



AGENDA ITEM

6.3

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	28/01/2021
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Alan Roderick, Assistant Director of Performance & Information
Presented by	Executive Director of Planning & Performance
Approving Executive Sponsors	Executive Director of Planning & Performance
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
		Choose an item.

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
WHSSC	Welsh Health Specialised Services Committee
TAVI	Transcatheter Aortic Valve Implantation

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 Integrated Performance Dashboard (**Appendix 1**), provides the detail of the performance position, where in addition to the detail on key indicators, there is also the *At a Glance* summary of the indicators within the Quadruple Aims.
- 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)

FINANCE					QUALITY				
Month 9					Indicators				
Variance from Plan					Complaints				
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent	CTM 30 day complaints response compliance %	Dec-20	Nov-20	RAG	
	£m	£m	£m	£m	Falls	Dec-20	Nov-20	RAG	
Pay	-1	-2.4		TBC	Total Inpatient Falls	282	280	↑	
Non-Pay	3.4	-1.3			Number of Inpatient Falls where Severity was Moderate/Severe/Death	19	10	↓	
Income	-2.3	0			Pressure Damage	Dec-20	Nov-20	RAG	
Efficiency Savings	0.3	2.2		12.5	Total Pressure Damage	430	389	↑	
				£15.0m	Total Hospital Acquired Pressure Damage	127	89	↓	
Non-delegated (including WG allocations)	2.4	2		(including £13.4m planned deficit)	Total Hospital Acquired Pressure Damage Grade 3 & 4	7	5	↓	
Total	2.8	-0.1	0	27.5	Safeguarding	Dec-20	Nov-20	RAG	
	Current Month	Year to Date	Forecast Full Year		Number of UHB Adult at Risk referrals	36	42	↓	
PSPP	90.9%	93.0%	93.1%	Target 95%					
Capital Expenditure	£5.6m	£28.3m	£49.1m	Includes £4.5m of anticipated funding					
Agency as % of total pay costs	6.1%	7.1%	7.4%						
PERFORMANCE					PEOPLE				
Indicators	Dec-20	Nov-20	Target	RAG	Indicators	Dec-20	Nov-20	Target	RAG
A&E 12 hour Waiting Times	1,355	1,099	Zero	●	Turnover	8.9%	11.2%	11%	●
Ambulance Handover Times >1 Hour	650	467	Zero	●	Exit Interview by Leaver	0.9%	3.3%	60%	●
RTT 52 Weeks	19,750	16,645	Zero	●	Sickness Absence Rate (in month)	7.9%	6.7%	4.5%	●
Diagnostics >8 Weeks Waits	11,780	11,052	Zero	●	Sickness Absence Rate (rolling 12 month)	6.8%	6.6%	4.5%	●
% of Stage 4 Urgent Patients Clinically Prioritised	37.6%	40.3%	100%	●	Return to Work Compliance	33.1%	35.6%	85%	●
	Nov-20	Oct-20	Target	RAG	Fill Rate Bank	74.0%	64.0%	90%	●
Mental Health Part 1a - CTM	80.8%	85.6%	80%	●	Fill Rate On-contract Agency (RNs)	45.0%	62.0%	90%	●
Mental Health Part 1b - CTM	85.3%	88.2%	80%	●	PADR	50.9%	50.7%	85%	●
Mental Health Part 1a - CAMHS	0.0%	28.9%	80%	●	Statutory and Mandatory Training - All Levels	56.4%	56.7%	85%	●
Mental Health Part 1b - CAMHS	82.8%	76.5%	80%	●	Statutory and Mandatory Training - Level 1	64.4%	65.2%	90%	●
FUNB - Patients Delayed over 100% for Follow-up Appx	24,764	24,015	14,815	●	Job Planning Compliance (Consultant)	17.0%	12.7%	90%	●
Admission to Stroke Unit within 4 hrs	16.0%	17.5%	SSNAP Average 54%	●	Job Planning Compliance (SAS)	9.0%	6.3%	90%	●
Single Cancer Pathway	50.6%	53.7%	75%	●	Direct Engagement Compliance (M&D)	94%	94%	100%	●
Delayed Discharges (DToc)	In development - Please refer to page 10				Direct Engagement Compliance (ADP)	86%	51%	100%	●
Out of Hours (OOH)/111	In development - data not yet available				RN Shift Fill by Off-contract	4738.8	4213.5 Hrs	0 Hours	●

- 2.1 This is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the UHB.

2.2 This particular report will concentrate on the Performance quadrant, with other reports on the agenda covering the remaining quadrants.

• **WHSSC Commissioned Services – Executive Lead, Director of Planning & Performance**

2.3 This section is being reintroduced into the Cover Report, which will ultimately result in a more detailed page within the Dashboard.

2.4 Monthly performance reports are provided by WHSSC for specialised services that they commission from a number of providers on behalf of Health Boards. However, the reports have taken on a different format since the Covid-19 pandemic.

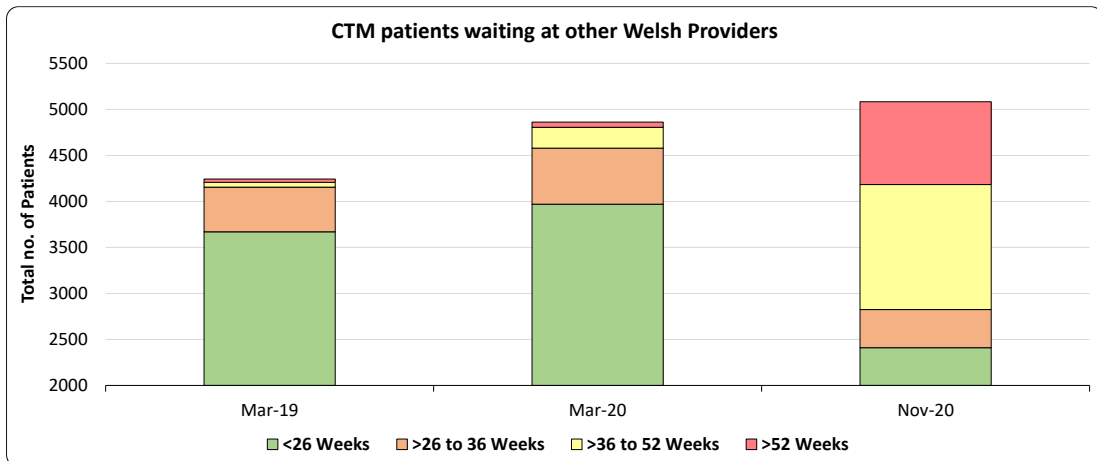
2.5 The last of the comprehensive reports was for the month of February 2020, which provided:

- The RAG rated performance of the individual specialties in a dashboard
- A table with high level detail of the services that were in escalation (with level 2 being 'Investigation' with regular performance meetings and 4 being 'Escalated Monitoring' which included outsourcing) with an explanation of the underlying reasons
- Detail on the performance of each service, by provider. This allowed comparison between the services provided, with English providers predominantly providing specialised services for patients from North Wales and Cardiff and Vale UHB and Swansea Bay UHB providing the majority of services for patients in South and mid Wales.
- Risks of the current position and mitigating actions were also outlined.

2.6 The recent reports no longer provide specialty level performance against waiting lists and the number of patients waiting over timeframes of 26, 36 and 52 weeks. They instead report on the activity undertaken by the services since April 2020.

2.7 This information in isolation does not allow for performance monitoring and so activity for the same period of the previous year has been requested of WHSSC. This will identify specialties where activity has fallen during 2020/21 but will not show the volume of patients waiting, how long they have been waiting, the risks of these waits and any mitigating actions being undertaken.

2.8 However, the UHB continues to have access to the Welsh Data Mart and waiting times for CTM residents at other Welsh providers can be accessed. The actual Commissioner is not WHSSC in all instances, but this is the only data that can be currently accessed. The following chart shows how the overall volume has not changed as markedly as the length of waiting time:



2.9 Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards:

CTM patients waiting at specific health boards (Total patients 5084)						
	Cardiff & Vale UHB		Aneurin Bevan UHB		Swansea Bay UHB	
	Number of Patients	% waiting at C&V	Number of Patients	% waiting at AB	Number of Patients	% waiting at SB
November 2020						
<26 Weeks	1871	47.5%	194	47.5%	337	47.8%
>26 to 36 Weeks	337	8.5%	35	8.6%	39	5.5%
>36 to 52 Weeks	1027	26.1%	108	26.5%	215	30.5%
>52 Weeks	707	17.9%	71	17.4%	114	16.2%
Total Waiting	3942		408		705	
% of Total Waiting (5084 patients)	77.5%		8.0%		13.9%	

2.10 Within the services provided by Cardiff and Vale UHB, for Cardiac Surgery, there has been a concerning drop in the volume of inpatient activity reported up to the end of November, albeit there are signs that this is recovering.

2.11 Cardiac Surgery is seen as an urgent elective specialty, with high levels of emergency and inter-hospital referrals. The decrease is therefore of concern and indicative of a potential significant risk of harm during Covid-19 peak periods. The risk of infection in Cardiac Surgery patients was identified as high at the outset of the period with subsequent poor outcomes for patients.

2.12 However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways be reinstated as soon as possible. There has been some proactive

switching into TAVI (Transcatheter Aortic Valve Implantation) for selected sub groups of patients but volumes have not been significant to date.

- 2.13 For Paediatric Surgery, there is a concern regarding the need to keep delivery to reasonable levels, given the potential impact on the child of prolonged waits for surgery. Across the combined total for day case and in-patient activity, the performance at Cardiff and Vale UHB for the South Wales region recovered progressively from April.
- 2.14 That activity levels in October 2020 were at 62% of October 2019 levels, contrasts with the reported Alder Hey position who provide services for children in North Wales, where monthly activity levels returned to pre-COVID levels for September 2020 compared to 2019.
- 2.15 It will be important to see a more rapid increase in activity at Cardiff and Value UHB if waiting times for children are to be kept to tolerable levels. In addition it is essential for the provider to have appropriate systems in place to monitor the risk of patients waiting for surgery.
- 2.16 These two specialties, as well as others are detailed in the following table, highlighting the patients waiting in excess of 36 weeks as at the end of November 2020:

CTM patients waiting over 36 weeks at C&V, AB and SB Health Boards			
Specialty	36 - 51 Weeks	>52 Weeks	Total
Trauma & Orthopaedics	366	387	753
Neurology	243	21	264
Ophthalmology	104	140	244
Plastic Surgery	62	66	128
Oral Surgery	70	33	103
Allied Health	83	0	83
Clinical Immunology & Allergy	47	32	79
General Surgery	45	21	66
Gynaecology	33	29	62
Urology	35	24	59
ENT	30	29	59
Other	42	9	51
Neurosurgery	30	20	50
Paediatric Surgery	32	15	47
Paediatric Dentistry	33	12	45
Cardiology	31	9	40
Cardiothoracic Surgery	14	19	33
Dermatology	16	10	26
Gastroenterology	13	5	18
Restorative Dentistry	11	6	17
Paediatrics	10	5	15
Grand Total	1350	892	2242

- 2.17 A separate report has been provided on the issues facing the Cleft, Lip and Palate service provided for residents in South Wales by Swansea Bay UHB. The service contacted WHSSC to advise them

that activity levels had reduced significantly since the outbreak of the Covid-19 pandemic.

- 2.18 As a consequence the waiting list has grown and there is a risk that the backlog will become unmanageable, with a potentially irreversible impact on some patients.
- 2.19 For south Wales there are currently 78 patients awaiting surgery - 16 adults and 62 children. Some children require two operations, spaced a minimum of three months apart. This equates to 83 procedures pending for the Cleft Lip and Palate service, with 11 of these patients being CTM residents.
- 2.20 Paediatric Cardiac Surgery is provided in Bristol for patients from South Wales and this service has been highlighted for its good performance recently, where despite the pandemic, activity increased during the first eight months of 2020/21 compared to the same period in 2019/20. Although the volumes within the service are small, it is of high importance in terms of outcomes.
- 2.21 Due to the reduced flow of information currently provided by WHSSC, it has not been possible to design a specific page within the Dashboard for specialised services. However discussions are underway with the WHSSC Information Team and it is hoped that we will be able to provide this in future reports.

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

- 2.22 Pages 4 and 5 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. The utilisation of Vale Hospital capacity in particular has been lower for the most recent four weeks.
- 2.23 Consideration is being given to the potential solutions for providing more stable elective capacity internally to complement use of private hospital capacity. This will include options for centralising elective activity on one site within CTM.

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

- 2.24 The increasing trend in elective waiting times continues, as detailed on pages 4 and 5 of the Dashboard.

- 2.25 The onset of the second wave of Covid-19 has delayed the task of establishing a routine process of clinically re-prioritising patients requiring surgery at Stage 4 of the RTT pathway.
- 2.26 Whilst the CTM WPAS instance now has the functionality to record the clinical priority, the more challenging task of embedding this into a digitally enabled clinical process will take longer in the current climate.
- 2.27 The Swansea Bay WPAS instance used by Bridgend ILG is due to be upgraded on 13th January.
- 2.28 The consequence of all of this is that there are fewer urgent patients with a valid priority as shown in the table.

Urgent Patients Waiting at Stage 4 (Dec 2020)						
Specialty	2	3	4	U	(blank)	Total
ENT		19	38		98	155
General Surgery	7	129	184	14	604	938
Gynaecology	7	28	57	59	369	520
Ophthalmology	7	8	113		199	327
Oral Surgery		3	22		286	311
Orthopaedics	2	222	433	28	459	1144
Urology	10	61	8	57	497	633
Grand Total	33	470	855	158	2512	4028
Grand Total Nov 2020	34	488	900	164	2346	3932
Grand Total Oct 2020	51	543	982	174	2262	4012
Grand Total Sep 2020	78	628	1073	201	1875	3855

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

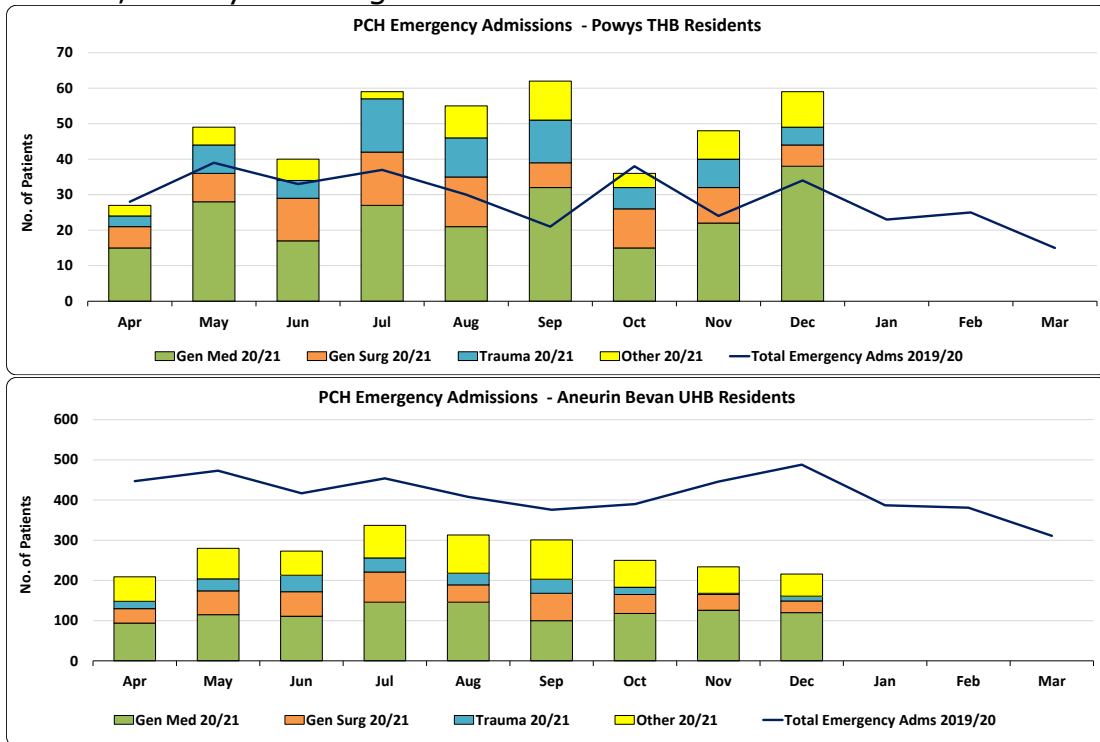
- 2.29 As has been noted previously, the Diagnostic and Therapy waiting list volumes in excess of the respective 8 and 14 week targets continue to be more stable than RTT waits, though the number waiting continues to increase for NOUS, by just under 400 since November.

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

- 2.30 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 primarily, though combined with activity getting back to more like a typical level, means a continued deterioration across a number of unscheduled care indicators, as shown on pages 8 and 10.

2.31 For PCH in particular, there is the impact of strategic changes within Aneurin Bevan UHB that are resulting in a changes to the use of Nevill Hall Hospital. Whilst attendances at A&E and emergency admissions from Powys have increased at PCH, there has been a greater reduction in such activity in relation to residents of Aneurin Bevan UHB.

2.32 The following two charts highlight patient flow from these two Health Boards, clearly showing a net reduction.



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

2.33 Delayed discharges remained high during December as can be seen on page 9 of the Dashboard, peaking at 54 patients on 18th December though there had been a welcome reduction by the end of the month, with 36 delayed as at 29th December and 22 patients awaiting for a care package. This was particularly helpful going into the New Year period.

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

2.34 The 31 and 62 day targets have now been replaced with the Single Cancer Pathway target as shown on page 11 of the Dashboard.

2.35 The volume of patients waiting on the active Single Cancer Pathway waiting list has increased this month to 2,759, where the number waiting in excess of 104 days has increased from 136 to 185.

2.36 The Cancer Business Unit are working with the Programme Director for Planned Care Recovery and ILGs to develop a recovery plan which will address the backlog of current patients ensuring remedial actions are in place.

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

2.37 A strategic plan for Stroke services in CTM is needed, since the UHB should not require two admitting sites if it truly aspires to meet the standards for hyper acute stroke care, as set out by the Royal College of Physicians.

2.38 There is merit in reviewing the CTM Stroke care model with the newly appointed national clinical lead for Stroke, the Delivery Unit and the Chair of the Wales Stroke Implementation Group – the recently appointed CTM UHB Director of Therapies and Health Science.

2.39 An initial meeting with the UHB clinical lead is set for February. Current performance levels are detailed on page 9 of the Dashboard.

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

2.40 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in November 80.8%, though it was a reduction of almost 5% from the October position.

2.41 Further compliance figures across the range of services are shown on page 12 of the Dashboard.

2.42 For CAMHS, there were no patients seen within 28 days for November.

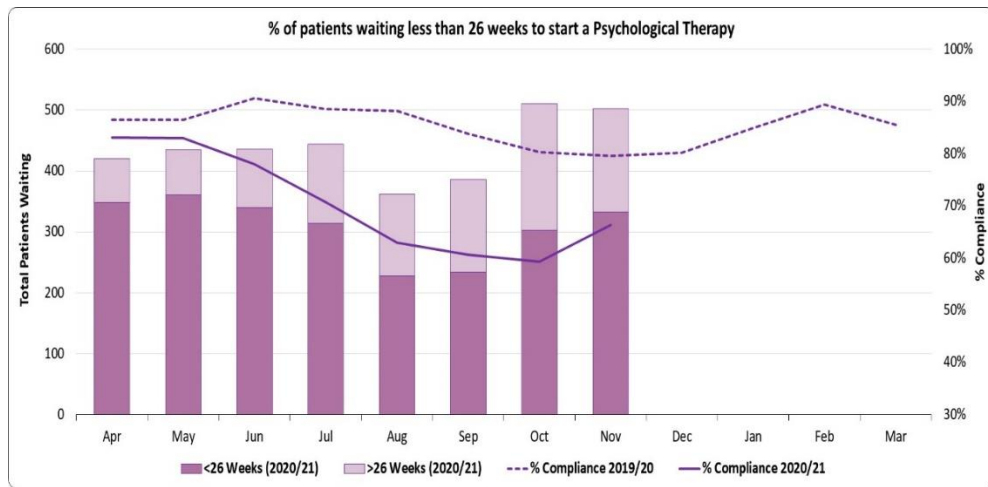
2.43 Compliance against the 26 week target for Neurodevelopment services remained below 40%, with a maximum waiting time of 87 weeks, attributable to three patients. Waiting list initiative clinics to address the long waiting times are commencing on the weekend of the 16th and 17th of January.

2.44 Compliance continues to deteriorate for specialist CAMHS, to a provisional position of 34.6%. The total waiting list has fallen this month to a provisional 254 from 315 in November, 166.

2.45 A further new addition to the Cover Report this month is Psychological Therapy, in particular the waiting times for this service.



2.46 The following chart shows the waiting list volumes broken down by those within 26 weeks and over, as well as a % compliance within 26 weeks comparison between this year and last year.



2.47 Compliance did improve in November, along with a slight reduction in overall waiting list volume, still above the levels reported earlier in the year. This is a positive indication of targeting those patients waiting the longest.

2.48 Further investigation shows that the vast majority of patients waiting in excess of 26 weeks are within three specific teams, where a sustained targeting of patients with the longest waiting time could see a welcome improvement across the UHB as a whole.

Psychological Therapy Waiting Times					
Reporting Period	M&C	RTE	Bridgend	CTM	CTM
November 2020	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	38	45	119	131	333
27 - 35 weeks	7	13	16	17	53
36 - 51 weeks	14	6	47	9	76
52+ weeks	21	16	0	3	40
Total Waits	80	80	182	160	502
% >26 weeks	47.5%	56.3%	65.4%	81.9%	66.3%
% >36 weeks	43.8%	27.5%	0.0%	0.0%	23.1%
% >52 weeks	26.3%	20.0%	0.0%	1.9%	8.0%

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 Health Board is asked to:
- 5.2 **DISCUSS** the Integrated Performance Dashboard together with this report.