



AGENDA ITEM

4.3

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(30/01/2020)
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Alan Roderick, Assistant Director of Performance & Information & Eiri Jones, Programme Director, Corporate Development
Presented by	Executive Director of Planning & Performance, Executive Medical Director & Executive Director of Nursing, Midwifery and Patient Care
Approving 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 & FPW, Q&S Committees	16/1/20 & 21/1/20	NOTED

ACRONYMS

RTT	Referral to Treatment
FUNB	Follow Ups Not Booked



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
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
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

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Board with a summary of performance against a number of key quality and performance indicators, including areas where the organisation has made significant improvements or has particular challenges, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.
- 1.2 This month, for the first time, a commentary is included on quality and safety indicators, sponsored by the Executive Medical Director and the Executive Director of Nursing, Midwifery and Patient Care, with the intent of providing a balanced commentary across a wider range of indicators. The commentary is designed to highlight key indicators for Board and will develop over time to ensure Board is fully sighted on quality and safety issues.

- 1.3 Following the boundary change on 1 April 2019, the Health Board continues to work closely with Swansea Bay University Health Board and the Delivery Unit in terms of ensuring the robustness of available data, application of the correct rules and appropriate aggregation and presentation of the new, integrated data for the organisation. The Delivery Unit is supporting the work and Welsh Government are being kept informed of the work as it develops.
- 1.4 The Integrated Performance Dashboard is attached as Appendix 1.
- 1.5 The Board is requested to **RECEIVE** and **NOTE** the contents of the report and the supporting actions to improve the achievement of national and local targets.
- 1.6 The report provides Board with an update on progress across a number of key quality and performance targets and specifically including those set out in the National Performance Outcomes Framework. The report also sets out any issues affecting performance and associated actions underway to secure improvement.

SUMMARY

- 1.7 The following provides a high level summary, bringing to the fore any changes to note since the previous report and/or where performance is deviating either from expected levels based on recent experience or from agreed trajectories. Unless noted otherwise, all points below refer to December 2019.
- 1.8 A commentary is provided on nine quality and safety indicators, sponsored by the Executive Medical Director and the Executive Director of Nursing, Midwifery & Patient Care.
- 1.9 The latest RTT projection for year end is 3481 patients waiting over 36 weeks at year end. Whilst this represents an increase from last month's figure of 3425, opportunities remain to achieve a lower figure. However there continue to be risks around the level of elective cancellations. Outsourcing of Orthopaedic patients at POW has stopped and there will be no access to elective Orthopaedic capacity at Neath Port Talbot until at least February, though the anticipation currently is that it will be difficult to get any access for the remainder of the year. This is even though, as has been reported previously, 88% of the CTM consultant waiting lists at NPT are for residents of Swansea Bay.



- 1.10 There were 63 elective ward cancellations (all bar 13 at PCH), a reduction of 29 since November, with 5 theatre cancellations due to an anaesthetist being unavailable.
- 1.11 Compliance against both of the unscheduled care 4 and 12 hour targets reduced to the lowest level this year, with POW performance contributing most to the deterioration. Ambulance response times were not met for red calls in November at 58.2%, lower than the all Wales level of 61.4%, which was also below the target level.
- 1.12 The DTOC position has continued to deteriorate to 83 in December, with the increase this month seen in the Acute and Community services.
- 1.13 Neither of the cancer targets were met in November, with 9 breaches of the 31 day NUSC target and 29 breaches of the 62 day USC target. Whilst there is not a specific target set for the single cancer pathway, performance inclusive of suspensions reduced by 1% to 67%, whilst performance exclusive of suspensions also reduced by 1% to 59%.
- 1.14 Stroke data for December is not available for this report, but the reported November position shows that compliance across 3 of the 4 key indicators for CTM as a whole deteriorated, particularly the 4 hour admission to a stroke unit dropping from 32.2% in October to 19.8% in November. Aspirational target levels continue to remain below expectation.
- 1.15 Compliance against Part 1(a) of the Mental Health Measure fell from 71.0% to 56.8% in November and continues to remain below the target of 80%. Compliance against Part 1(b) improved 91.8%, maintaining compliance against the target of 80%. The Part 2 target of 90% of Care Treatment Plans completed at the end of each month was again narrowly missed November at 89.7%. There were 8 assessments carried out during November for the Part 3 Measure, with the target being met for all.
- 1.16 The Neurodevelopmental target of 80% of patients seen in 26 weeks is not being achieved and remains below 70%. Waiting times for Specialist CAMHS deteriorated to 80.9% in November from 83.7% in October.



2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT) FOCUSSED ON KEY QUALITY INDICATORS

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

2.1 Mortality data (amenable and crude) is not yet available for CTM as a whole. The data in the report refers to CT with the most recently available being for 2017 (amenable) and November 2019 (crude), the time delays resulting from the way mortality data is collected by the registrar. Both rates are higher than Welsh peers. Analysis of current mortality trends and importantly, learning from mortality reviews, will be reported to the Quality and Safety Committee in February.

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

2.2 Performance in this area sits at 52.3% for inpatients and at 69.2% for ED. This work is led by the outreach teams at all sites who provide 24/7 cover on the three acute sites. Two areas of risk to delivery and improvement are the ability to release staff for training and the capacity of the outreach team to provide training. Further work is required in this area to achieve the expected 12 month improvement trajectory.

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

2.3 Data is not yet reported for CTM as a whole, although it is expected that this can be addressed by Q1 2020/21. For CT there were 10 reported potential HATs in December, which benchmarks with expectations. Audits of risk assessment and the way they are recorded are undertaken on a monthly basis. Opportunity for improvement exists in the undertaking and documentation of risk assessments, although none of the HATs that occurred appeared to be related to inadequate risk assessments.



• **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**

- 2.4 Expected reduction rates for 2019/20 were set at 67 per 100,000 for E.coli, 20 per 100,000 for S.aureus and 21 per 100,000 population for C.difficile. Whilst the Health Board has made good progress this year, with both E.coli and S.aureus at lower levels for the same period last year, the current performance is over the calculated trajectories. For C.difficile the Health Board is reporting a higher rate than last year. There are actions in train to focus on primary care prescribing in this area.
- 2.5 Despite the improvements made, the Health Board is unlikely to achieve these targets. This is the same in the other five major acute Health Boards across Wales, with only one Health Board expecting to achieve the E.coli reduction.
- 2.6 Actions are underway across CTM supported by the IPC team. Consistent themes to target for improvement include antimicrobial stewardship and prescribing, screening where relevant, hand hygiene and management of invasive devices.

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

- 2.7 Good progress has been made in this area.
- 2.8 For alerts, 9 have been received to date with the Health Board compliant in 8. To achieve compliance in the ninth requires an all Wales procurement decision.
- 2.9 For notices, of the 50 received, the Health Board is compliant in 48. Actions are being addressed in relation to the 2 outstanding notices.

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

- 2.10 Performance in relation to Indicator 23 remains low at present. Work is underway to improve the approach to managing SIs and to the systems and processes used. A new toolkit is near completion and once approved, training will be rolled out across the Health Board.

The governance arrangements to be developed as part of the operating model will also focus on supporting improvement performance in this area.

2.11 For the local measure, the Health Board is reviewing what is reported, as it is currently reporting higher numbers than the Welsh average. A good understanding of incident themes is in place with the top three reported incidents being pressure damage, falls and delays. Of these, the majority report low or no harm. For both pressure damage and falls, improvement work is underway following a deep dive review into both themes.

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

2.12 Two new Never Events were reported in November 2019. Both related to a wrong side anaesthetic block and occurred at the POW site, one in theatres and the other in Radiology.

2.13 Neither patient suffered harm, though investigations are underway. Being Open requirements have been applied in both incidents. Any learning will be shared across the organisation and where relevant a patient and/or staff story will be developed to complement the shared learning across the organisation.

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

2.14 The overall number of formal complaints continues to decrease from a peak in July 2019. In November, response times proved more challenging (67% against a target of 75%) with a variation in response times by acute sites. Good practice in complaints management from the POW site (consistently over 85%) is being shared and it is anticipated that the new operating model will support improvement in this area.

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

2.15 This data is not yet available for CTM as a whole. CT consistently report a higher rate than the national average. Caesarean section reduction is one element of the maternity improvement programme, with a target of 25%. The service has now established a CTM multi-professional working group. The first meeting has been held with key actions identified.

These include a weekly look back at all elective Caesarean sections undertaken. It is also a topic discussed monthly at the audit meeting. This approach to reduction is multifaceted and involves all staff groups, as well as working with women to make the best choice for themselves and their baby/babies.

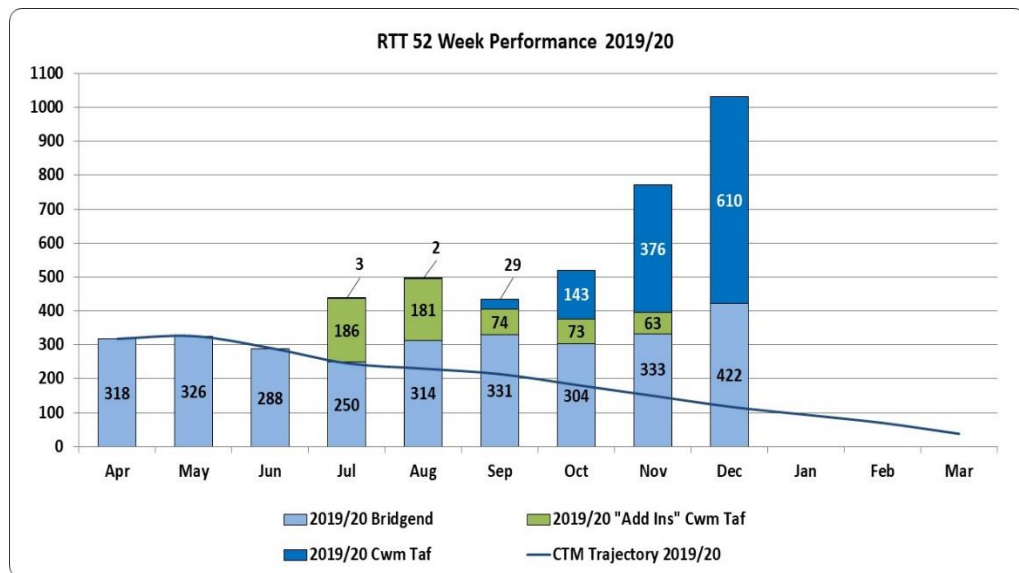
- **Referral to Treatment Times (RTT) – Executive Leads, Chief Operating Officer and Director of Primary, Community and Mental Health**

Number of Patients Waiting over 52 weeks

2.16 The provisional position for patients waiting over 52 weeks for treatment at the end of December 2019 is 1032 patients, which is a deterioration on the November position of 749. The breakdown of the 1032 patients is as follows:

- 422 relate to Bridgend waiting lists (310 in November 2019)
- 610 relates to Cwm Taf waiting lists (439 in November 2019)

2.17 This is mainly due to deteriorations in Anaesthetics, Dermatology, and Orthopaedics. The following graph shows the current 52 week position set against the agreed trajectory for 2019/2020:



Number of Patients Waiting over 36 weeks – Target Zero

2.18 The provisional position for patients waiting over 36 weeks is 4488 patients across Cwm Taf Morgannwg (3839 at November 2019). Of the 4488 patients (this figure includes the 1032 patients waiting over 52 weeks):



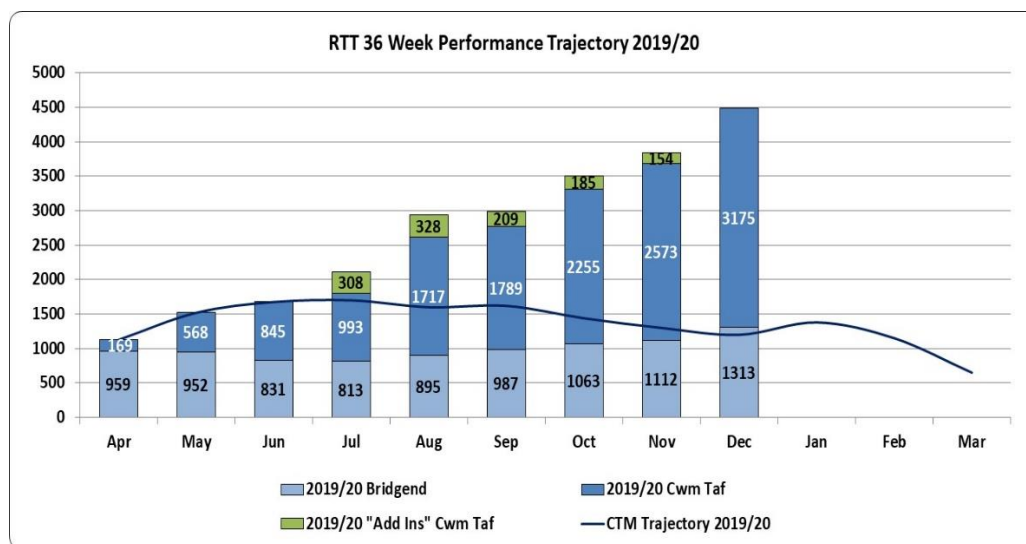
- 3175 patients relate to the former Cwm Taf waiting lists (2727 at November 2019).
- 1313 relate to Bridgend waiting lists (1112 at November 2019).

2.19 This is due in particular to a deterioration in General Surgery, Oral Surgery, Anaesthetics, Dermatology, and Orthopaedics. Elective Orthopaedic capacity at Neath Port Talbot (NPT) continues to be unavailable and in addition, outsourcing for Orthopaedics at POW has now stopped.

2.20 Swansea Bay residents equate to 88% of the elective waiting lists for treatment at NPT (2960 open pathways) carried out by CTM consultants. As at 31 December, 100 of the 114 patients (all in Orthopaedics) waiting over 52 weeks are Swansea Bay residents. As at 31 December, 248 of the 294 patients waiting over 36 weeks at NPT (259 of which are in Orthopaedics) are Swansea Bay residents.

2.21 Following a meeting with Swansea Bay UHB colleagues, it has been confirmed that there will be no access to the elective capacity until February at the earliest, though it is likely this situation will continue for longer.

2.22 The following graph shows the 36 week position and includes the trajectory position that was submitted to Welsh Government in July.





2.23 A review of the forecast year end position has resulted in an increase to 3481, albeit this may change once the latest POW forecast is reviewed. This is illustrated in the following table:

March 2020 Projection 36+ Weeks	
POW	
Orthopaedics	1000
Urology	200
Sub-Total	1200
CT	
Surgery	374
Urology	100
Orthopaedics	382
ENT	75
Dermatology	1000
Gastroenterology	350
Sub-Total	2281
Total	3481

2.24 The level of cancellations experienced this year continues to impact on the position and throughout the year, the available capacity has reduced, particularly in terms of back-filling available theatre sessions, resulting from HMRC changes that dis-incentivised consultants carrying out additional work. Whilst this appears to have been resolved for the future, there is now an unplanned backlog of elective cases to work through that has built up during the year.

2.25 For Dermatology, a number of planned interventions have unfortunately not come to fruition, although validation of this list is expected to be completed by the end of January. The Gastroenterology position is affected by the deteriorating Endoscopy position.

2.26 For ENT, the complex septo-rhinoplasty cases remain the only issue, with all other specialties expected to deliver zero patients waiting over 36 weeks, subject to the funding already earmarked continuing to be available.

Number of Patients Waiting under 26 weeks – Target 95%

2.27 In terms of the 26 week position, the provisional position (excluding the direct access Diagnostic & Therapy figures) for December 2019 is:

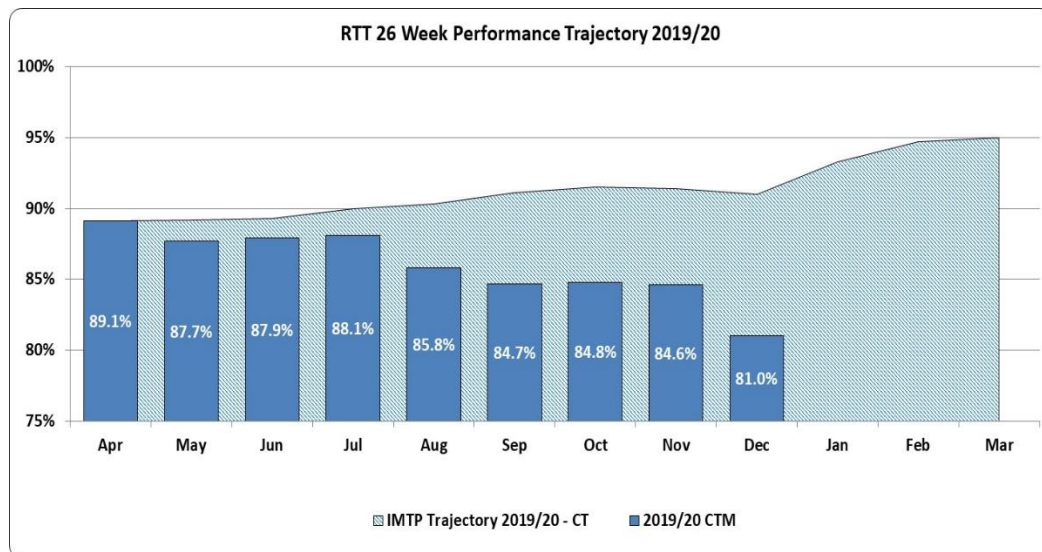
- 82.5% of the Bridgend waiting lists waiting under 26 weeks.
- 80.2% of the former Cwm Taf waiting lists waiting under 26 weeks. 81.0% compliance figure for Cwm Taf Morgannwg, which is a marginal deterioration.



2.28 The following table provides a breakdown, by specialty, of the 26 week position:

% Compliance Open Pathways 26+ weeks by Speciality	Cwm Taf			Bridgend			Cwm Taf Morgannwg		
	Dec-19			Dec-19			Dec-19		
	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance
General Surgery	730	5296	86.2%	387	2600	85.1%	1117	7896	85.9%
Urology	280	2284	87.7%	575	1918	70.0%	855	4202	79.7%
Orthopaedics	795	4155	80.9%	1626	4499	63.9%	2421	8654	72.0%
ENT	296	3652	91.9%	364	2357	84.6%	660	6009	89.0%
Ophthalmology	1084	4573	76.3%	259	2277	88.6%	1343	6850	80.4%
Oral Surgery	744	2468	69.9%				744	2468	69.9%
Restorative Dentistry	14	92	84.8%				14	92	84.8%
Orthodontics	1	59	98.3%				1	59	98.3%
Anaesthetics	812	1544	47.4%				812	1544	47.4%
General Medicine	138	1474	90.6%	31	391	92.1%	169	1865	90.9%
Gastroenterology	432	2223	80.6%				432	2420	82.1%
Endocrinology				12	353	96.6%	12	353	96.6%
Haematology	21	342	93.9%				21	342	93.9%
Sport and Exercise Medicine	31	175	82.3%				31	175	82.3%
Care of the Elderly	0	13		0	30		0	43	
Nephrology	70	244	71.3%				70	244	71.3%
Cardiology	286	2115	86.5%	28	1307	97.9%	314	3422	90.8%
Dermatology	1561	4115	62.1%	38	1754	97.8%	1599	5869	72.8%
Respiratory Medicine	193	1205	84.0%	42	371	88.7%	235	1576	85.1%
Rheumatology	287	1209	76.3%				287	1209	76.3%
Paediatrics	49	1348	96.4%		568		49	1916	97.4%
Paediatric Neurology				7			0	7	
Gynaecology	330	2567	87.1%	313	2331	86.6%	643	4898	86.9%
Diagnostics (DA)		0			0		0	0	
Therapies (DA)		0			0		0	0	
Total Open Pathways 26+ weeks	8154		80.2%	3675		82.5%	11829		81.0%
Total Open Pathways		41153			20960			62113	

2.29 The following graph sets out the current and anticipated IMTP performance:





2.30 Activity levels continue to be closely monitored at the weekly RTT meetings, with continued representation from colleagues across the Health Board. Immediate challenges continue to be around bed and site pressures particularly at PCH, the ongoing HMRC restrictions, and theatre cancellations as a result of anaesthetic cover not being available.

• **Diagnostic Waits – Executive Lead, Chief Operating Officer – Target: zero waits >8 weeks**

2.31 The provisional position for December 2019 is 1547 patients waiting over 8 weeks for diagnostic services. This is a deterioration from the November position of 1063 patients. The breakdown of the 1547 patients is as follows:

- 23 patients relate to Bridgend waiting lists (8 in November)
- 1524 patients related to the former Cwm Taf patients (1055 in November)

2.32 The following table provides a breakdown of the areas that are breaching the 8 week target, inclusive of areas previously unreported.

Provisional as at 8th Jan 2020

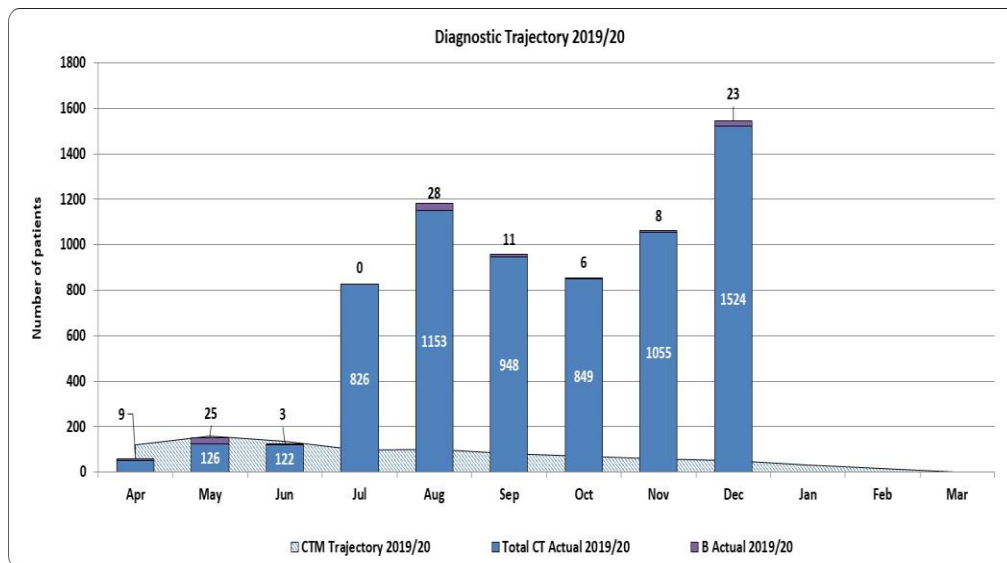
Service	Sub-Heading	Waiting >8 weeks		
		CT	Bridgend	CTM
Cardiology	Echo Cardiogram	1		1
Cardiology Services	Cardiac CT	7		7
	Diagnostic Angiography	26	12	38
	DSE	0		0
	TOE	0		0
	Heart Rhythm Recording	0		0
	B.P. Monitoring	0		0
	Cardiac MRI	2		2
Colonoscopy		176	1	177
Gastroscopy		419		419
Cystoscopy		10	10	20
Flexi Sig		246		246
Radiology - Cons Referral	Non-Cardiac CT	6		6
	Non Cardiac MRI	2		2
	NOUS	120		120
	NOUS - Consultant Rad Only	76		76
Radiology - GP Referral	Non-Cardiac Nuclear Medicine	9		9
	NOUS	195		195
	NOUS - Consultant Rad Only	26		26
Imaging	Non-Cardiac CT	0		0
	Fluoroscopy	1		1
Physiological Measurement	Urodynamics	13		13
Neurophysiology	EMG	74		74
	NCS	64		64
Total		1473	23	1496

2.33 The Endoscopy position continues to deteriorate, though potential options to year end are being looked at further to reduce the number of breaches by as much as possible before the end of March. The current forecast is 500 waiting over 8 weeks at end of year.

2.34 There is recognition however that the Endoscopy demand is in excess of the available capacity and that in addition, there has been equal focus on the endoscopy activity needed for surveillance monitoring and cancer work, such as bowel screening.

2.35 There has been a further significant deterioration in NOUS this month, with demand continuing to outstrip capacity, though further sessions have been agreed to improve the position, with an expectation of delivering zero for the end of March.

2.36 The following graph shows the current Cwm Taf Morgannwg diagnostic position, set against the 2019/20 IMTP trajectory:



- **Therapy Waits – Executive Lead, Chief Operating Officer – Target: Zero waits >14 weeks**

2.37 The only breach of the 14 week target was 1 patient in POW Paediatric Physiotherapy.

2019/20								
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0	0	3	13	25	37	57	44	1



- **Surveillance Monitoring (Endoscopy) – Executive Lead, Chief Operating Officer**

2.38 The endoscopy unit at Princess of Wales is a JAG accredited unit and one of the criteria to maintain JAG accreditation is that all surveillance work needs to be 100% in target i.e. 100% of all patients that are under surveillance need to be seen within 8 weeks of the date due. This target is consistently being achieved with all patients usually seen within the month that they are due.

2.39 Endoscopy patients referred into the Cwm Taf service are managed through four referral pathways, each with their own waiting time target:

- Urgent Suspected Cancer: target 2 weeks (14 days).
- Urgent: target 2 weeks.
- Routine: target 8 weeks (56 days).
- Surveillance: target of 18 weeks (126 days).

Patient Category	PCH	RGH	TOTAL
Cancer			
Waiting <14 days	99	123	222
Over Target	11	23	34
Total Patients Waiting	110	146	256
Urgent Non-Cancer			
Waiting <14 days	132	145	277
Over Target	474	393	0
Total Patients Waiting	606	538	1144
Routine			
Waiting <56 days	113	222	335
Over Target	90	99	0
Total Patients Waiting	203	321	524
Surveillance			
Waiting <126 days	287	391	678
Over Target	1	1	2
Total Patients Waiting Past Review Date	288	392	680

2.40 The information in the table shown by hospital site, demonstrates that these targets are not being met across all categories of patients in PCH and RGH sites, though there have been improvements.

2.41 Referral demand into the service continues to increase, with the Directorate’s D&C plan clearly showing that in order to deal with current demand into PCH and RGH, additional capacity is required.



2.42 The Directorate is currently utilising insourcing at RGH, to accommodate the surveillance backlog patients. The provisional number of surveillance patients waiting past their review date, without an appointment, is 680 (census 1 January 2020). The Directorate is in the process of developing a business case to increase capacity through development of an extra endoscopy theatre on the RGH site.

• **Follow-Up Outpatients Not Booked – Executive Lead, Chief Operating Officer**

2.43 Providing regular, consistent FUNB reporting across CTM continues to be hampered by data flow issues from Swansea Bay UHB.

2.44 FUNB reporting is in the main paper-based at Princess of Wales Hospital and not unlike most LHBs, there are data quality issues to address.

2.45 Acknowledging the work required on all hospital sites, the following table shows the reported CTM position for patients waiting 100% beyond their target date:

	CT	Bridgend	CTM
Apr-19	18933	9638	28571
May-19	15998	10889	26887
Jun-19	15362	12625	27987
Jul-19	15143	16168	31311
Aug-19	14534	16420	30954
Sep-19	14085	16352	30437
Oct-19	13155	16389	29544
Nov-19	13278	16240	29518

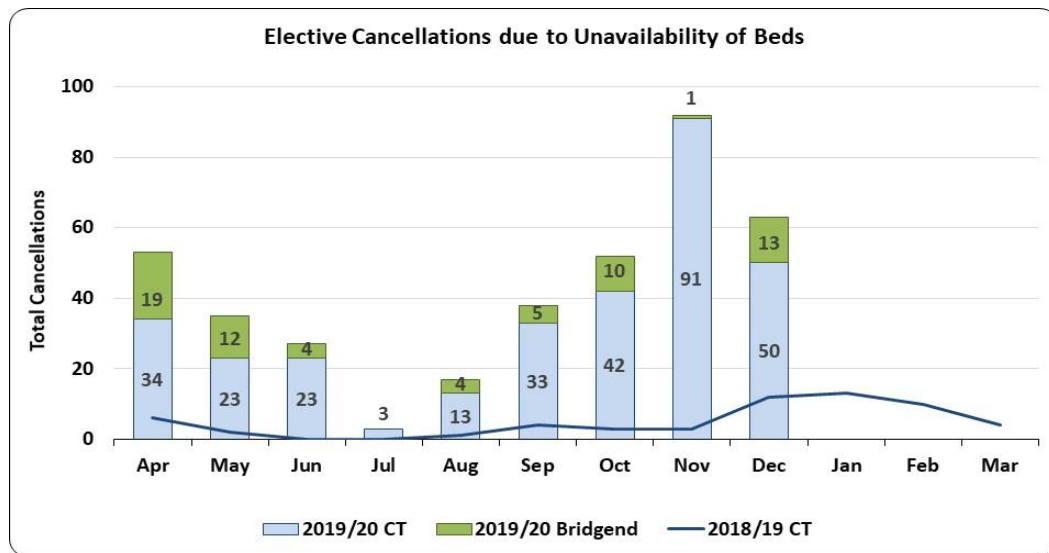
2.46 Fortnightly FUNB meetings continue and work is now also including Bridgend activity, to ensure that there are appropriate plans in place for the Princess of Wales Hospital site.

• **Elective Bed Cancellations – Executive Lead, Chief Operating Officer**

2.47 There were 63 elective ward bed cancellations reported for December across the Health Board, an improvement of 29 from November, though the levels this year are much higher than last year, adversely affecting the RTT position. Additional pressure on beds at PCH in particular, is also continuing to affect the unscheduled care stream.



Elective Cancellations due to no ward beds	PCH	RGH	POW
ENT	8		3
Orthopaedics	7		8
General Surgery	15		
Gynaecology	9		
Oral Surgery	4		
Urology	7		2
Mixed Speciality			
Total	50	0	13



- Theatre Cancellations: Anaesthetics – Executive Lead, Chief Operating Officer**

2.48 During December there were five theatre cancellations with the primary cancellation reason of “anaesthetist unavailable”. The following table details the affected areas:

Hospital	Category	Speciality	On The Day Of Surgery	Cancellations
Prince Charles Hospital	ELECTIVE	GYNAECOLOGY	OTD	1
Royal Glamorgan Hospital	DAY CASE	GENERAL SURGERY	OTD	1
Royal Glamorgan Hospital	DAY CASE	OPHTHALMOLOGY	Non-OTD	1
Royal Glamorgan Hospital	DAY CASE	TRAUMA & ORTHOPAEDICS	OTD	1
Royal Glamorgan Hospital	ELECTIVE	GENERAL SURGERY	OTD	1



• **Unscheduled Care – Executive Lead, Chief Operating Officer and Director of Primary, Community & Mental Health**

2.49 *4 Hour 95% Target:* The combined performance for Cwm Taf Morgannwg for the four hour target deteriorated to its lowest level this year in December to 70.2%, with individual departmental performance as follows:

4 Hour A&E Performance- Target 95%		
Site	Nov 2019	Dec 2019
CTMUHB	73.4%	70.2%
PCH	72.0%	71.8%
RGH	74.5%	72.7%
POW	69.0%	62.0%
YCC	98.9%	97.8%
YCR	100.0%	100.0%

2.50 *12 Hour Zero Breaches Target:* The combined performance for December was 1167 patient breaches, a further deterioration from 1113 in November. Of the 1167 breaches:

- 458 were at PCH
- 235 were at RGH
- 474 were at POW

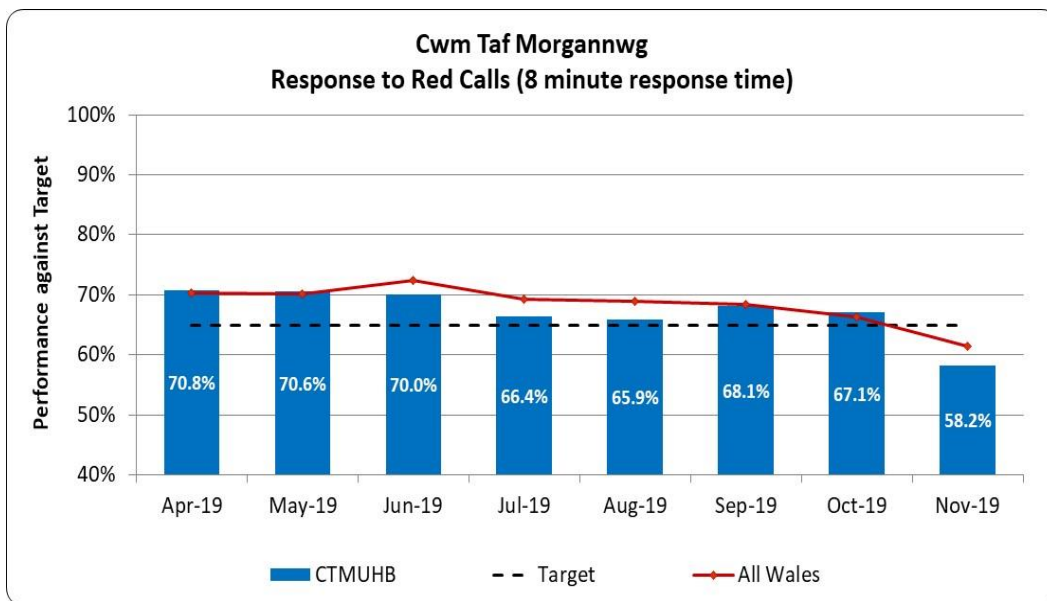
2.51 The Princess of Wales emergency department is now subject to a series of improvement interventions with the support by the Delivery Unit and as directed by the Welsh Government.

Emergency Ambulance Services

2.52 The December 2019 performance for emergency ambulance services against the 15 minute handover (Local Measure - Improvement Target) for CTM reduced marginally this month to 59.5% from 60% in November and shows a continuing decline in performance since August 2019.

2.53 The performance for emergency ambulance services over one hour (Target Zero) also fell in December to 85.8% from 86.9% in the previous month. Compliance at RGH remains stable at 99.4% and POW performance continued to decline further during December to 52.7% from 60.2% in November. PCH observed an improvement in performance this month to 97.3% from 91.9% in November.

2.54 In November 2019, the response to red calls fell to 58.2% for Cwm Taf Morgannwg against a target of 65% and a Welsh average performance of 61.4%, the first time the target has not been met for over a year.



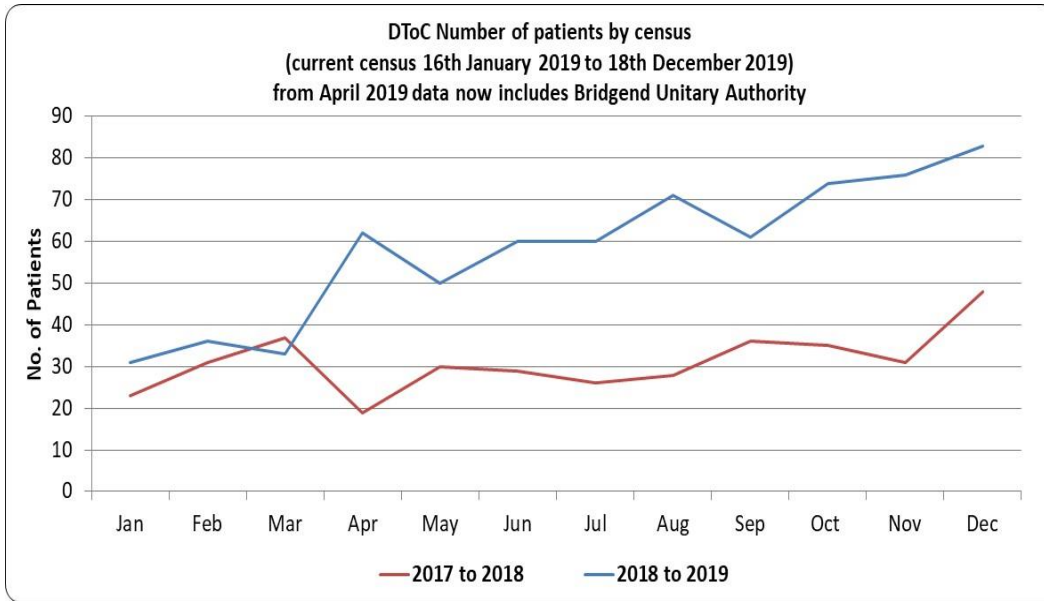
- **Delayed Transfer of Care (DToC) – Executive Lead, Chief Operating Officer and Director of Primary, Community and Mental Health – Target 12 month Reduction Trend**

2.55 The delayed transfers of care (DToC) position for December is shown in the table that follows, as an aggregate for Cwm Taf Morgannwg UHB.

Number of patients by census						
CTMUHB						
Census Month	Census	Acute	Community	Mental Health	Rehab	Total
Jan-19	16/01/2019	4	0	23	4	31
Feb-19	20/02/2019	10	0	3	23	36
Mar-19	20/03/2019	7	0	9	17	33
Apr-19	17/04/2019	20	1	11	30	62
May-19	15/05/2019	14	1	13	22	50
Jun-19	19/06/2019	15	5	16	24	60
Jul-19	17/07/2019	10	0	11	39	60
Aug-19	21/08/2019	19	3	11	38	71
Sep-19	18/09/2019	16	0	9	36	61
Oct-19	16/10/2019	25	6	6	37	74
Nov-19	20/11/2019	25	8	6	37	76
Dec-19	18/12/2019	30	14	6	33	83
Rolling 12 months		195	38	124	340	697

Cwm Taf Morgannwg from 01/04/2019 (data now aggregated)

2.56 The following graph is a comparison of the number of DToC patients January 2018 to December 2018 against January 2019 to date, showing that since April 2019, DToC levels have regularly been more than double what they were in the previous year.



2.57 The following table shows the number DToC patients by locality:

Dec-19	Merthyr Tydfil	Rhondda Cynon Taff	Bridgend	Other	Total
Acute	2	8	15	5	30
Rehabilitation	4	24	3	2	33
Community	2	4	6	2	14
Mental Illness	1	3	1	1	6
Total	9	39	25	10	83

2.58 This month has seen a continued increase in the number of DToC patients and is at the highest level observed in the last 12 months. Bed days lost are lower than last month but remain significantly higher than at the start of the year. DToC pressure areas are:

- Choice related issues regarding care homes;
- Home care capacity;
- Delays due to housing particularly requests for specialty and adapted housing;
- Delays due to mental capacity.

2.59 A specific pressure point for the Health Board would seem to be related to the number of rehabilitation patients at RCT. This is very often as a result of difficulties mentioned above i.e. accessing and putting in place, nurse care placements and home packages.



2.60 The number of actual bed days lost within the month was 1879 compared to the previous month (2071), equating to over 67 beds across the UHB.

- **Cancer 31 Non Urgent Suspected Cancer (NUSC) and 62 Urgent Suspected Cancer (USC) Day Target (escalation level 2) – Executive Lead, Medical Director**

31 day target (NUSC) at November 2019: Target is 98%

2.61 The combined performance for Cwm Taf Morgannwg was 92.8% with 9 patient breaches.

2.62 Urology accounted for 4 patient breaches and 2 for Lung with Lower GI, Skin and Gynaecology observing 1 patient breach apiece.

62 day target (USC) at November 2019: Target is 90%

2.63 The combined performance for Cwm Taf Morgannwg was 71.8% with 29 patient breaches.

2.64 Urology accounted for 19 of the USC patient breaches, mainly through a combination of radiological delays and tertiary centre delays. Lung had 4 patient breaches, mainly due to diagnostic capacity issues, Lower GI and Haematology had 2 breaches each with Head & Neck and Breast, 1 patient breach apiece.

2.65 A three month forecast was not available in time for this report, though the forecasts for December and January from last month of 75% worst case and 80% best case continue to be valid.

Single Cancer Pathway

2.66 The Health Board has been formally reporting SCP to Welsh Government, running in parallel with existing cancer pathways for a number of months. Formal reporting to the Welsh Government started in August 2019.

2.67 The single Suspected Cancer Pathway measures from the point of suspicion until the start of first definitive treatment for all newly diagnosed patients, with the aim of treating all patients within 62 days of the point of suspicion. No performance measure has been set for the SCP as yet but there is an expectation of continuous improvement.



2.68 The SCP performance for November 2019 was:

- With suspensions 67% (68% October 2019)
- Without suspensions 59% (60% October 2019)

• **Quality Improvement Measures - Executive Lead, Director of Planning and Performance (from January 2020 the Executive Lead is the Director of Therapies & Health Sciences)**

2.69 At the time of preparation of this report, the December data for stroke was not available for reporting. During November, a total of 82 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database:

- 31 patients presented at POW.
- 51 patients presented at PCH.

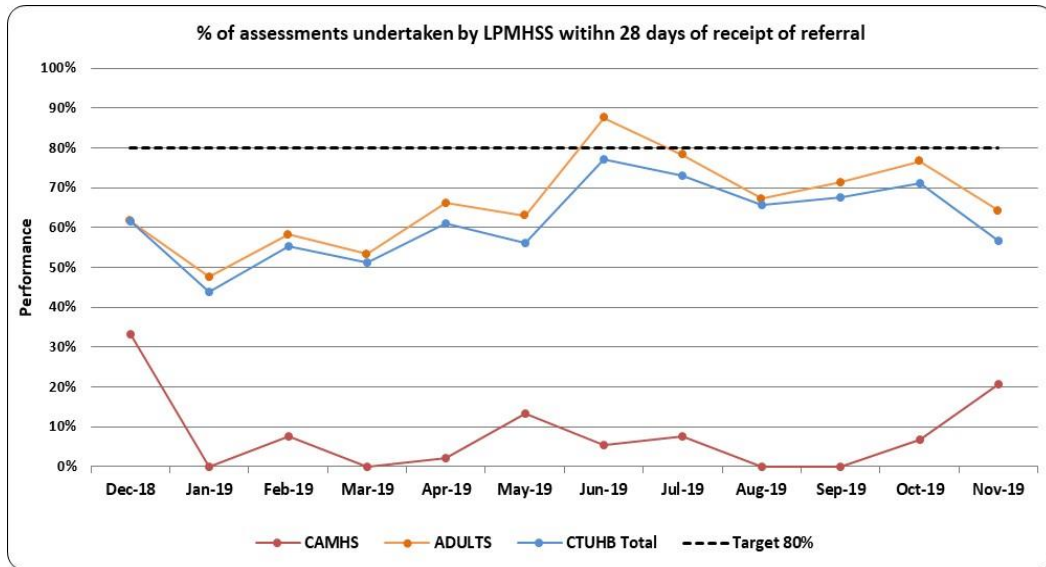
2.70 There were 8 patients thrombolysed, 6 at POW and 2 at PCH with 2 patients thrombolysed within 45 minutes (1 patient at each unit).

2.71 The summary of recent performance for the 4 key indicators is as follows:

	Cwm Taf				Bridgend				Cwm Taf Morgannwg			
	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	% of thrombolysed stroke patients with a door to needle time of less than or equal to 45 minutes	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	% of thrombolysed stroke patients with a door to needle time of less than or equal to 45 minutes	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	% of patients who are assessed by a stroke specialist consultant physician within 24 hours	% of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	% of thrombolysed stroke patients with a door to needle time of less than or equal to 45 minutes	% of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	% of patients who are assessed by a stroke specialist consultant physician within 24 hours
Apr-19	33.9%	0.0%	69.8%	68.3%	25.0%	50.0%	46.4%	50.0%	31.1%	40.0%	62.6%	62.6%
May-19	42.3%	25.0%	69.8%	73.6%	30.4%	25.0%	39.1%	56.5%	38.7%	25.0%	60.5%	68.4%
Jun-19	43.6%	0.0%	74.5%	70.9%	21.7%	20.0%	47.8%	21.7%	37.2%	9.1%	66.7%	56.4%
Jul-19	33.3%	66.7%	75.4%	70.5%	28.6%	0.0%	44.4%	69.4%	31.6%	28.6%	63.9%	70.1%
Aug-19	38.3%	16.7%	66.7%	72.5%	6.3%	100.0%	46.9%	62.5%	25.3%	37.5%	59.0%	68.7%
Sep-19	31.7%	33.3%	69.0%	69.0%	15.8%	0.0%	39.5%	57.9%	24.1%	25.0%	55.0%	63.8%
Oct-19	40.7%	36.4%	71.4%	66.1%	19.4%	nil	47.2%	66.7%	32.2%	36.4%	62.0%	66.3%
Nov-19	23.5%	50.0%	64.7%	70.6%	13.3%	16.7%	58.1%	54.8%	19.8%	25.0%	62.2%	64.6%

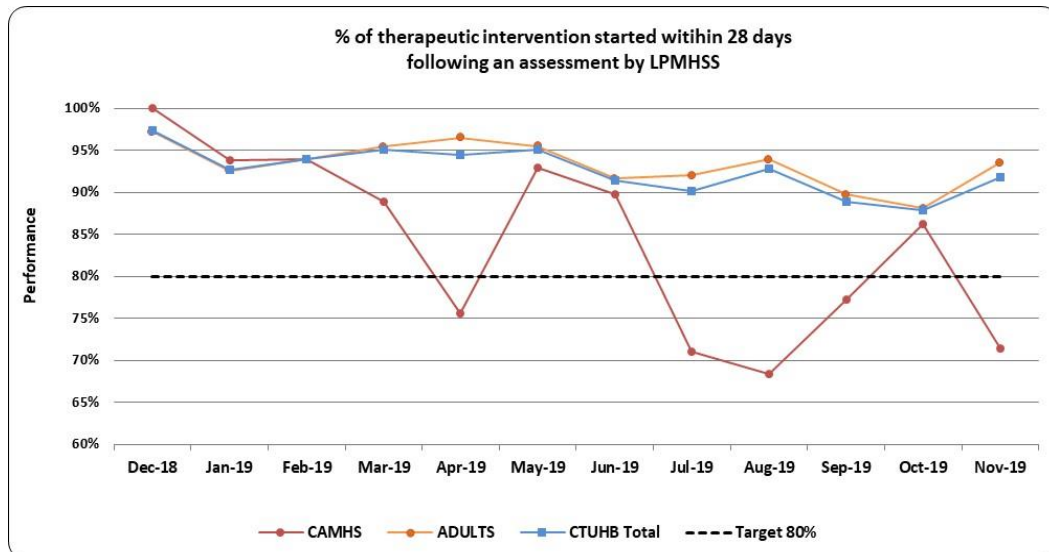
• **Mental Health Measure - Executive Lead, Director of Primary, Community & Mental Health**

2.72 Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. November compliance fell to 56.8% from 71.0% in October as a result of a deterioration in the adult service.



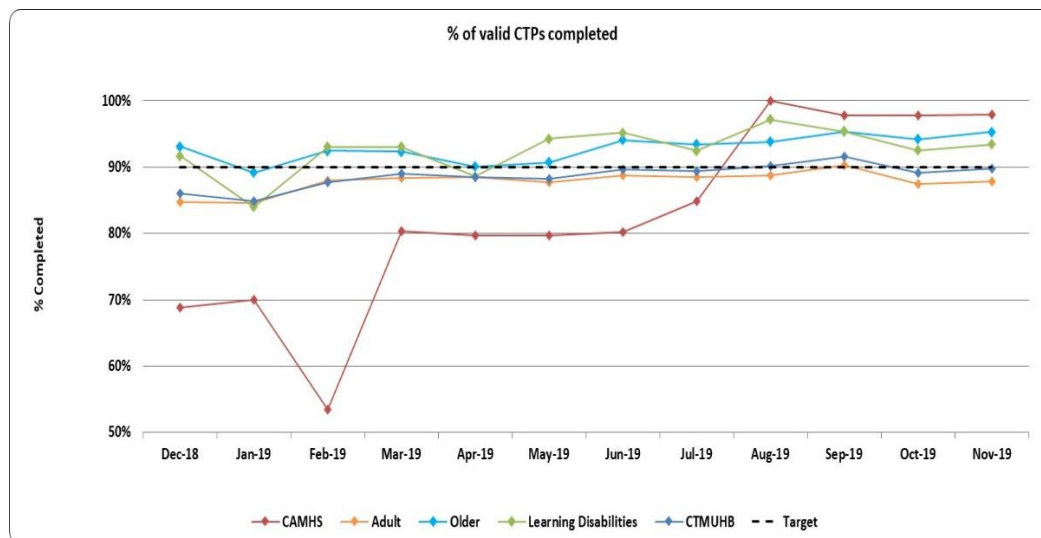
(* Post April 2019 data is CTM aggregate data)

2.73 Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS rose this month to 91.8% from 87.9% in October remaining above the 80% target, albeit CAMHS performance fell to 71.4% from 86.2% in October.



(* Post April 2019 data is CTM aggregate data)

2.74 Part Two of the Mental Health Measure: i.e. % of Cwm Taf Morgannwg residents who have a valid Care Treatment Plan completed by the end of each month improved marginally from 89.1% in October to 89.7% in November.



2.75 Eight assessments were carried out during November for Part Three of the Mental Health Measure i.e. "All Health Board residents who have been assessed under Part 3 of the Mental Health Measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place", all of which were sent within 10 days (100%).

Primary Care CAMHS (p-CAMHS)

2.76 The Cwm Taf Morgannwg p-CAMHS waiting list position as at 2 December 2019 is a provisional 144 patients waiting (a reduction of 32), with 68 of those patients waiting more than 4 weeks. The average weeks wait continues to improve reducing further to 4 weeks from 5.

2.77 The additional capacity opportunities identified as part of the Delivery Unit review are continuing to have a positive impact. Recruitment of further staff, improvements in productivity of clinics and changes to clinical staff templates will ensure further reductions in the total waiting list. Compliance with the Part 1(a) mental health measure is however unlikely to be achieved until the total waiting list is reduced to below 100.

Neurodevelopment

2.78 Compliance against the 26 week target for the former Cwm Taf area for Neurodevelopment services fell in December to a provisional 62.2% from 67.5% in November. Waiting list initiatives are continuing



as at 7th January 2020

Neurodevelopment	CTM
Total Waiting List	543
Waiting 26+ weeks	205
Compliance	62.2%
Average weeks wait	20.0

Specialist CAMHS (s-CAMHS)

- 2.79 The Cwm Taf Morgannwg position for specialist CAMHS waiting times continued to deteriorate in December to a provisional 52.7% from 80.9% in November.
- 2.80 Patients from RCT are being offered an option to be seen at Bridgend to maximise the use of capacity, with waiting list initiatives continuing.

as at 7th January 2020

Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	139	45	184
Waiting >4 weeks	64	23	87
Compliance	54.0%	48.9%	52.7%
Average weeks wait	3.1	3.9	3.3

3. KEY RISKS/MATTERS FOR ESCALATION TO THE BOARD

- 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.
	If more than one Healthcare Standard applies please list below:



	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	Not required
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. A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates.
Link to Main Strategic Objective	To ensure good value based health care and treatment for our patients in line with the resources made available to the Health Board
Link to Main WBFG Act Objective	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

5. RECOMMENDATION

5.1 The Board is asked to:

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