	0	0	0	2
	Skin	30	30	30	30	30	30	25
	Brain/CNS	0	0	0	0	0	0	0
	Breast	60	40	20	0	0	0	30
	Gynae	120	110	100	90	80	70	80
	Urological	170	160	150	140	130	120	200
	Haem	6	5	5	5	4	4	12
	Other	4	4	4	4	4	4	5
All sites	All sites	650	592	545	498	470	450	685

%	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Actual
H&N	30.8	30	30	40	50	70	70	70	70	14.3
Upper GI	65	52.2	65	65	65	70	70	70	70	33.3
Lower GI	45.5	36.4	45	45	45	45	50	55	60	25
Lung	58.1	62.2	60	60	65	65	70	70	70	65.2
Skin	91.4	80	85	85	85	85	85	85	85	73.8
Breast	50	38.9	50	50	50	60	80	80	80	45.1
Gynae	25	15.8	25	25	30	40	45	50	55	14.3
Urological	28.2	13.6	30	30	30	30	35	40	45	13.7
Haem	46.7	30.8	45	50	55	60	65	70	70	33.3
Other	100	100	75	75	80	80	85	85	90	50

### 3. Top Contributors / Pareto: Appraisals Core

#### Demand Issues

Complex pathways  
Tertiary centres for investigations and treatments  
BSW colonoscopies  
Diagnostics – radiology, pathology, endoscopy, prostate biopsies

#### System Issues

Electronic referrals & triage  
Text & remind limited  
Different PAC systems in Pow to RGH & PCH  
Inefficient pathways

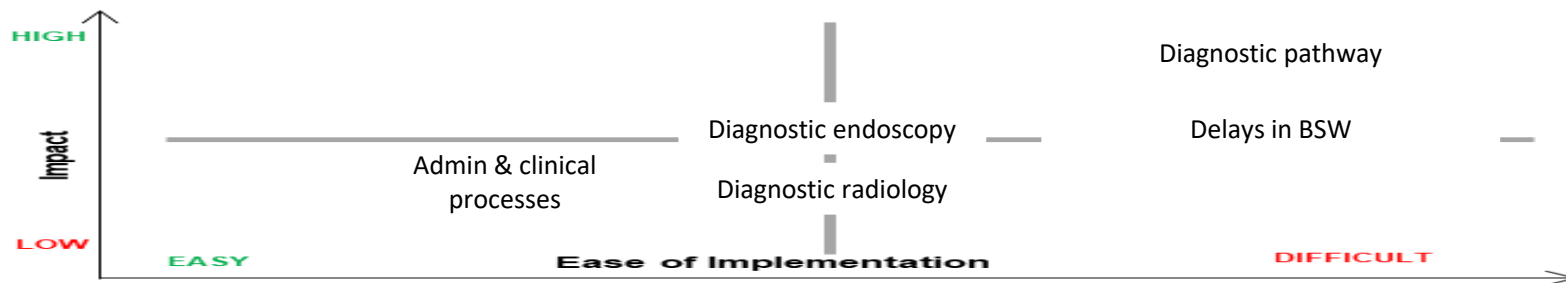
#### Staffing Issues

SSP ↓ 50% in endoscopy ( recruited into & awaiting start date)  
Radiology training for nuclear med injections required for more staff  
Insufficient staff to run additional clinics / lists  
Vacancies

#### Planning Issues

Workload prioritisation of clinical & managerial staff  
Pathway review needed  
Increase STT  
Insufficient removals at all pathway stages to provide sustainability within services  
Delivery of trajectories planned dependent upon diagnostic turnaround target which is not being achieved.

## 4. Opportunities and Countermeasures: Appraisals Core



Contributor	Root Cause	Counter-Measure	Impact	Ease
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Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Regional support Recruitment & training of SSP's Additional colonoscopy lists Insourcing Review of booking processes	Moderate	Fairly Difficult – will take time
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites Review of booking processes	Moderate	Medium,
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Overtime, bank, locum until Funding & recruitment of staff completed Prioritisation of all USC requests  Improved booking processes	Moderate	Medium
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's  Review of processes & recommendations implemented	Moderate	Fairly easy – will take time

## 5. Action Plan

Contributor	Potential Root Cause	Solution / Countermeasure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting turnaround times; more so in skin and urology tumour sites	All pathology prioritised as a USC to be reported in maximum 10 days.	Carl Verrecchia		
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Review of booking processes Recruitment & training of SSP's	Gareth Blandford		
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites Overbooking of lists Text & remind Broadcast messenger	Gareth Blandford		
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Prioritisation of all USC requests Improved booking processes More staff trained in nuclear med injections	Chris Goodwin / Bronwyn Baldwin		
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's Review of processes & recommendations implemented	All CSGM / David Williams		
Insufficient removals of patients at all pathway stages	Demand & available capacity	Daily review of cancer PTL to ensure all available capacity is booked in a timely manner Enforcement of escalation policy	Director of Planned Care		
Theatres	Insufficient theatre for Gynae tumour site	Tumour sites with insufficient USC theatre capacity to be offered backfills 1st	Director of planned care		