AGENDA ITEM
6.6

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	26/11/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Alan Roderick, Assistant Director of Performance & Information & Louise Mann, Assistant Director of Quality & Safety
Presented by	Clare Williams, Executive Director of Planning & Performance Nick Lyons, Executive Medical Director Greg Dix, Executive Nurse Director
Appr4.1oving Executive Sponsors	Executive Director of Planning & Performance Executive Medical Director Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Management Board	18/11/2020	NOTED

ACRONYMS	
ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom
PIFU	Patient Initiated Follow Up

DTOC	Delayed Transfers of Care
PMO	Programme Management Office
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
CT	Cwm Taf
POW	Princess of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
CTM	Cwm Taf Morgannwg
RCT	Rhondda Cynon Taff
SB	Swansea Bay
NPT	Neath Port Talbot
IMTP	Integrated Medium Term Plan
HMRC	HM Revenue & Customs
ED	Emergency Department
IPC	Infection Prevention and Control
SIs	Serious Incidents
NUSC	Non Urgent Suspected Cancer
USC	Urgent Suspected Cancer
SCP	Single Cancer Pathway
NOUS	Non Obstetric Ultra-Sound
SSNAP	Sentinel Stroke National Audit Programme
QIM	Quality Improvement Measures
SALT	Speech and Language Therapy
CAMHS	Child and Adolescent Mental Health Services
p-CAMHS	Primary Child and Adolescent Mental Health Services
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SIOF	Single Integrated Outcomes Framework
ONS	Office for National Statistics
WAST	Welsh Ambulance Service NHS Trust
WPAS	Welsh Patient Administration System
MPI	Master Patient Index
RCS	Royal College of Surgeons
WCP	Welsh Clinical Portal

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide the Management Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the

Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored. The Integrated Performance Dashboard (**Appendix 1**), provides the detail of the performance position.

1.2 The quality section of this report is based on the revised reporting requirements during the Covid-19 period, therefore some routine data is not available. The narrative is based on the most recent data available in the 'At a Glance' dashboard supplemented by more up to date information presented to Quality & Safety Committee in November in the Quality Dashboard (September data). Work continues to improve data quality in this area.

1.3 On the 6 April 2020, the Welsh Government issued the Delivery Framework 2020-21, The framework is an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Single Integrated Outcomes Framework for Health and Social Care (SIOF), a recommendation of A Healthier Wales.

1.4 Many of the existing indicators from the Delivery Framework 2019-20 are mapped to A Healthier Wales Quadruple Aims and these map to the Health Board's four strategic well-being objectives.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- **Resetting Elective Services – Executive Lead, Director of Operations**

2.1 The Dashboard details elective activity undertaken in both internal and independent hospital capacity. The overall levels are well below those delivered at the same time last year and in addition, the plans to increase activity levels from mid-September have been adversely affected by the Covid-19 outbreak.

2.2 In total, 803 cases have been treated utilising independent hospital capacity, with theatre utilisation for the last two months averaging 83.6%. This is an excellent utilisation rate, given that last minute changes and/or additions to theatre lists cannot be achieved given the current Covid related restrictions.

2.3 Stage 1 Outpatient waiting times and volumes are increasing, but the reduced level of outpatient activity, despite increases in digitally enabled consultations masking the potential demand for Stage 4 Treatments.

- **Referral to Treatment Times (RTT) – Executive Lead, Director of Operations**

2.4 The total number of patients waiting on a RTT pathway has increased steadily over the past four months or so to over 79,000 having been fairly static at around 62,000 since the autumn of 2019. Whilst elective referrals are now returning to pre-Covid levels, elective treatment capacity continues to be restricted to urgent cancer patients only given the volume of Covid patients currently occupying hospital beds.

2.5 New outpatient activity is a little higher, running at just under 50% of last year's activity, as a consequence of more virtual appointments through either telephone or video solutions such as *Attend Anywhere*.

2.6 Whilst the well-established RTT indicators continue to be reported, their relevance in the current circumstances continues to reduce as it is anticipated that these indicators will be replaced in the not too distant future, reflecting on the clinical prioritisation of existing and new elective cases, with individualised target dates.

2.7 The initial task of clinically re-prioritising patients requiring urgent surgery has been completed, though not all such pathways have been allocated a priority as yet. There are fewer urgent patients with a valid priority, indicating that urgent patients are being treated.

2.8 That there are more without a classification is inevitable, given that patients continue to be added to the treatment list, with further re-prioritisation not planned until the WPAS system has been updated. The breakdown by specialty is as follows:

Urgent Patients Waiting at Stage 4 (Oct 2020)						
Specialty	**2**	**3**	**4**	**U**	**(blank)**	**Total**
ENT		21	46		88	155
General Surgery	15	156	202	17	582	972
Gynaecology	10	31	59	64	341	505
Ophthalmology	11	12	150		178	351
Oral Surgery		3	22		248	273
Orthopaedics	2	252	494	29	368	1145
Urology	13	68	9	64	457	611
Grand Total	**51**	**543**	**982**	**174**	**2262**	**4012**
Grand Total Sep 2020	**78**	**628**	**1073**	**201**	**1875**	**3856**

2.9 The CTM WPAS has now been updated and updates to MC and RT ILG pathways will be completed this month. Bridgend ILG will have to wait until later in the month, since the Swansea Bay WPAS instance

is not due to be upgraded until 23 November at the earliest. This highlights the challenges faced by the HB from not having all its operational services utilising HB systems.

- **Diagnostic & Therapy Waiting Times – Executive Lead, Director of Operations**

2.10 The provisional October position has deteriorated for Diagnostic waits in excess of 8 weeks to 10,679, which is higher than at any stage since the initial Covid-19 outbreak. The main driver is for NOUS, with an increase of 444, with just under 75% at RT ILG.

2.11 The Therapy waiting times position has deteriorated marginally to a provisional 647 breaching the 14 week target in October, 15 more than the confirmed September position of 632.

2.12 The number of Endoscopy patients waiting past their review date as at 1 November 2020, is 1,383. There is variation in performance across the three ILGs and work in underway to understand this and ensure that learning is shared and that there is greater consistency in practice. CTM options are also being developed to further bring demand and capacity closer to balance, with consideration being given to additional working hours, the impact of FIT testing and a mobile unit.

- **Unscheduled Care – Executive Lead, Director of Operations**

2.13 The need to keep the Covid and non-Covid pathways separate is of paramount importance from both a patient safety perspective and safeguarding our staff. This combined with activity getting back to more like a typical level has resulted in a deterioration across a number of unscheduled care indicators.

2.14 For PCH in particular, there is a growing impact of strategic changes within Aneurin Bevan UHB that are resulting in changes to the use of Neville Hall Hospital. However this month's level was lower than the previous three months.

2.15 The operational imperative to segregate Covid-19 related cases from the remainder of the patients attending A&E materially impacts on the flow of patients through each emergency unit, in addition to delaying the ability to transfer patients from ambulances into each unit.

2.16 The performance for emergency ambulance handovers over one hour deteriorated significantly to 75.7% from 91.3% in September with

623 handovers breaching the one hour target, the majority being at PCH which saw an increase of 323 on the previous month recording, a total of 400 handovers over one hour. This coincided with increases in Covid positive patients in the hospital.

2.17 The response to red calls continued to fall during October to 44.8% from 52.4% in September, remaining below the 65% target. The average performance for the last 12 months has fallen to 59.6% and it is clear that the volume of calls is not a significant factor in determining compliance. CTM compliance was just below the Welsh average performance.

- **Delayed Transfers of Care – Executive Lead, Director of Operations**

2.18 Delayed discharges remained high during October, though there has been a welcome reduction by the end of the month, with 28 patients delayed as at 27 October, with the same number awaiting for a care package.

- **Cancer Waiting Times** – **Executive Lead, Medical Director**

2.19 **31 Day Target (NUSC) -** The combined performance for Cwm Taf Morgannwg fell in September to 94.1% from 96.9% in August, with six patient breaches recorded. Delays awaiting tertiary surgery were the main contributory factors.

2.20 **62 Day Target (USC) -** The combined performance for Cwm Taf Morgannwg reduced further in September to 59.3% with 44 breaches. This is to be expected given that the more patients that are treated, the lower the compliance is likely to be given the increase in both the number and time that people are waiting. As is usually the case, Urology had the most breaches (18), at least three times the level seen in any other tumour site.

2.21 There are in excess of 2700 patients on the active Single Cancer Pathway waiting list. The number of Single Cancer Pathways in excess of 104 days (excluding periods of suspension) are as follows:

- Bridgend ILG, 38 patients
- Merthyr Cynon ILG, 64 patients
- Rhondda Taf Ely ILG, 74 patients

- **Quality Improvement Measures** - **Executive Lead, Director of Therapies & Health Sciences**

2.22 Data flows have been reset for Quality Improvement Measures, with current compliance low across all measures. There are significant additional Covid-related constraints that are documented in the Dashboard in addition to known shortages of key staff that does not allow for a 24/7 service to be established.

- **Mental Health Measure – Executive Lead, Director of Operations**

2.23 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in September at 92.9%.

2.24 Overall the percentage of therapeutic interventions starting within 28 days following an assessment by LPMHSS improved to 89.5% from 85.7% in August and continues to be above target.

2.25 Part Two of the Mental Health Measure: i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month, again, fell short of the 90% target, reaching 86.6% in September.

2.26 **CAMHS** – In terms of Part 1(a), compliance is highly variable, but has continued to deteriorate since July (83.9%) falling significantly to 38.7% in August with compliance for September down to 9.1%. The current waiting list position is showing 57.6% within target, with 39 patients waiting more than four weeks.

2.27 Compliance against the 26 week target for Neurodevelopment services improved during October to a provisional 38.8%.

2.28 There was a marked deterioration in specialist CAMHS compliance to a provisional 55.6%. The total waiting list has increased to 268 (over 100 more than last month), with those patients waiting above the target time increasing to 119.

- **Amenable Mortality, Mortality Reviews and Crude Mortality (Indicators 12, 32 and 33) - Executive Lead, Medical Director**

2.29 Mortality rate for CTM (CHKS source) is 3.41% (Sept 2020). This is likely to rise significantly in subsequent reports as the COVID-19 resurgence affects CTM (peak of 8.31% in April 2020 will possibly very sadly be exceeded). Pre-COVID-19 (Oct 19 to Feb 2020) the average mortality rate was 2.57%, between May to August 2020 this had risen to 3.6%.

2.30 Amenable Mortality data is currently still unavailable to comment upon.

2.31 Since the start of the pandemic CTM has very sadly had 425 patients deaths (data accurate to 20 October 2020). Over the last 12 weeks there have been 104 deaths due to COVID-19, of which 95 have occurred within a CTM hospital (Source ONS 30/10/2020).

2.32 The Medical Examiner process is now established across CTM (final part in RTE by end of November 2020). All hospital Stage 1 reviews will be completed externally. Stage 2 mortality reviews will be recommended by the external reviewers and each ILG will hold a weekly review process including a senior nurse and at least two senior doctors. Stage 3 reviews will involve a full CTM panel.

• Sepsis – Delivery of Sepsis Six Bundle for Inpatients and in Emergency Departments (Indicators 13 and 14) - Executive Lead, Medical Director

2.33 Within the Emergency Department the 'Sepsis Six' bundle performance (all aspects tested within 1 hour) has declined slightly to 66.7% from 70%, however the proportion of patients who were subsequently positive for sepsis (having had all aspects of care) rose from 84.5% (from 70%). This is being looked at over an annual trend.

2.34 RADAR's (Recognition of Acute Deterioration and Resuscitation) governance programme is now beginning across CTM. The central committee had its first meeting in September and there are ILG specific groups taking the work forwards. CTM has a Clinical Lead for RADAR (Dr Richard Jones) to co-ordinate and drive the process.

2.35 Specific metrics will be developed to address the aspects RADAR covers. These will include sepsis six bundles as well as number of cardiac arrest calls across CTM. The goal of this latter metric is to reduce to zero (excluding the Emergency Department) demonstrating prompt recognition and care of acute unwell patients and appropriate use of DNACPR discussions, including patients and families.

• Hospital acquired thrombosis (HAT) (Indicator 15) - Executive Lead, Medical Director

2.36 'At a Glance' data shows a marked reduction in HAT across CTM. There were two cases reported in the second Quarter following one in the first quarter of the year.

2.37 Reviews into previous HAT incidences are on-going one of the outcomes will be improving the learning from harms.

2.38 COVID-19 is known (in severely unwell hospitalised patients) to increase the potential risk of thrombosis, to address this risk we have implemented a new Thrombosis policy for those in Critical Care and receiving breathing support (CPAP care on wards) and those identified as being at higher risk. Following a national review our Stroke teams are enhancing CTMs policy for their patients, this is being discussed at December's Thrombosis committee meeting.

• Infection Prevention and Control – rates of E.coli, S.aureus MRSA and MSSA and C.difficile (Indicators 18, 19 and 20) - Executive Lead, Director of Nursing, Midwifery & Patient Care

2.39 Whilst no new trajectories have been set yet by Welsh Government due to the pandemic, this metric continues to be reported.

2.40 E Coli, C difficile rates have both reduced between July and August, whilst MRSA, MSSA, Klebsiella and p Aeruginosa have increased. The infection control team remain focused on supporting services with improvements in these areas whilst also supporting the Covid-19 work.

2.41 As part of the quality improvement approach, trajectories have been proposed for the ILGs. These will be monitored through the ILG performance review meetings.

2.42 Actions are being taken in collaboration with primary care to reduce antibiotic prescribing.

• Patient Safety Solutions (Indicator 22) - Executive Lead, Director of Nursing, Midwifery & Patient Care

2.43 The Health Board remains non-compliant with three patient safety solutions. These are unchanged from the last two reports. Work is underway to achieve compliance with both outstanding alerts, though achieving compliance in the third (nasogastric tube misplacement) requires an all Wales procurement decision. Interim arrangements put in place by the Health Board are supported by the Delivery Unit and Welsh Government patient safety team until an alternative product is sourced for Wales.

2.44 For the other two, safe storage of medicines and safer bowel care, mitigation is in place and actions underway to achieve compliance:

- Health Board policies, procedures and a Standard Operating Procedure have been drafted and the educational programme is being enhanced, this will be completed by 1 January 2021. The

UHB Bowel care policy has been reviewed and updated in line with RCN guidance and is due to go out for wider consultation. The training pack has also been reviewed and updated in line with RCN guidance. A training needs analysis regarding bowel care management has commenced across two of the three acute sites (PCH & RGH) - due to be completed by the 31 October 2020. A separate task and finish group to look at safer bowel care management in the community has also been developed.

- Recent advice from the Delivery Unit is to undertake a further risk assessment across the Health Board to re-check compliance as the Health Board can report compliance if they can demonstrate safe storage of medicines despite metal medicines cabinets not being available which is recommended within the notice. Pharmacy leads have reviewed the risk assessment on an All Wales basis and a new PSN has just been published, PSN050. We are currently reviewing and updating actions for this new PSN. The appropriate storage of medicines is an area that has seen some progress despite COVID, the remote digital monitoring of fridges throughout the HB is a step nearer with the equipment purchased and being rolled out in a prioritised plan e.g. all fridges holding vaccines. The risk remains low.

2.45 The recent appointment of a new role for the HB - Head of Patient Safety will ensure that Patient Safety Alerts and Notices are centrally coordinated, disseminated and monitored, with a clear trajectory to compliance.

• Serious Incidents, (Indicator 23 and local measure) - Executive Lead, Director of Nursing, Midwifery & Patient Care

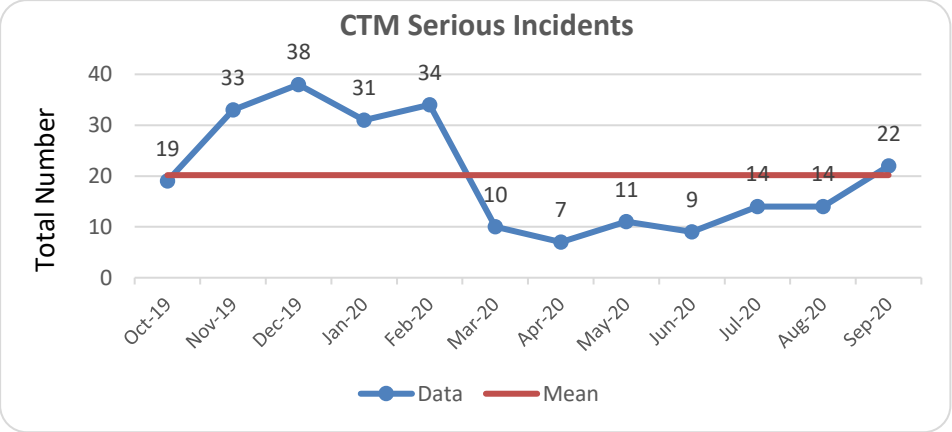
2.46 During July to September 2020 a total of 5,230 incidents were reported. Of these, 50 were categorised as a serious incident i.e. resulting in avoidable severe harm or death. This is 0.9% of the total incidents reported.

2.47 Prompt addressing, making safe and investigation of patient harm continues to ensure good quality care provision is maintained and the learning shared.

2.48 Deaths arising from or with hospital acquired nosocomial covid transmission and hospital outbreaks will require Serious Incident notification and investigation. This, is in addition to individually completed investigations using the Covid toolkit and mortality reviews will ensure robust effective analysis and learning takes place. Overall HB mean compliance rate with the 60 day target is 40%. ILG's are working with the corporate team to develop improvement targets.

2.49 There is an increase in reported SIs for September related to reporting Covid HCAI's. A worrying increase over the three month period is that of unexpected death as a result of completed suicide. Regional multi-agency work has commenced to address these cluster suicides which mostly affect the under 25's.

2.50 The overall decrease in SI's in comparison with the previous year is likely to be the impact of the coronavirus pandemic where we have seen a significant reduction in average patient presentation, activity and flow. This also may be partly attributed to the improvement work which includes embedding of the Serious Incident Toolkit and providing clearer definitions of a serious incident. The serious incidents reported are distributed across 15 categories with 12 related to unexpected or Trauma related deaths.



• New Never Events (Indicator 24) - Executive Lead, Director of Nursing, Midwifery & Patient Care

2.51 To date, one Never Event occurred in July 2020.

2.52 The July Never Event refers to an incident within Trauma and Orthopaedics where guide wires were left in situ. This was identified in a follow up clinic. The situation has been explained to the patient. No adverse impact has occurred though the patient will continue to be monitored. A fail safe has been put in place since the event.

• Concerns (Indicator 46) - Executive Lead, Director of Nursing, Midwifery & Patient Care

2.53 During July to September 2020, there were 353 complaints managed through Putting Things Right regulations. The three main themes from complaints relate to *communication, delays* and *admission/discharge/transfer* (ADT) issues. Numbers of complaints received are returning to pre-pandemic levels.

2.54 The complaints relating to communication are concerned with lack of information on care pathways, unavailability of certain services due to Covid and in poor staff attitude perception. The delays relate to waiting times, delays in treatment, follow-ups and investigations in general medicine and radiology.

2.55 The ADT complaints related to general service user unhappiness with care, or the management of the admission to discharge process. The majority of complaints occur within our A&E and acute medical services, mental health and primary care/localities.

2.56 For the respective reporting period, response time has increased to 66%. The corporate team continues to provide support to the directorates and localities in relation to this work.

2.57 Learning from complaints is shared in a number of ways and this is captured and evidenced within newsletters and staff communication in addition to local action plans. Advancing learning throughout the organisation is a key focus of the new governance framework.

2.58 For the same period, 161 formal compliments were received.

2.59 The Ombudsman's Annual Letter for 2019/20 overall is very positive for CTMUHB and demonstrates that the Health Board has the second lowest numbers of referrals to the Public Service Ombudsman Wales (PSOW) and that the Health Board had one of the lowest number of cases that required PSOW intervention for this time period.

• Elective Caesarean Rate (Indicator 92) - Executive Lead, Director of Nursing, Midwifery & Patient Care

2.60 Whilst this metric has been paused on the 'At a Glance' report, the Caesarean section reduction indicator is one element of the maternity improvement programme, with a target of 25% for all Caesarean sections.

2.61 Since January 2020 the overall caesarean section rates have been below 30% for both emergency and planned delivery. The overall Caesarean section rates for Wales 2019 data is 28% (WG Maternity and Birth Statistics, Wales 2019). In June and July there was a slight rise in the rate above 30%, however a rise of elective caesarean sections on the POW site would explain the slight rise in the overall rate in June and July this year.

2.62 In September and October, the total Caesarean section rate fell consecutively below 30%.

2.63 Actions to continue this downward trajectory are being reinforced and reasons for Caesarean sections are monitored and reviewed. The Statistical Process Control Charts for caesarean section rate, looking at data over time, is stable based on the upper and lower control limits for the CTM data sets. The charts also do not indicate any special cause anomalies facilitating deep dive review to improve understanding. The Caesarean section group is chaired by a Consultant Obstetrician and data is reviewed monthly.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The key risks are covered in the summary and main body of the report.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.
Related Health and Care standard(s)	Choose an item.
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
Equality impact assessment completed	No (Include further detail below)
	Not yet assessed.

Legal implications / impact	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Board is asked to:

- **RECEIVE** and **NOTE** the Integrated Performance Dashboard together with this report.