

# Countermeasure Area

**Owner:** Director of Planned Care

**Metric:** 48% SCP by Q1

**Trending:** ↑

## Problem Statement –

1. Failure to meet Single Cancer Pathway target of 75%.

### 1. Historic Trend Data (March)

Percentage of Patients Treated In Month Within the SCP Target



### 2. Stratified Data



### 3. Top Contributors / Pareto Appraisals Core



### 4. Opportunities and Countermeasures; Appraisals Core



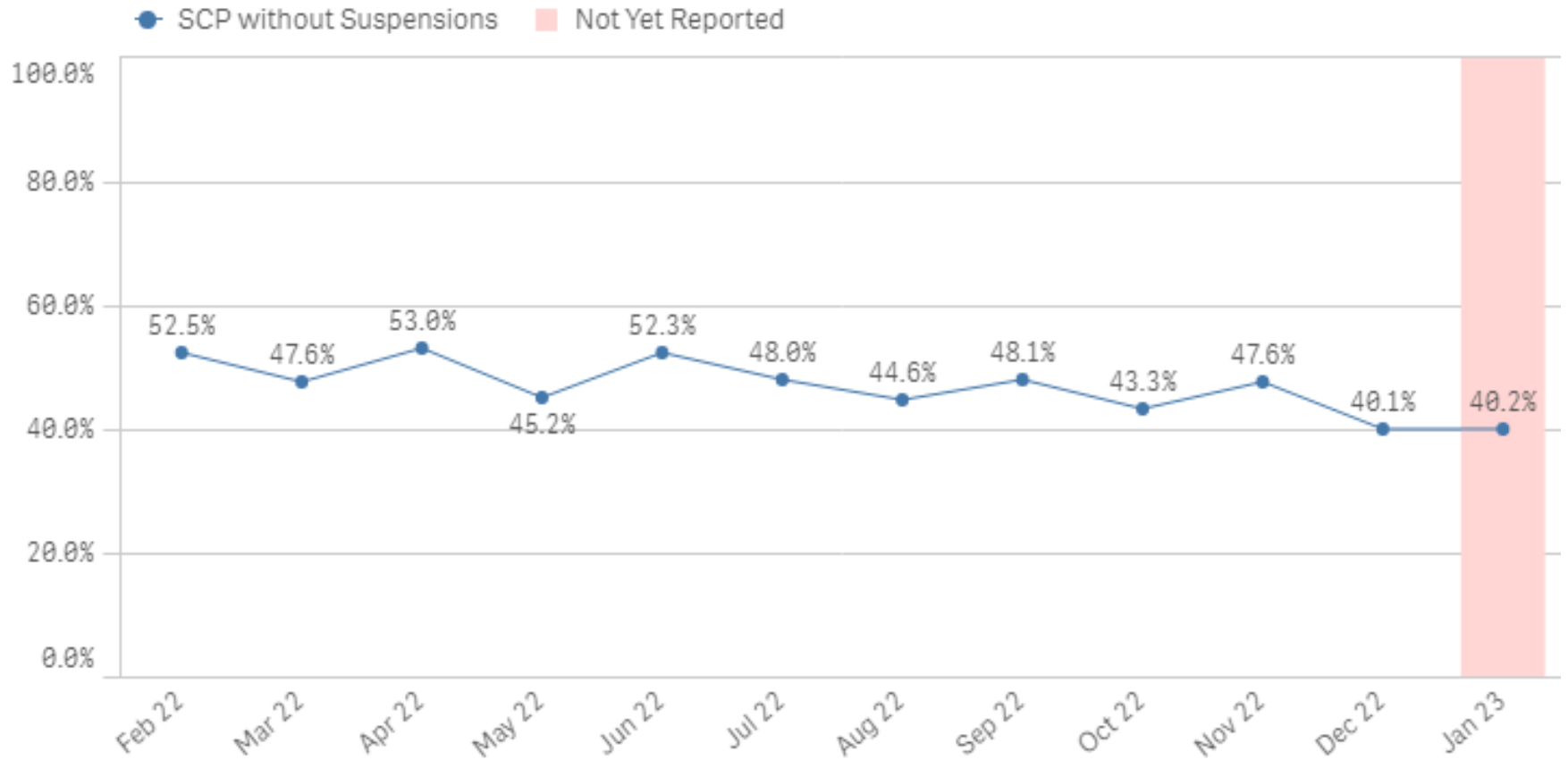
Contributor	Root Cause	Counter-Measure	Impact	Ease
Diagnostic Pathology	Delays in reporting tumoural cases, WDA to in-pat and out-patology tumour sites.	An pathology prioritised as a USC to be reported in maximum 10 days; Improved reporting times in oncology & Skin will positively improve overall IIR performance due to them being high income treatment sites.	High Medium	Difficult Difficult
Delays in Bowel Screening/ Wides Colonoscopy	Demand outstripping capacity, insufficient staffing consultants & SOP's	Implementation of IIT; Training of more screening endoscopists; Recruitment & training of SOP's	Fairly High High Medium	Process Fairly easy - will take time Fairly easy
Diagnostic Endoscopy	Insustainable excess excess CTM	Down-sizing top, focused on turn around time scale sites.	Medium	Medium - different sites face a POW
Diagnostic Pathology	Insufficient workforce to back-up, under-staffed reports in treatment of 30 days across all tumour sites	Funding & recruitment of staff; Prioritisation of all USC requests; Improved coding processes; More staff trained in nuclear med techniques.	Fairly High, Medium Medium Medium Medium	Difficult - takes time Easy - has impact on non USC requests Fairly easy Medium
Admin & Clinical processes	Non compliance with MCOF baseline & clinical activities	Compliance with all SOP's	High	Relatively easy to comply with but difficult in timeline compliance Fairly Easy
		Review of process & process/automation implemented	Medium	

### 5. Action Plans

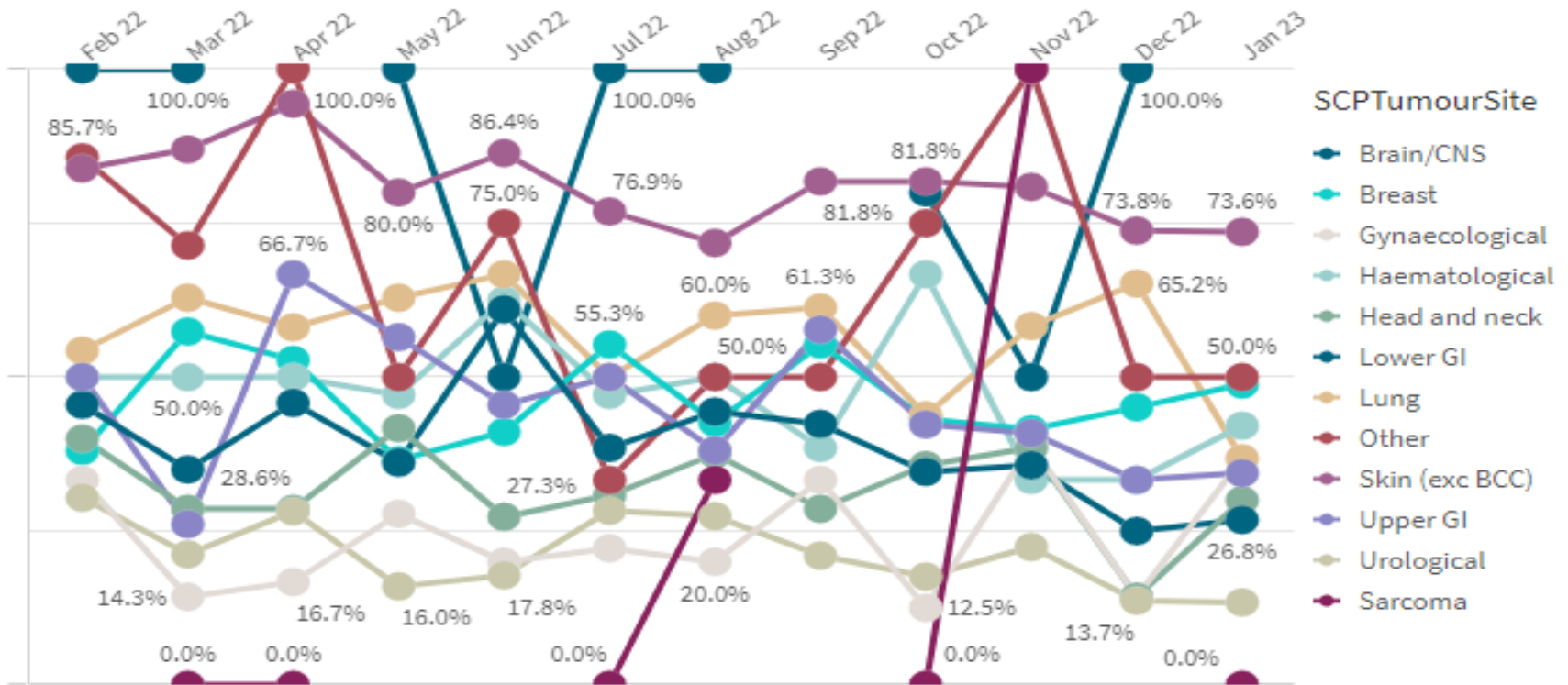
Contributor	Potential Root Cause	Resolution / Countermeasure	Owner	Completion Date	RAG Rating
Diagnostic Pathology	Delays in reporting tumoural cases, WDA to in-pat and out-patology tumour sites.	Pathology prioritised as a USC to be reported in maximum 10 days; Improved reporting times in oncology & Skin will positively improve overall IIR performance due to them being high income treatment sites.	Consultant/Pathologist		Red
Delays in Bowel Screening/ Wides Colonoscopy	Demand outstripping capacity, insufficient staffing consultants & SOP's	Implementation of IIT; Training of more screening endoscopists; Recruitment & training of SOP's	Consultant/Pathologist		Yellow
Diagnostic Endoscopy	Insustainable excess excess CTM	Down-sizing top, focused on turn around time scale sites.	Consultant/Pathologist		Yellow
Diagnostic Pathology	Insufficient workforce to back-up, under-staffed reports in treatment of 30 days across all tumour sites	Funding & recruitment of staff; Prioritisation of all USC requests; Improved coding processes; More staff trained in nuclear med techniques.	Consultant/Pathologist		Yellow
Admin & Clinical processes	Non compliance with MCOF baseline & clinical activities	Compliance with all SOP's	Consultant/Pathologist		Yellow
		Review of process & process/automation implemented	Consultant/Pathologist		Yellow

## 1. Historic Trend Data (March)

### Percentage of Patients Treated In Month Within the SCP Target



## 2. Stratified Data



SCP target 75%	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan *
Total Treated	288	298	229	298	271	303	291	279	316	310	249	281
Total Treated in Target	148	135	119	134	135	145	134	129	139	145	97	115
Total Breached	141	163	110	164	136	158	157	150	177	165	152	166
Performance %	51.4	45.3	52.0	45.2	49.8	47.9	46.0	46.2	44.0	46.8	39.0	40.9
Retrospective performance %	52.2	46.5	52.1	44.9	52.3	48.5	45.9	47.2	43.3	47.8		

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

#### Demand Issues

Sustained increase in referrals FY 21/22 – 22/23 ↑ 5%  
Resulted increased demand on:

- Outpatients
- Diagnostics (Radiology, Endoscopy, Pathology)
- Follow Up
- Treatments ( Surgery, RT, SACT, Immunotherapy, Clinical trials)

BSW screening threshold

#### System Issues

Electronic referrals & triage  
Text & remind limited  
Digital dictation not widely implemented  
Different PAC systems in Pow to RGH & PCH  
BI not as fully developed as in other HB's

#### Staffing Issues

SSP ↓ 50% in endoscopy ( recruited into & awaiting start date)

Radiology training for nuclear med injections required for more staff

Number of Consultant, CNS vacancies & admin vacancies

Insufficient staff to run additional clinics / lists

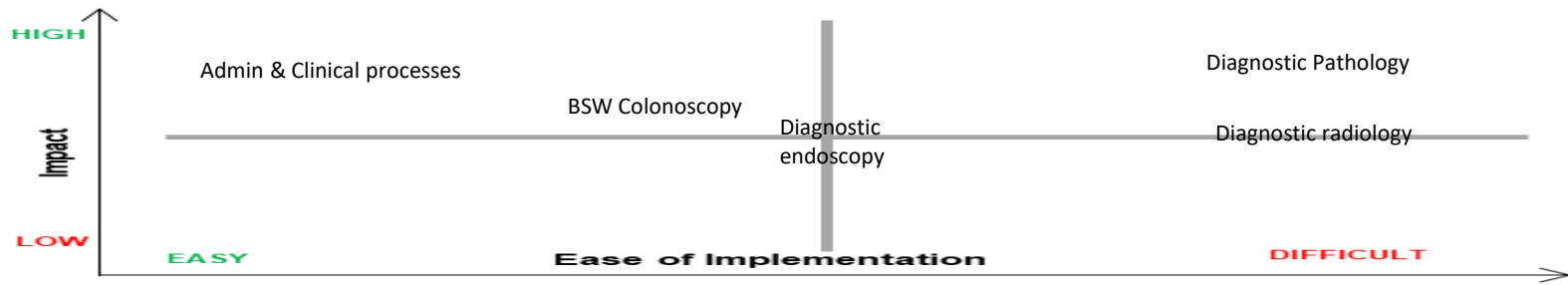
#### Planning Issues

Workload prioritisation of clinical & managerial staff

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
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. Improved reporting times in Urology & Skin will positively improve overall HB performance due to them being high volume treatment sites.	High Medium	Difficult Difficult
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Implementation of FIT  Training of more screening colonoscopists Recruitment & training of SSP's	Fairly High High Medium	Moderate Fairly easy - will take time Fairly easy
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites	Medium	Moderate – different interface in POW
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Funding & recruitment of staff Prioritisation of all USC requests  Improved booking processes More staff trained in nuclear med injections	Fairly high Medium  Medium Medium	Difficult – takes time Easy – but impact on non USC requests Fairly easy Moderate
Admin & Clinical processes	Non compliance with NOCP Routine & ritualistic practices	Compliance with all NOCP's  Review of processes & recommendations implemented	High  Medium	Relatively easy to comply with but difficult re: timeline compliance Fairly Easy

## 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. Improved reporting times in Urology & Skin will positively improve overall HB performance due to them being high volume treatment sites.	Carl Verrecchia		
Delays in Bowel Screening Wales Colonoscopy	Demand outstripping capacity. Insufficient screening colonoscopist's & SSP's	Implementation of FIT  Training of more screening colonoscopists Recruitment & training of SSP's	J Berrill/ J Geen/ J Armstrong  Medical Director Steve Court / Gareth Blandford		
Diagnostic Endoscopy	Inequitable access across CTM	One waiting list, booked in turn across three acute sites	Gareth Blandford		
Diagnostic Radiology	Insufficient workforce to book, undertake and report in maximum of 10 days across all tumour sites	Funding & recruitment of staff 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		
System Issues	IT system differences across CTM	Development of BI tool Merging of IT patient systems ( WPAS, PACS, RADIS, LIMS etc)	Stuart Morris		
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		