



Commissioning for Quality Outcomes

Situation

- There has been a significant step change in the monitoring of Hywel Dda University Health Board's (HDdUHB) Commissioned Services
- The Long Term Agreement (LTA) now includes a quality section to address specific service and quality concerns.
- LTA review meetings include a focus on clinical services and quality, which are historically the most challenged areas. For example, Cardiology was discussed at the review meeting held on 24th May 2021 by operational, commissioning and quality colleagues.
- In conjunction with the LTA review meetings, the Assistant Director-of Commissioning is co-chair of the South West Wales Cancer Network, where current challenges and agreed actions and mitigations are discussed.
- Both HDdUHB and Swansea Bay University Health Board (SBUHB) continue to be open and transparent regarding pressures on services.

Risks and Mitigation

- There are a number of concerns associated with commissioned services including Cancer, Cardiology, Neurology, Spinal and Ophthalmology.
- The underlying issues vary from insufficient capacity, unmet demand and logistical challenges.
- The mitigations/solutions are multifaceted in that they require numerous actions including, but not limited to: service and pathway alignment; improved data availability and a greater understanding of the waiting lists and; proposed new ways of working and digital solutions.

Risks and Mitigation (cont'd) Cardiology

- There are a number of challenges within Cardiology associated with the ACS (Acute Coronary Syndrome) Pathway/Treat and Repatriation.
- Currently, a significant number of ACS patients are not being seen within 72 hours.
- One of the challenges within the Cardiology pathway relates to Withybush General Hospital and Bronglais General Hospital (Treat and Repatriation).
- There are currently no performance dashboards within SBUHB to report on the level of granularity requested by HDdUHB (RTT/Waiting Lists).

Mitigations

- HDdUHB to review how patients are conveyed to Morriston Hospital (Internal review needed).
- HDdUHB to review the previous intention of creating an internal Cath-Lab.
- SBUHB are increasing their capacity by 'moving to 7 day working.'
- Weekly/fortnightly plans/actions reviewed and agreed between the Health Boards.
- A clear focus on Referral to Treatment Time (RTT) and Long Waiters, using the aggregated position (slides below).

TreatmentSpecialtyDescription	WaitingTimesBand	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
Cardiology	0	3	2	5	8	4	9	1	9	4	7	9	9	70
	1	4	1	10	8	6	12	8	10	3	7	5	6	80
	2	2	1	4	7	1	4	10	9	7	9	8	7	69
	3	5		2	7	3	7	5	7	5	5	8	5	59
	4				2	2	2	5		6	3	3	4	27
	5	3	4		4	3	8	13	4	8	4	5	6	62
	6	5	2	2	1	4	1	5	8	9	5	8	4	54
	7	2	3	1	3	9	1	7	2	9	6	3	8	54
	8	4	3	1		1	1	3	8	4	13	3	5	46
	9	2		4		1	1	3	12	4	6	4	4	41
	10	4	6	2	1	3		3	7	5	10	3	10	54
	11	5	2	2		2	4	2	6	7	8	6	6	50
	12	5	4	3			3	2	3	3	2	9	1	35
	13	1							3	3	3	3	4	17
	14	3	2	3	2	1	3	2	1	9	3	8	5	42
	15	3	5	4		1	3	1	2	5	4	6	4	38
	16	3	4		4			3	1	4	3	3	10	35
	17		4	2	1			1		2	3	3	2	18
	18	3	2	2		2		1		2	3	1	5	21
	19	4	4	4	5			3		1	4	1	9	35
	20	3	3	3		2	1	1	2	1	6	2	3	27
	21		1	3	1	3			1	1	1	2	2	15
	22	3		1			1				2	3		10
	23	3	7	4		4	1		2		1	3	1	26
	24	6	3	3	3	1	1		1			3	1	22
	25	1	1		2	2	3	1		3		2	3	18
	26	2	3		1	2						2	2	12
	27	2	3	2	3		1	2				1	2	16
	28	2	4	5	1	4	2			1			3	22
	29		3	2	1	1		3	2		1		1	14
	30	3	4	1			2	2		1			2	15
	31	1	2	1		2			2			1		9
	32	4	3	3	2	2	4	1			1			20
	33	2		3	1	2	1	1	3	2		1	1	17
	34	1	2	3			1	2	1	1				11
	35	1	1	3	2		2		1		1		1	12
	Total	95	89	88	70	68	79	91	107	110	121	119	136	1173

Current Waiting Lists Cardiology (36 Weeks >)

TreatmentSpecialtyDescription	WaitingTimesBand	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
Cardiology														
	36		6	1	2	3	4		1	2	1			20
	37		1	2	3	2	1	3	1	1	2			16
	38		2	3	1				2	4	3		2	17
	39	1		2	2	2			1				1	9
	40			3	1	2	1	6		2	2	1	1	19
	41 - 44	2	1	4	10	4	5	5	9	2	7	5		54
	45 - 48	1	2	1	5	7	8	6	3	5	1	5	6	50
	49 - 52	1	1	2	1	4	5	7	7	6	3	3	3	43
	53 - 56			1	2		4	3	5	8	5	2		30
	57 - 60		1					4	5	3	7	4	2	26
	61 - 64			1			2		4	5	2	7	5	26
	65 - 68				1					4	3	1	6	15
	69 - 72									1	6	3	2	12
	73 - 76								1			5	2	8
	77 - 80									1			4	5
	81 - 84										1		1	2
	97 - 100									1				1
	105												1	1
Cardiology Total		5	14	20	28	24	30	34	39	45	43	36	36	354

Risks and Mitigation

- **Workforce Triangulation**- Understanding the Whole Time Equivalent (WTE) required to deliver the services.
- **Recovery Plans -Jointly reviewed** including a clear refresh of current demand and capacity plans.
- **Serious Incidents and Patient Harm**- currently reviewing how to disaggregate any specific incidents that affect HDdUHB residents.
- **Cancer**- both Health Boards are reviewing all referrals, clinics (by consultant), and waiting times (to first appointment). This urgent piece of work commenced on **24th May 2021**.
- All forums from **LTAs** to A Regional Collaboration for Health (ARCH) are now focusing on the day to day issues and pressures, as well as strategic vision.
- The **Improving Together** principles are being discussed with SBUHB, which will enable direct feedback from the population and support standardised reporting (proposed outcomes on slide 10).
- A significant review of **Informatics** is being undertaken, as accurate and real time patient information is pivotal
- **(Lightfoot)**- Including **Activity Planning Assumptions**
- **Service Development Improvement Plans (SDIP) and Data Quality Improvement Plans (DQIP)** - in line with the English Standard Contract, both organisations agree the need to have on-going SDIPs and DQIPs.

Safe <ul style="list-style-type: none"> • Readmissions • Patients receiving the sepsis six bundle within one hour of positive screening (inpatients and patients in emergency departments) • Hospital acquired infections • Falls • Pressure ulcers • Medication errors • Hospital acquired thrombosis • Nutrition and hydration • Mortality • Serious Incident-linked to delays in treatment 	Timely <ul style="list-style-type: none"> • Referral to treatment waiting times and breaches • Cancer Waiting Times (including diagnostics) • A&E (decision to admit) • Decision to admit to admission to ward • Delayed transfers of care (DTC) • EDD met – I have assumed mean met 4 & 12 hour targets
Equitable <ul style="list-style-type: none"> • Disaggregation of the waiting list (Residency Based) – (potential Lightfoot Solution) • Prioritisation based on clinical need 	Patient Centeredness <ul style="list-style-type: none"> • Family & Friends / All Wales patient experience questionnaire (picking up specific 'I statements' opposite) • % of pathways with a patient reported outcome measure • Patient feedback- Improving Together • Complaints
Efficiency <ul style="list-style-type: none"> • Inpatient cancellations • Did not attend (new and follow-up outpatients) • Virtual Clinics including Consultant Connect • High Cost Drugs- Utilisation 	Equity <ul style="list-style-type: none"> • Development of Joint Service Specifications (full review of many services)
Finance <ul style="list-style-type: none"> • Contracted and actual costs • Year-end projections 	Outcome(s) <p>Cancer 1 and 5 year survival rate</p> <p>Reduction in A&E Attenders/Admissions (Linked back to our localities)</p>

Recommendation

- Traditional Commissioner/Provider approaches are not going to remedy the significant pressures across both Health Boards.
- The Committee is requested to note the number of approaches being undertaken; from traditional demand and capacity reviews to Service to Service Pathway Alignment and Digital Solutions.
- The Committee is requested to take assurance from the current breadth and depth of actions and mitigations.

Responding to Covid-19

Cancer and Palliative Care - Summary Plan 2021/22



GOALS	METHOD	OUTCOME	TIMELINE
Review, Sustain and Expand Treatment Capacity for Cancer Services 	<ul style="list-style-type: none"> Complete Implementation of hypo fractionation RT treatments for: Breast and Pancreas Submit business case for Health board investment for hypo fractionation RT treatments for Prostate, Establishing cash releasing or efficiency benefits to support the case. Progress plan for Lung (SABR) RT with WHSSC 	<ul style="list-style-type: none"> Improved overall RT waiting times 20% release of capacity = to 400 patients p.a. Improved patient experience measured via Patient feedback reports Improved patient outcomes as a result of timely treatment Prostate Business case submitted Q1 WHSSC decision for Lung (SABR) due Q2/Q3 	Q4+
	<ul style="list-style-type: none"> Increasing and Sustaining Systemic Anti-Cancer Therapy (SACT) Treatment Capacity Develop a Clinical workforce plan for South West Wales Cancer Centre (SWWCC) - To include review of oncology medical staffing, Macmillan funded workforce and Clinical Nurse Specialist (CNS) workforce for all tumour sites. 	<ul style="list-style-type: none"> Increased homecare delivery 100 patient increase (100 SACT slots) NPTH Suite would increase SACT capacity by potentially a further 1/3rd 	Q4+
	<ul style="list-style-type: none"> Review and Improve current Acute Oncology Services (AOS) 	<ul style="list-style-type: none"> Risk to service delivery mitigated Gap in establishment identified Business case for increase to budgeted establishment submitted 	Q4+
	<ul style="list-style-type: none"> Evidenced decrease in current baseline Length of stay. Improved patient experience as care managed within ambulatory framework Improved interface and communication with primary care Patient focussed, re-admission avoidance model implemented 		Q2
Improve Care of patients through effective planning, earlier diagnosis & prehab 	<ul style="list-style-type: none"> Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre (SWWCC) 	<ul style="list-style-type: none"> Approved Strategically aligned regional vision for the direction of the SSWCC Transformational Programme of work with 'SMART' implementation plan Visible Service specification to outline baseline delivery Improved Commissioning documentation, reflective of services delivered Development of visible KPI's to monitor performance of individual business cases against aims to ensure Return on investment. 	Q3
	<ul style="list-style-type: none"> Improve the colorectal optimum pathway 	<ul style="list-style-type: none"> Faecal Calprotectin tests completed in PCCS Decreased waits for USC referral for colonoscopy Improved patient outcomes via early diagnosis 	Q2
	<ul style="list-style-type: none"> Expansion of Rapid Diagnostics Centre (RDC) 	<ul style="list-style-type: none"> Charitable Funding approved and received from 'Moondance' Capacity increase of RDC sessions by 50%. 	Q4
Plan, secure and deliver well-coordinated 24/7 palliative and end of life care in line with published standards 	<ul style="list-style-type: none"> WHSSC Business Case for structure for Lymphoma service Implement recommendations for Improving End of Life Care and rebrand and expand the Current Advanced Care Planning (ACP) Team to cover primary and secondary care 	<ul style="list-style-type: none"> Appropriate level of funding received by SBUHB for services delivered 	Q2
	<ul style="list-style-type: none"> Improve choice for patient and care at end of life at front door 	<ul style="list-style-type: none"> Compliance achieved with Improving End of Life care Expansion of ACP Team to Secondary & Primary care implemented Quantifiable Reduction in inappropriate admissions 	Q2

Responding to Covid-19

Cancer and Palliative Care Services – Drivers and Enablers



Workforce



Oncology Consultant- requirements:

Capacity v Demand analysis completed. Current delivery = 207 sessions , Demand = 236 sessions. Identifiable gap of 29 sessions = 5 WTE Baseline gap. Consultant recruitment required.

Hypo fractionation RT case: Prostate Case only

- Consultant Clinical Oncologist - 0.80wte
- Radiotherapist- 1wte Band 6 and 1wte Band 8a
- Surgeons time -0.25wte
- Medical Physics- 2wte
- Nursing/HCSW- THEATRE COSTS - 2 all day sessions TBC
- Admin support- 1wte -BAND 3 and 1wte Band 4

SACT – requirements-

Pharmacy and nursing TBC
Admin support

RDC – requirement -TBC

CNS requirements – TBC

AOS/MUO team- Physicians

Associate- 2x 1wte Band 7 ,CNS - 1wte Band 7, Physiotherapist- 1wte Band 7.

Admin - band 4- 1wte. Consultant sessions - 8 (1 overall leadership,

SPC /EOLC-

9.8wte CNS (baseline gap) Band 7

1.5wte Consultant (baseline gap)

EOLC – ACP team- 4wte gap

Technology



SPC and EOLC Dashboard-

developments in signal to measure and monitor performance

Single cancer pathway reporting

using structured data

Consultant Connect & WCCG -

reducing demand on outpatients and supporting improved referral to treatment times.

Virtual consultations

Reducing the need for face to face appointments, supporting remote monitoring

WCP - Availability of All Wales diagnostic and clinical information, access to GP record, clinical noting supporting care across care settings

Finance



Further work is required to understand the revenue requirements of any changes to cancer services and options for funding. This work will be undertaken in Q1 and Q2 of 21-22.

Capital



Further work is required to understand the revenue requirements of any changes to cancer services and options for funding. This work will be undertaken in Q1 and Q2 of 21-22.

Communication & Engagement



Actual communication and engagement stakeholder management with key external opinion leaders

Regional Programme Board to be established with Hywel Dda UHB for oncology Services

Acute Coronary Syndrome (ACS)

Dr Clive Weston, Clinical Lead Cardiology

Paul Smith, Service Delivery Manager Cardiology



ACS Quality Measures

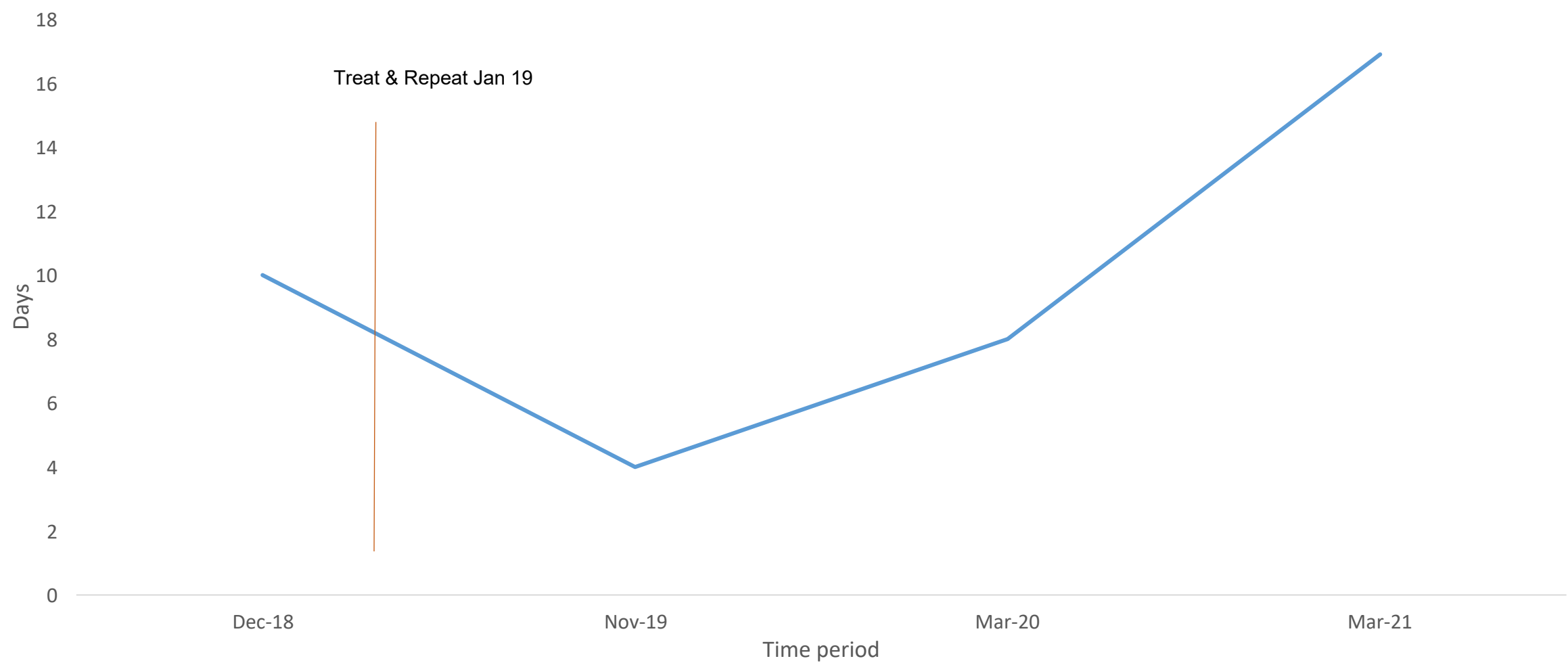
In November 2020, NICE recommended that best practice was to consider coronary angiography (with follow-on PCI if indicated) within 72 hours of first admission for people with unstable angina or NSTEMI

Myocardial Ischaemia National Audit Project (**MINAP**)

6 'ACS Pillars'

- Admitted to cardiologist Ward
- Managed by/seen Cardiologist
- Referred for an angiogram (if required)
- Angio <72 hours of local hospital presentation
- Discharged with secondary prevention plan
- Referred for Cardiac Rehab

Treat & Repatriation



Background

- Treat & Repatriation
- Reporting arrangements in place to monitor emergency and elective waiting times – although it has taken some time, we are now receiving the data we need from SBUHB that allows us to analyse the performance of the pathway against NICE guidelines (72 hour patient presentation to angio target). We have a snapshot audit for the period Jan-Mar '21 which demonstrates increasing delays, especially at BGH (as a result of a combination of a loss of PPH's Treat & Repat and Morriston's own challenges to ring-fence the day case cardiac beds due to front door pressures); We're currently reviewing data for the last 2 years to be able to better demonstrate comparability over a longer period of time.

Between Jan-April 2020
27 out of **138** patients
had an angiogram in <72
hours

Withybush General Hospital

Jan-April 2020

3 patients out of **41**
e-referrals had an angiogram in
less than 72 hours

Median 193 hours

Jan- April 2021

1 patient out of **50**
e-referrals had an angiogram in less
than 72 hours

Median 406 hours

Between Jan-April 2021
9 out of **171** patients
had an angiogram in <72
hours

Glangwili General Hospital

Jan-April 2020

10 patients out of **39**
e-referrals had an angiogram
in less than 72 hours

Median 119 hours

Jan- April 2021

6 patient out of **54**
e-referrals had an angiogram
in less than 72 hours

Median 177 hours

Bronglais General Hospital

Jan-April 2020

4 patients out of **17**
e-referrals had an angiogram
in less than 72 hours

Median 132 hours

Jan- April 2021

0 patient out of **29**
e-referrals had an angiogram
in less than 72 hours

Median 310 hours

Prince Philip Hospital

Jan-April 2020

10 patients out of **41**
e-referrals had an angiogram in
less than 72 hours

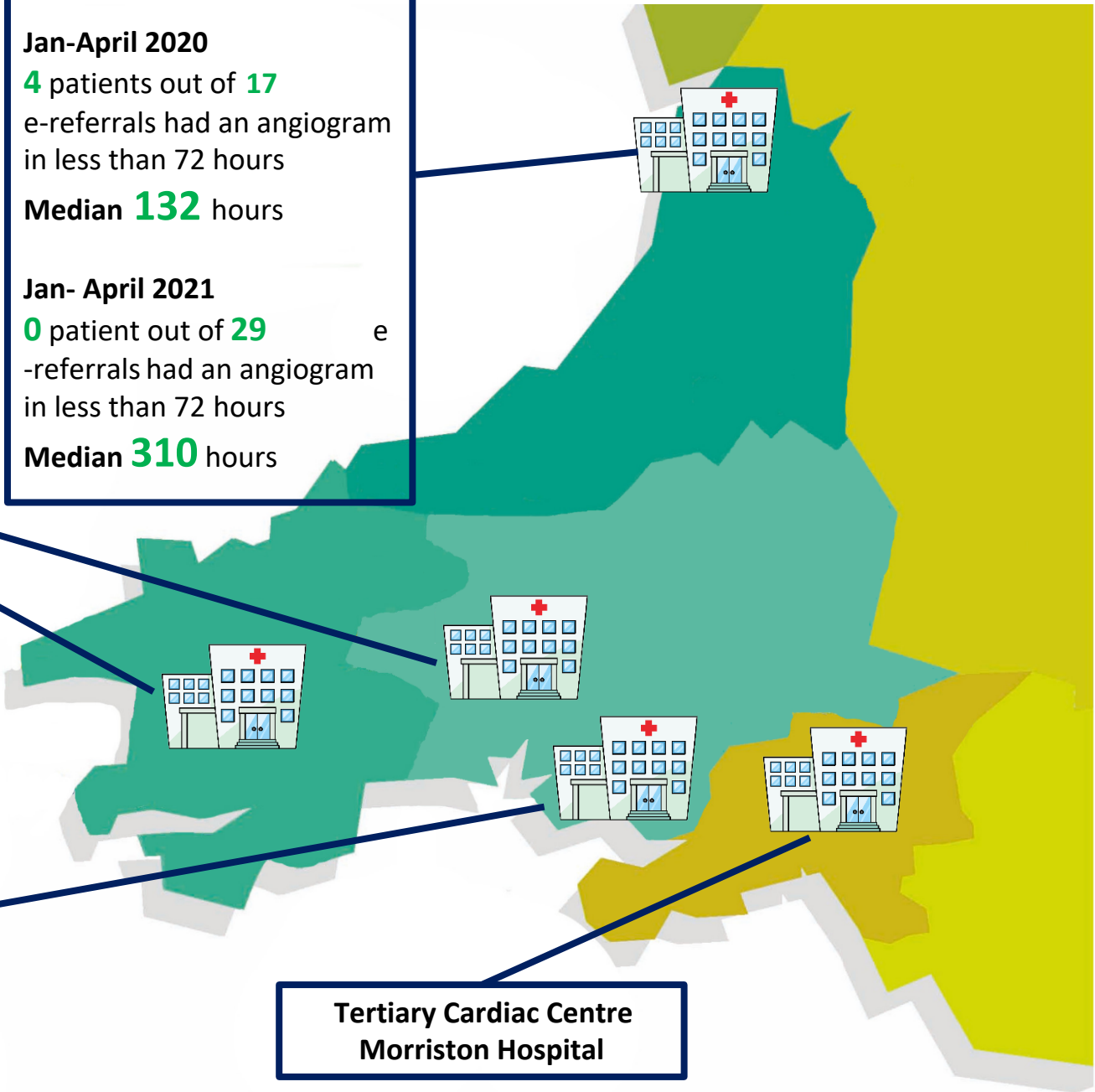
Median 99 hours

Jan- April 2021

2 patient out of **38**
e-referrals had an angiogram in
less than 72 hours

Median 168 hours

**Tertiary Cardiac Centre
Morrison Hospital**



Between Jan-April 2020
41 out of **138** patients
had an e-referral in <24
hours

Withybush General Hospital

Jan-April 2020
5 patients out of **41**
had an e-referral in less than 24
hours
Median 88 hours

Jan- April 2021
13 patient out of **50**
had an e-referral in less than 24
hours
Median 52 hours

Between Jan-April 2021
55 out of **171** patients
had an e-referral in <24
hours

Glangwili General Hospital

Jan-April 2020
11 patients out of **39**
had an e-referral in less than
24 hours
Median 28 hours

Jan- April 2021
23 patient out of **54**
e-referrals had an e-referral
in less than 24 hours
Median 36 hours

Bronglais General Hospital

Jan-April 2020
8 patients out of **17**
had an e-referrals in less
than 24 hours
Median 24 hours

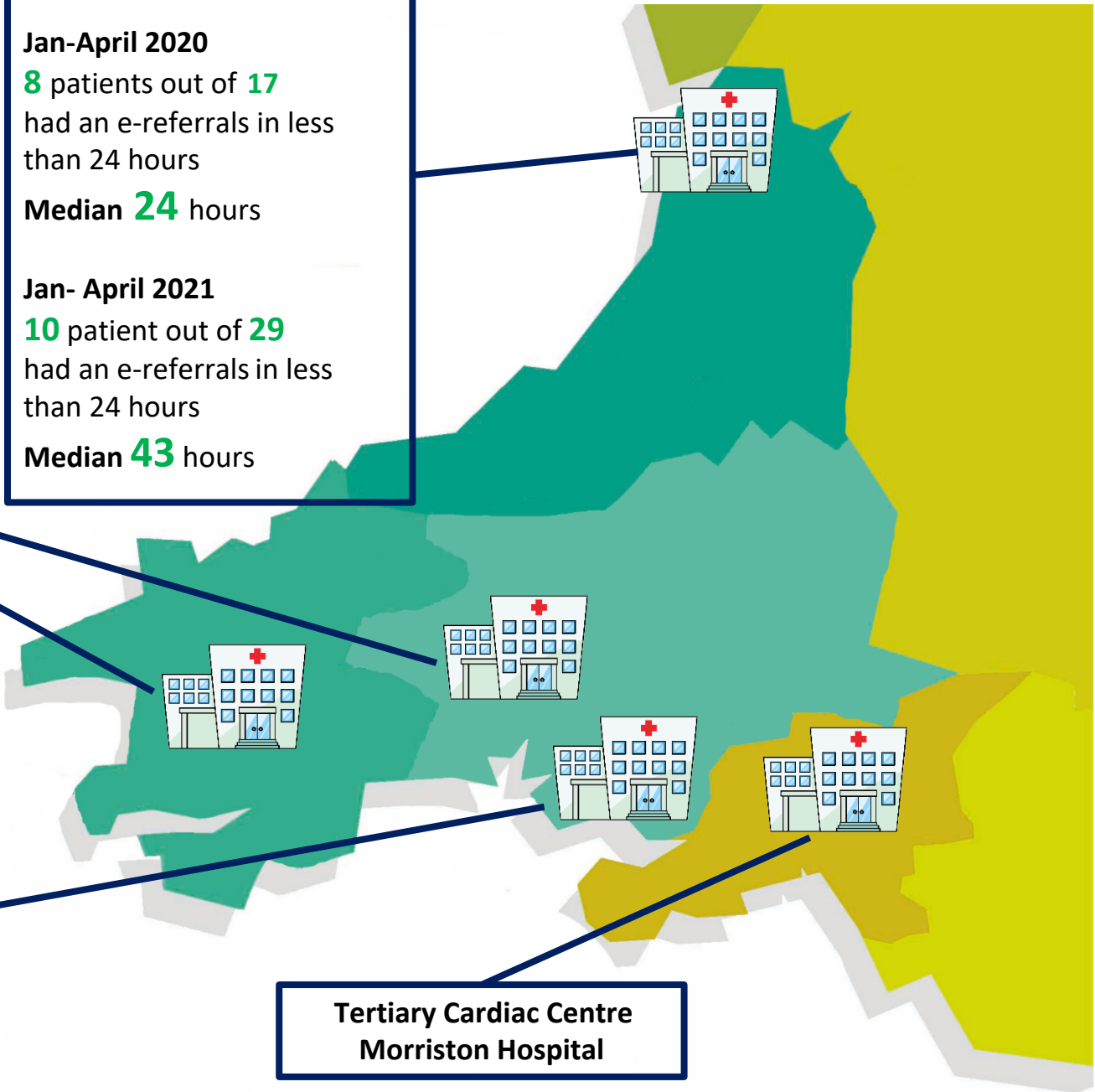
Jan- April 2021
10 patient out of **29**
had an e-referrals in less
than 24 hours
Median 43 hours

Prince Philip Hospital

Jan-April 2020
17 patients out of **41**
had an e-referral in less than 24
hours
Median 26 hours

Jan- April 2021
9 patient out of **38**
had an e-referral in less than 24
hours
Median 45 hours

**Tertiary Cardiac Centre
Morrison Hospital**



Current controls/mitigation

- Dedicated ACS Sharepoint referral system in place between HDUHB and SBUHB to manage this pathway;
- All patients are risk-scored by cardiac team at SBUHB on receipt of patient referral from HDUHB and discussed at weekly Regional MDT
- Weekday telephone call between SBUHB Cardiology Coordinator and all 4 hospital Coronary Care Units (CCUs) to review patients awaiting transfer, in particular the progress on identified work-up actions
- Medical and nursing staff review patients daily and update the Sharepoint referral database as appropriate to communicate and escalate changes in level of risk/priority for patients awaiting transfer
- Increased numbers of patients waiting / prolonged transfer delays are identified on daily Sitrep Calls and escalated by HDUHB Cardiology Clinical Lead / SDM to SBUHB Cardiology Clinical Lead / Cardiology Manager
- Where there are patients waiting > 7 days or > 20 patients waiting from HDUHB, a weekly joint HDUHB/SBUHB waiting list review / mini MDT is undertaken including senior clinicians and managers
- Morriston is currently commissioning additional weekend lists to improve cath lab capacity
- Bi-monthly operational meeting with Swansea Bay UHB (SBUHB) to monitor activity/patient flow and address associated risks/issues

Urgent/short term

- Manage current in-house clinical anxiety and frustration given current waits and associated clinical and professional risks
- Identify urgent measures that can more immediately support improvement access/more-timely transfer time of patients between BGH and Morriston Cardiac Centre
- Look to restore the Treat & Repatriate element of the pathway ASAP to improve the BGH/WGH situation – basic options would be either at PPH, GGH or a mixed approach of each supporting either WGH or BGH
- Maintain current level of clinical/managerial interaction with SBUHB for weekly escalation / planning purposes
- Our HDUHB Cardiology Pathway Transformation Project initiates on Monday for 9 months and we plan to prioritise the ACS Pathway and also build on the current work on-going with Clinical Effectiveness Team and VBHC Team re ACS.
- Self Assessment Report inline with the 6 'ACS Pillars'
- Welsh Cardiac Network/Heart Condition ACS peer review Summer/Autumn 2021

Intermediate to longer-term actions to further improve and sustain the pathway

- Restore our in-house HDUHB standard diagnostic angiography capacity back to pre-COVID levels (currently 3 patients per week due to social distancing, previously 6).
- Increase in-house HDUHB CT Coronary Angiography capacity
- Look to commission more ACS Pathway capacity from other providers across Wales
- Look to commission more ACS Pathway capacity from other providers in England
- Consider options that would develop an in-house Percutaneous Coronary Intervention (PCI) service.
- Linked to the above, develop an in-house Percutaneous Coronary Intervention (PCI) service and support this with visiting Interventionists from SBUHB
- Consider options to develop and install our own 'day-case pre-op/recovery unit' on the Morriston site (as suggested by SBUHB Clinical Lead), but this would be costly in estate and staffing terms