



AGENDA ITEM

3.4.1

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(30/09/2020)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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, Quality & Safety Committee & Operational meetings & discussions	23/09/20 08/09/20	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

1. SITUATION/BACKGROUND

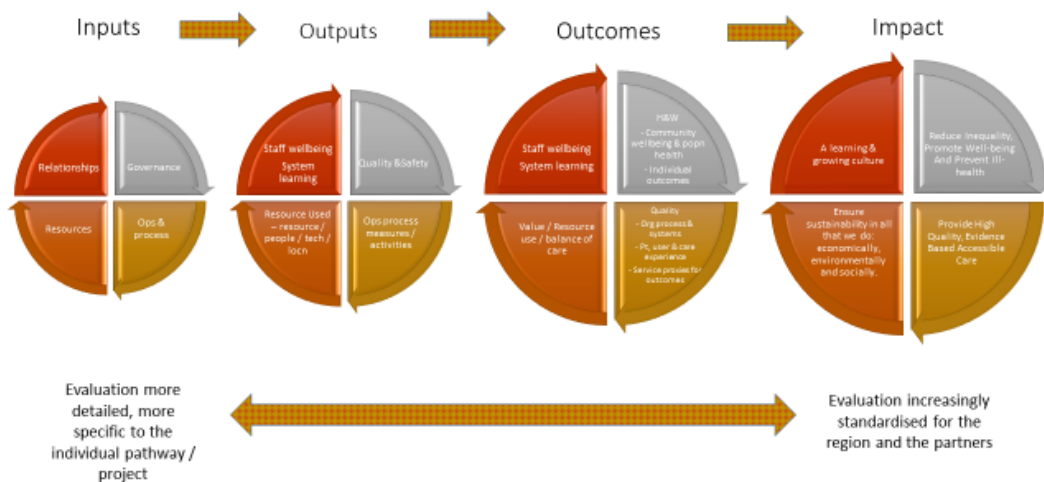
- 1.1 The purpose of this report is to provide the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with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

under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

- 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 September in the Quality Dashboard (June 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:
- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health;
 - Provide high quality, evidence based, accessible care;
 - Ensure sustainability in all that we do, economically, environmentally and socially; and
 - Co-create with staff and partners a learning and growing culture.
- 1.5 The Integrated Performance Dashboard (**Appendix 1**) is being developed with a view to supporting the reporting by Integrated Locality Groups (ILGs) reflecting the new organisational structure. Additionally, and taking into account the [NHS Wales Covid-19 Operating Framework, Quarter 2](#), Health Board has now put in place an operating framework, entitled *Resetting Cwm Taf Morgannwg*.
- 1.6 *Resetting Cwm Taf Morgannwg* sets out the steps the Health Board will take in the coming weeks and months to balance the response to COVID19 with the clear need to deliver essential health and care services for our population, whilst all the while, protecting the health and well-being of staff.
- 1.7 It is an agreed longer term objective of the Health Board to have the ability to use indicators that correlate with our agreed objectives as strongly as is possible, rather than using proxies and bundles. In doing so we have accepted the challenge of re-designing and further developing our intelligence and digital competencies, digitising and

making our clinical data more accessible, where it is appropriate to do so, and ensuring that we architect our data to enable greater linkage, triangulation and thus understanding.

- 1.8 In keeping with our desire to maintain an agile methodology, the Health Board has agreed to adopt and iteratively develop a four element measurement approach (figure below), for each strategic well-being objective. This enables impact of the numerous inputs, outputs and outcomes at project and service level to be mapped to our strategic well-being objectives. This approach is intentionally the same as that adopted by the CTM Regional Partnership Board in our transformation and partnership work.



- 1.9 The measures being established for each strategic well-being objective are shown in the table below. These are being considered recognising the trade-off between availability, integrity and effectiveness of the measure and therefore its use as a driver of strategic intent.
- 1.10 This is an evolving measurement framework that will facilitate a realistic assessment of our achievements against our strategic objectives, with the clear intent to use this to communicate with our patients. The intention is that from next month, this framework will be featured in the Performance Dashboard.



Work With Communities Partners To Reduce Inequality, Promote Well-being And Prevent Ill-health	#Covid cases by HAI / CAI and the estimated growth rate
	Excess deaths by WIMD (Covid, Non Covid, preventable & overall childhood mortality, deaths on hospital W/L)
	# reported cases of domestic violence & / or adverse child hood experiences
	Unplanned pregnancies & STI rates
	Measure of how active our population has been by WIMD / childhood obesity
	# and % people diagnosed with AF when they have their first stroke
	Population engagement survey findings
Provide High Quality, Evidence Based Accessible Care	Waiting times for urgent patients
	Waiting times for cancer patients
	Essential (High value) services status - Hospital & Primary
	CHC Population satisfaction survey findings
Ensure sustainability in all that we do: economically, environmentally and socially.	Balance of care pyramid
	OP demand, activity and propn seen in a hospital environment cf community and virtually
	Cost of care / Financial position
	Outcomes / effectiveness of care: - # low value services for which a decision has been made not to restart
	Effectiveness of care (value)
	UHB's environmental impact
	% Staff home working and cost of UHB estate (e.g. estates + digital infrastructure) *
Co-create with staff & partners a learning & growing culture	Staff engagement pulse survey results
	TI self-assessment score
	Staff turnover & sickness levels

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. Whilst the overall levels are well below those delivered at the same time last year, there are plans to increase activity levels from mid-September.
- 2.2 In excess of 500 cases have been treated utilising independent hospital capacity, with theatre utilisation in the most recent week reported being the highest achieved. This needs to be sustained.

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 Whilst the well-established RTT indicators continue to be reported, their relevance in the current circumstances continues to reduce.

2.5 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.

2.6 The work to clinically re-prioritise the existing elective patient pathways is well underway and the results will be recorded on the Health Board's core operational systems, including the Swansea Bay instance of WPAS used by Bridgend ILG.

2.7 The total number of patients waiting on a RTT pathway has increased steadily over the past three months or so to 73,000, 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 has been running at around 30% compared to last year, but with plans to increase this level from the middle of September.

2.8 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*.

2.9 The clinical prioritisation approach will see the Health Risk Factor approach implemented for Eye Care adopted on a more widespread basis.

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

2.10 The provisional August position remained fairly static for Diagnostic waits in excess of 8 weeks at 10,676, with the confirmed position for July being 10,429.

2.11 This resonates with a recent assessment of elective activity currently being carried out, where for key Radiology tests such as CT, MRI and Non Obstetric Ultrasound, current tests undertaken are running at

82%, 61% and 48% respectively when compared to last year's throughput.

2.12 The Therapy waiting times position has also stabilised, with provisionally 845 patients breaching the 14 week target, a slight improvement on the reported July position of 945. Therapy activity levels are running at just over 40% compared to last year.

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

2.13 A&E attendance levels continue to be below pre Covid-19 levels, though have increased recently to over 95% of the pre Covid-19 average level. However in comparison to the same period last year, total attendances are around 8% lower.

2.14 The combined performance for Cwm Taf Morgannwg for the four hour target continued to fall during August to a provisional 81.1% from 85.2% in July, although RGH improved further to 93.5% from 92.7%. The two remaining units continued to see a drop in compliance with the more significant reduction occurring in POW (down from 79.0% to 71.3%), whilst PCH compliance reduced to 76.6% from 82.3%.

2.15 There was also a continued rise in the number of breaches of the 12 hour target in August with an increase of 337 breaches on the previous month bringing the total to 594. There were 215 95 breaches at PCH with the main reason being delays in waiting for a bed, with 370 breaches at POW. Despite RGH continuing to improve compliance of the 4 hour target this month the number of 12 hour breaches increased to 9 in total from 5 in July.

2.16 The performance for emergency ambulance services over one hour fell this month to 97.9% from 99.3% in July with 63 handovers breaching the one hour target, the majority being at POW. 100% compliance was observed at RGH, whilst PCH just missed the target this month with 4 breaches (99.6% compliance). The remaining 59 breaches at POW saw compliance falling from 99.3% in July to 97.9% in August.

2.17 The response to red calls fell during August to 61.8% from 67.6% in July, below the 65% target. The average performance for the last 12 months has been 62.9%. As is normally the case, CTM compliance was just below the Welsh average performance which also fell below target at 63.9%. With the exception of the winter months of 2019/20, it is clear that the volume of calls is not a significant factor in determining compliance across Wales.

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

2.18 The new weekly return devised as an interim measure of patient flow during the Covid-19 outbreak, is likely to remain in place on a long-term basis. At the census day of 28 August there were 29 patients delayed and currently a total of 30 patients are waiting for packages of care.

- **Follow-Up Outpatients Not Booked – Executive Lead, Director of Operations**

2.19 As with New Outpatient activity alternatives to face to face appointments are increasingly being adopted to engage with patients, which has helped to reduce the impact that the Covid-19 outbreak has had on clinic capacity.

2.20 Measure three of the National Outpatient Transformation group work has focused on the reporting of SOS (see on symptom) patients. These are patients who have previously had treatment within the Health Board and have been discharged with an outcome of SOS. This leaves the onus on the patient to contact the Health Board should they have any concerns regarding their health in the future.

2.21 This report details national initiatives to prioritise patients to be seen on the basis of risk of harm to patients. Utilising the SOS waiting list will form part of this approach and the Health Board is well placed to implement this particular aspect to help make best use of its reduced elective capacity and minimize harm to patients.

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

2.22 **31 Day Target (NUSC)** - The combined performance for Cwm Taf Morgannwg fell marginally to 92.7% in July from 93.1% in June. For the 6 patient breaches recorded, the inability to expedite surgical treatment during the Covid-19 pandemic was the main contributory factor.

2.23 **62 Day Target (USC)** - The combined performance for Cwm Taf Morgannwg also fell in July to 71.0% from 79.0% in June, with Urology (10) and Lower Gastrointestinal (12) accounting for over 75% of the breaches. The majority of the patient breach reasons have been recorded as delays in diagnostic investigations and treatment due to Covid-19 and also capacity issues specifically within Urology.



2.24 The process of categorising patients into one of six categories where there is an enforced delay to treatment is progressing well, as is the recording of the risk of harm associated with such a delay. These key data items will progressively be utilised to best prioritise the order that patients will be seen and to minimize the risk of harm given the enforced extended wait for treatment.

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

2.25 The QIMs are shown up to July with a little more work to do in order to ensure full data compliance in earlier months during the pandemic. The pre-Covid challenges remain.

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

2.26 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in July, improving to 96.8% from 84.9% in June.

2.27 Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS fell to 88.2% in July from 93.9% in June, however the 80% target was also achieved.

2.28 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 just short of the 90% target reaching 88.5% in July and slightly down on the June position of 89.6%.

2.29 **CAMHS** – In terms of Part 1(a) compliance, there has been a significant improvement to 83.9% for July, with the current waiting list position showing 70.1% patients waiting less than 4 weeks.

2.30 Compliance against the 26 week target for Neurodevelopment services fell during August to a provisional 33.9% from 55.9% in July.

2.31 Specialist CAMHS compliance reduced in August to a provisional 80% from 83.5% in July. The total waiting list has reduced marginally to 90, with those patients waiting above the target time increasing marginally to 18 this month.

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

- 1.1 Mortality data (amenable) remains unavailable for CTM as a whole with the most recent data being for 2018 before the boundary change.
- 1.2 It was expected that mortality would rise due to the Covid-19 pandemic. This was the case with crude mortality at 8.3% in April. Since then, crude mortality has reduced to 3.71% in June. This data is provided by CHKS.
- 1.3 The Health Board continues to undertake stage 1 mortality reviews and some stage 2 reviews are being carried out in secondary care. Reviews in the community are also taking place.

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

- 1.4 The measure for 'Sepsis Six' bundle showed improvement of 14.6% between June 2020 and July 2020. The ED measure deteriorated by 3.3% during the same period.
- 1.5 As previously reported, further work is underway as part of the RADAR programme. The Health Board wide Quality Improvement team will support this work as part of the resetting workstreams.

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

- 1.6 Current 'At a Glance' data remains unavailable for CTM as a whole. This is unchanged from the last report.
- 1.7 Through the CTM cliq-sense system, 8 potential HATs were identified in May and June. These are part of a current backlog of 23 potential HAT reviews due to a shortage of medical consultant / specialist nurse reviewers during the Covid-19 period. A lead pharmacist has been identified to complete the outstanding RCAs resulting in a reduction of cases requiring review from 39 in April.
- 1.8 As part of the resetting work, one of the outcomes will be improving the learning from harms.

• 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

- 1.9 Whilst no new trajectories have been set yet by Welsh Government due to the pandemic, this metric continues to be reported.
- 1.10 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.
- 1.11 As part of the quality improvement approach, trajectories have been proposed for the ILGs. These will be monitored through the ILG performance review meetings.

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

- 1.12 The Health Board remains non-compliant with 3 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 3rd (nasogastric tube misplacement) requires an all Wales procurement decision.
- 1.13 For the other two, safe storage of medicines and safer bowel care, mitigation is in place and actions underway to achieve compliance.

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

- 1.14 The Health Board continues to see a reduction in the number of Serious Incidents reported with 9 reported in June 2020.
- 1.15 This decrease in SIs may be partly attributed to the improvement work which includes embedding of the Serious Incident Toolkit and providing clearer definitions of a serious incident. However, the decrease is most likely to be the impact of the coronavirus pandemic where we have seen a significant reduction in patient presentation, activity and flow.

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

- 1.16 During this financial year to date, one Never Event occurred in July 2020. None were reported in the first quarter.
- 1.17 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**

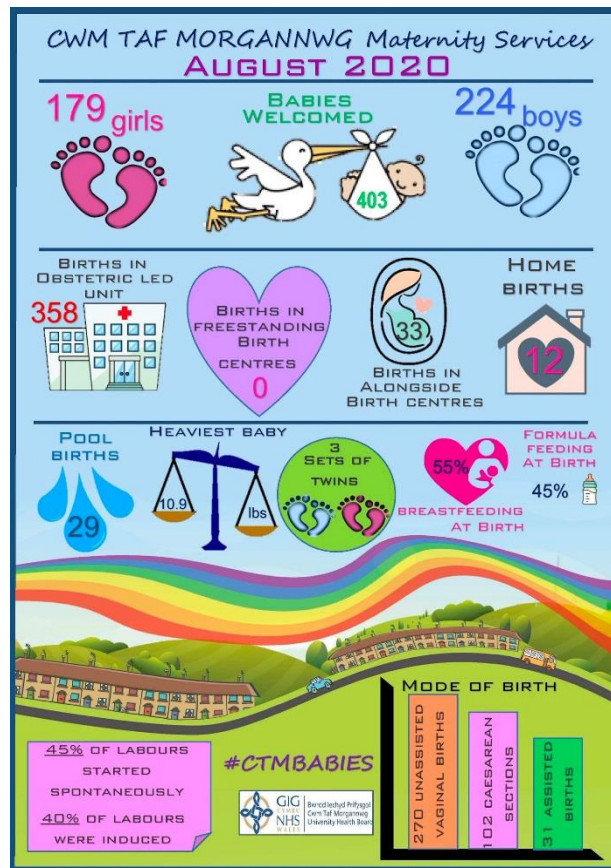
- 1.18 During June 2020, there were 102 complaints managed through Putting Things Right regulations. This is an increase on the monthly numbers in April and May. The three main issues from complaints remain the same as the two previous months and relate to delays, communication and treatment error.
- 1.19 For the respective reporting period, response time has increased to 65%. The corporate team continues to provide support to the directorates and localities in relation to this work.
- 1.20 For the same period, 144 formal compliments were received.
- 1.21 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**

- 1.22 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.
- 1.23 In August, the total Caesarean section rate was 25.5%. This is the 4th month where there has been a reduction.



- 1.24 Actions to continue this downward trajectory are being reinforced and reasons for Caesarean sections are monitored and reviewed. The Caesarean section group is chaired by a Consultant Obstetrician and data is reviewed monthly.
- 1.25 The maternity team have developed this 1 page user friendly infographic which outlines some of the key areas of good practice. This will be produced 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.