

University Health Board Report

INTEGRATED PERFORMANCE DASHBOARD

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Author: Head of Performance

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Purpose of the University Health Board Report

The purpose of this report is to provide the Health Board with a summary of current performance across a range of indicators and key issues, in particular where there are current organisational challenges and achievement and/or the organisation is under formal escalation with the Welsh Government.

Governance

Link to Health Board Strategic Objective(s)

The Health Board's overarching role is to ensure its Strategy outlined within 3 Year Integrated Medium Term Plan and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Quadruple Aim' are being progressed, these in summary are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

This report focuses on all of the above objectives.

Supporting evidence

The Integrated Performance Dashboard is included as supporting evidence.

Engagement – Who has been involved in this work?

The data and information contained within the dashboard originates from a variety of sources having a number of associated engagement processes. The Integrated Performance Dashboard is also discussed at both the Executive Board and Health Board meeting.

Health Board Resolution To:							
APPROVE		ENDORSE		DISCUSS	✓	NOTE	✓
Recommendation	<p>The Health Board is asked to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the Integrated Performance Dashboard, this report and performance actions outlined to support the achievement of targets • NOTE work underway on the new integrated referral to treatment and diagnostic trajectories, building on those already agreed and set in the IMTP for the former Cwm Taf area. • NOTE work underway with the Delivery Unit on a number of potentially unreported waiting lists areas and on unscheduled care in PCH, including the terms of reference for the associated Delivery Unit Reviews 						
Summarise the Impact of the Health Board Report							
Equality and diversity	There are no directly related equality and diversity implications as a result of this report.						
Legal implications	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.						
Population Health	A number of indicators monitor progress in relation to Population Health, such as vaccination and immunisation uptake rates.						
Quality, Safety & Patient Experience	A number of indicators monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.						
Resources	There are no directly related resource implications as a result of this report.						
Risks and Assurance	Within the Integrated Performance Dashboard, actions are listed where performance is not compliant with national or local targets.						
Health and Care Standards	<p>The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</p> <p>The work reported in this summary and related annexes take into account many of the related quality themes.</p>						
Workforce	A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates.						
Freedom of information status	Open						

INTEGRATED PERFORMANCE DASHBOARD

1. **S**ITUATION / PURPOSE OF REPORT

The purpose of this report is to provide the Health 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.

It should be noted that this is the third performance dashboard to report performance data for the Bridgend area as an integral part of the new Cwm Taf Morgannwg University Health Board from 1 April 2019. For the purposes of this report therefore, the former Cwm Taf footprint is referred to as Cwm Taf (CT), performance specifically related to Bridgend is referred to as Bridgend (B) and the new Health Board performance is set out as Cwm Taf Morgannwg University Health Board (CTM or CTMUHB).

Where performance data is available for CT, B and/or CTM this has been incorporated into this report, where data is not currently available or as yet, not reported, this has been highlighted within the appropriate section.

The Integrated Performance Dashboard is attached as **Appendix 1**.

It is important to note that we continue to work closely with Swansea Bay University Health Board and the Delivery Unit in terms of ensuring the robustness of available data, appropriate data splits, application of the correct rules and appropriate presentation of the new, integrated data for the organisation. The Delivery Unit is providing helpful oversight and assurance in this respect, with the Welsh Government also being kept informed of the work as it develops.

The Board is requested to **DISCUSS** and **NOTE** the contents of the report and the supporting actions to improve the achievement of national and local targets. This month there is also an update provided on work underway to address a number of potentially unreported waiting lists, related to services provided by external Health Boards.

2. **B**ACKGROUND / INTRODUCTION

This report provides the Health Board with an update on progress across a number of key quality and performance targets. These relate to the following organisational objectives:

- To improve quality, safety and patient experience.
- To protect and improve population health.
- To ensure that the services provided are accessible and sustainable into the future.
- To provide strong governance and assurance.

- To ensure good value based care and treatment for our patients in line with the resources made available to the Health Board.

The report also sets out any issues affecting performance and associated actions underway to secure improvement.

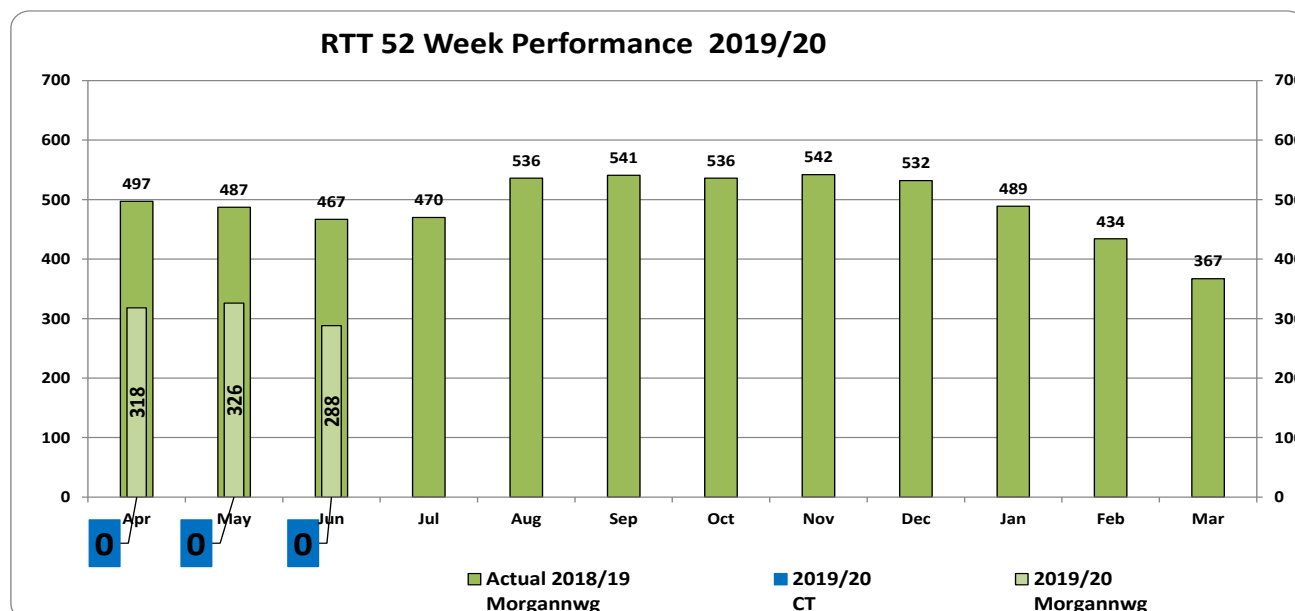
3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

KEY ISSUES:

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

52 weeks

The reported position for patients waiting over 52 weeks for June 2019 is 288. All 288 patients are patients with resident addresses within the Bridgend area. The following graph shows the current 52 week position.

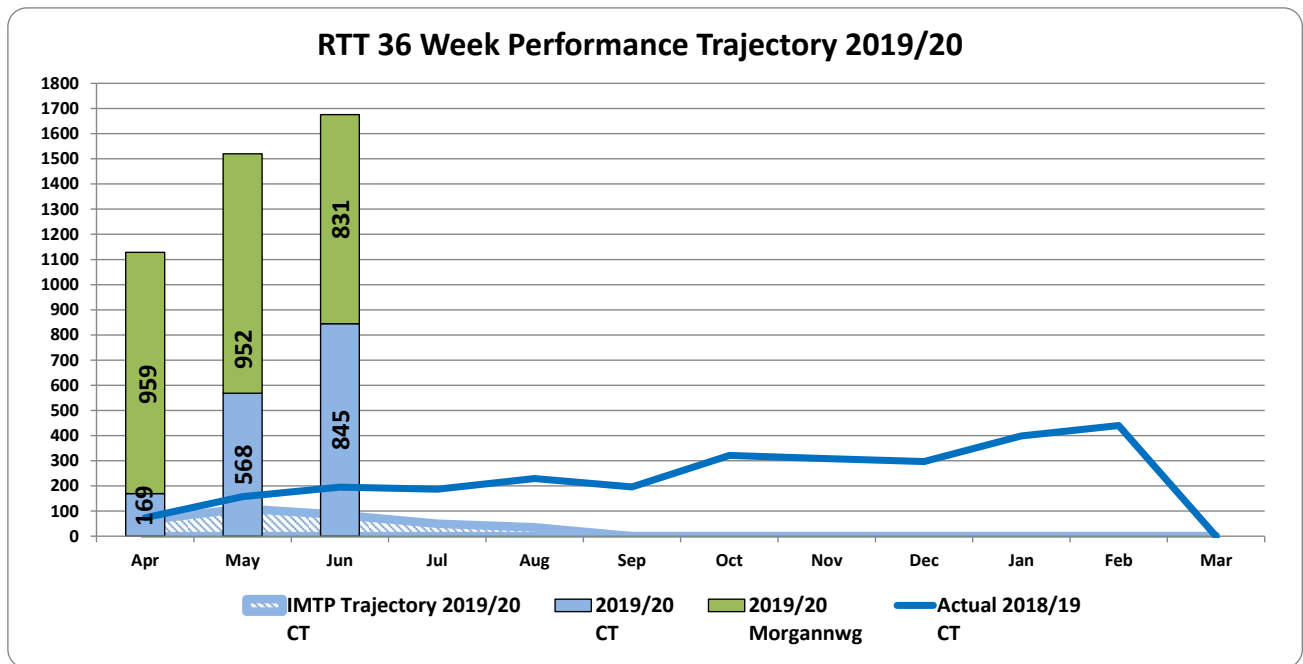


At present, operational colleagues anticipate that the Bridgend 52 week position at year end i.e. March 2020 will be around 40 patients remaining who are waiting over 52 weeks, a significant improvement on the inherited 1 April 2019 position of 318 patients waiting but still not within the target of zero patients waiting over 52 weeks. The former Cwm Taf 52 week position at year end is currently anticipated to be zero, in line with IMTP expectations, however there is a risk of 52 week breaches for the former Cwm Taf footprint for September 2019 for Anaesthetics which will need to be closely monitored.

36 weeks

The reported position for patients waiting over 36 weeks is 1676 patients across Cwm Taf Morgannwg. Of these 1676 patients, 845 patients are patients with resident addresses within the former Cwm Taf area and 831 patients within the Bridgend area (NB this figure of 1676 includes the 288 patients waiting over 52 weeks). For reference, the reported position for May was 1520 patients waiting over 36 weeks, so the number has unfortunately risen.

The following graph shows the current 36 week position. The anticipated end of year position i.e. March 2020 for Cwm Taf is zero patients waiting. The end of March 2019 36 week position for Bridgend was 844 patients waiting, a position significantly lower than this for year end 2020 is required, with a trajectory currently being set.



CT Morgannwg RTT Open Pathways 36+ Weeks	2018/19									2019/20		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Anaesthetics	0	22	4	10	0	0	41	34	0	40	136	184
Cardiology	0	2	5	6	5	13	7	4	0	1	3	6
Dermatology	0	12	19	115	106	46	31	17	0	7	5	45
ENT	0	0	0	0	0	4	32	26	10	9	0	0
Gastroenterology	1	1	4	6	5	3	9	18	0	2	3	19
General Medicine	0	0	0	0	0	0	1	3	0	0	0	0
General Surgery	295	352	346	350	314	278	263	226	124	150	152	158
Gynaecology	6	1	0	1	1	6	10	21	0	37	73	93
Haematology	0	0	0	0	0	0	0	0	0	5	0	0
Ophthalmology	0	4	0	9	22	33	107	161	0	1	157	238
Oral Surgery	0	0	0	0	0	0	3	14	0	0	16	19
Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0
Paediatrics	0	0	0	0	0	0	0	0	0	0	0	0
Respiratory Medicine	0	0	0	0	0	0	0	3	0	0	0	0
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatology	0	0	0	0	0	0	0	8	0	2	7	5
T&O	896	937	940	910	897	883	912	819	678	792	887	827
Urology	65	73	67	72	70	88	80	82	32	82	81	82
Total	1263	1404	1385	1479	1420	1354	1496	1436	844	1128	1520	1676

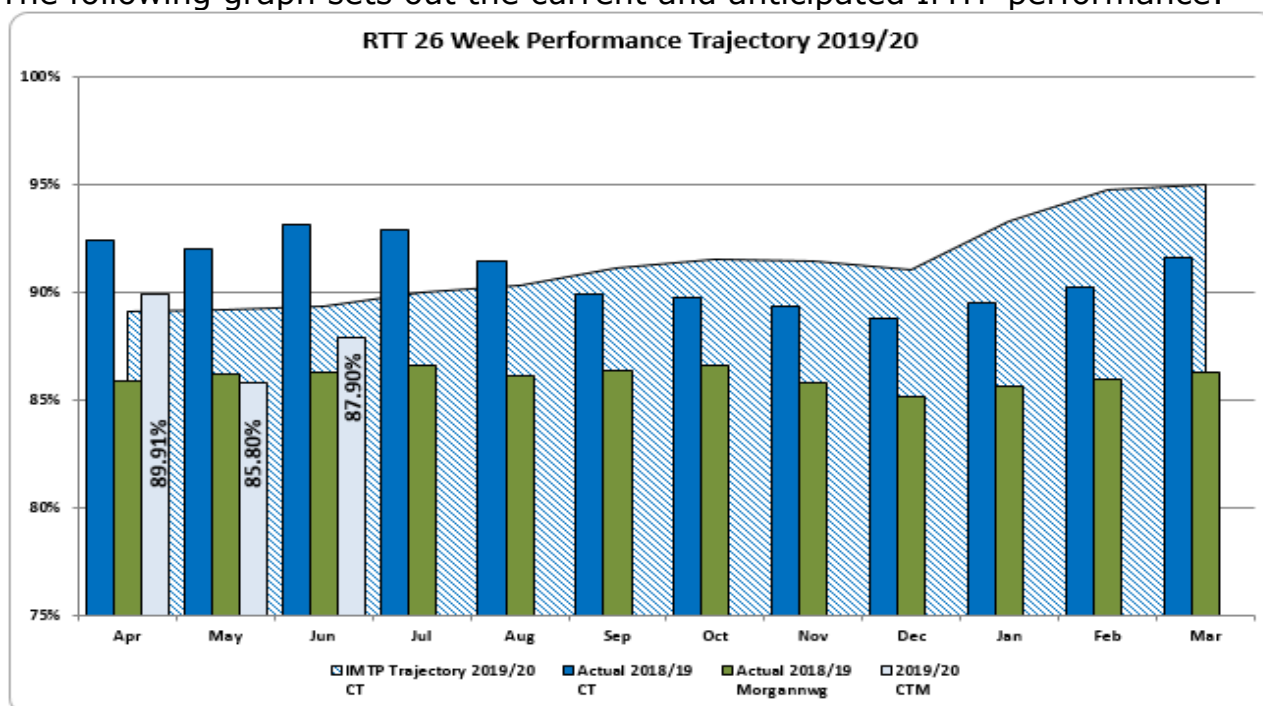
26 weeks

In terms of the 36 week position, the reported position for June is 88% for the Bridgend area and 87.8% for the former Cwm Taf area, giving a Cwm Taf Morgannwg compliance of 87.9%. The reported 26 week position for the corresponding month last year i.e. June 2018 was 86.3% for the Bridgend area and for the former Cwm Taf area 93.1%, giving what would have been a combined compliance of 90.7%.

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

% Compliance Open Pathways 26+ weeks by Speciality	Cwm Taf			Bridgend			Cwm Taf Morgannwg		
	Jun-19			Jun-19			Jun-19		
	No open pathways 26+ weeks	Total No open pathways	% Compliance	No open pathways 26+ weeks	Total No open pathways	% Compliance	No open pathways 26+ weeks	Total No open pathways	% Compliance
General Surgery	482	4665	89.7%	279	2701	89.7%	761	7366	89.7%
Urology	307	2398	87.2%	226	1594	85.8%	533	3992	86.6%
Orthopaedics	571	4062	85.9%	1385	4391	68.5%	1956	8453	76.9%
ENT	131	2963	95.6%	197	2440	91.9%	328	5403	93.9%
Ophthalmology	807	4234	80.9%	209	2116	90.1%	1016	6350	84.0%
Oral Surgery	428	2297	81.4%				428	2297	81.4%
Restorative Dentistry	17	104	83.7%				17	104	83.7%
Orthodontics	1	133	99.2%				1	133	99.2%
Anaesthetics	493	1407	65.0%				493	1407	65.0%
General Medicine	71	1498	95.3%	1	274	99.6%	72	1772	95.9%
Gastroenterology	292	1776	83.6%	0	186		292	1962	85.1%
Endocrinology				0	279		0	279	
Haematology	10	278	96.4%				10	278	96.4%
Cardiology	108	1938	94.4%	188	1509	87.5%	296	3447	91.4%
Dermatology	463	3024	84.7%	13	1614	99.2%	476	4638	89.7%
Respiratory Medicine	52	732	92.9%	25	373	93.3%	77	1105	93.0%
Rheumatology	176	1176	85.0%				176	1176	85.0%
Paediatrics	41	1079	96.2%	0	607		41	1686	97.6%
Paediatric Neurology				0	3		0	3	
Medicine For The Elderly				0	36		0	36	
Gynaecology	456	2921	84.4%	192	2276	91.6%	648	5197	87.5%
Vascular Surgery				0	1		0	1	
Diagnostics (DA)	0	2270			1457		0	3727	
Therapies (DA)	0	1410			690		0	2100	
Total Open Pathways 26+ weeks	4906		87.8%	2715		88.0%	7621	0	87.9%
Total Open Pathways		40365			22547			62912	

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



As members will be aware, RTT trajectories have been set and agreed for the former Cwm Taf area in the IMTP. However work is currently underway to establish the trajectory for the Bridgend element of RTT and to build this in to an overall Cwm Taf Morgannwg position. In the last week, whole organisation trajectory proposals for 52 weeks, 36 weeks, 26 weeks and diagnostics have been prepared for submission to Welsh Government and will be included in future reports alongside actual performance.

In terms of operational improvement work to reduce waiting lists, following approval to secure outsourced capacity early in 2019-20, outsourcing to providers was facilitated across quarter 1 with anticipated impact on the RTT 36 week position being seen at the end of August. Activity levels also continue to be closely monitored, month on month, at the weekly RTT meetings, with continued representation from colleagues across the Health Board.

The Welsh Government was also able to confirm on 27 June 2019 additional monies in the order of £7million to Cwm Taf Morgannwg from the NHS Performance Fund. These monies have been allocated on the understanding of achievement of RTT, diagnostic and therapy waiting times during the remainder of 2019/20. Specifically, no one waiting over 36 weeks, 8 weeks for diagnostics and 14 weeks for therapy services for the former Cwm Taf footprint and an improvement in the number of people waiting over 36 weeks at the Princess of Wales Hospital site, as well as no one waiting over 8 weeks for diagnostics and 14 weeks for therapy services.

However it should be stated that along with the opportunities, there are also a number of challenges that the Health Board is facing over the coming months including some of the HMRC restrictions that have recently been widely reported in the media and how this is having an impact on some doctors being able or willing to carry out additional sessions to support further waiting list reductions.

Another significant issue that has recently arisen is the potential under-reporting of some waiting lists, particularly linked to some services carried out within the Health Board but by visiting clinicians from other Health Boards. Since the end of June 2019, the Health Board has been working with the Delivery Unit with regards to the under-pinning systems, processes and governance around RTT reporting within certain specialties. The following table offers an outline of those specialities being considered to date and the associated numbers on the waiting lists, several of which are currently undergoing validation.

Rpt Specialty	Rpt Service	26 weeks	36 weeks	53 weeks
Paediatrics	Cardiology Paeds	7	2	1
	Epilepsy (Paeds)	2	1	1
	Paediatric - Dental	77	69	59
	Paediatric - Lipids	1	1	1
	Paediatrics - Eczema	3	3	3
	Paeds Pharmacy	6	6	3
Nephrology	Nephrology	107	72	35
ENT Surgery	ENT Complex	76	69	36
Gastroenterology	Gastroenterology Complex	1	1	1
General Medicine	General Medicine Complex	1	1	0
General Surgery	General Surgery Complex	1	1	1
Gynaecology	Gynaecology Complex	1	1	1
Orthopaedics	Orth Complex	1	1	1
Restorative Dentistry	Rest Dentistry Complex	3	3	3
Totals		287	231	146

This work is currently progressing and attached on the agenda under 'items for information', are the Delivery Unit terms of reference for their support and review of this work in association with the Health Board. A further report will be presented in due course on the outcome of this work, with the waiting list information due to be included in next month's figures i.e. the July position, whilst the review is being carried out. Any risks identified within these cohorts of patients will be reported via the Datix incident reporting system, with appropriate, immediate actions being taken to mitigate any potential harm.

Initial review of the above waiting lists has identified validation issues. Directorates have been provided with details of each of these lists and work has commenced in all areas to validate lists and develop plans to manage patients in line with RTT reporting. An audit trail of all actions taken will be maintained for each of the areas. All of the above pathways will be reported at the weekly RTT meetings as of 16 July 2019.

- **Open Pathways**

The number of open pathways for June 2019 compared to June 2018 is as follows:

36 Weeks				2019/20		
Month	2016/17	2017/18	2018/19	Total	Morgannwg	CTM
Apr	1463	249	74	169	959	1128
May	1411	376	157	568	952	1520
Jun	984	474	195	845	831	1676

26 Weeks				2019/20		
Month	2016/17	2017/18	2018/19	Total	Morgannwg	CTM
Apr	5221	3889	2852	3895	2796	6691
May	5355	4398	2998	4831	2835	7666
Jun	4684	4123	2597	4911	2715	7626

- **RTT Commissioned Services - Executive Lead, Director of Planning and Performance.**

Commissioning data post the 1 April 2019 boundary change remains at present aggregated by the former Health Board areas i.e. the former Cwm Taf and ABMU Health Boards. The new Health Board, Cwm Taf Morgannwg, is currently awaiting a change to Health Board boundary codes and a change in reporting format from NWIS who are in turn reliant upon the National Office of Statistics updating the national post code data set. Once this has been achieved this will enable reporting of the disaggregated data.

- **Diagnostic Waits – Executive Lead, Chief Operating Officer**

The reported position for June is 128 patients waiting over 8 weeks for diagnostic services. There are 6 patients within the Bridgend area and 122 within the former Cwm Taf area.

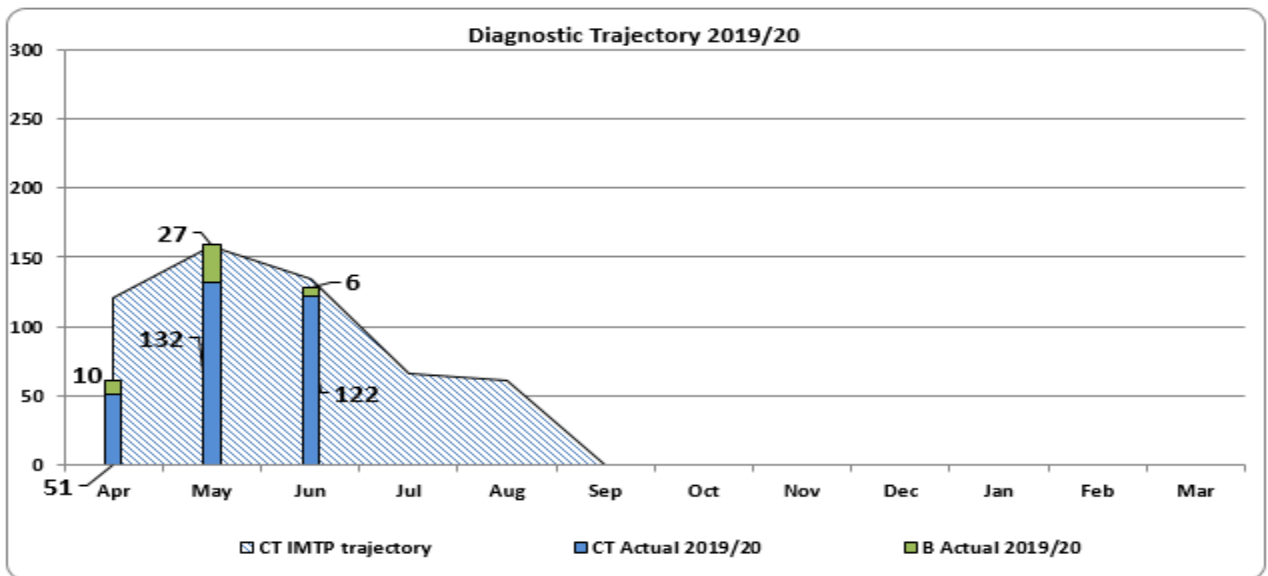
Reported June 2019 position

Service	Sub-Heading	>8 weeks		
		CT	Bridgend	Cwm Taf Morgannwg
Cardiology	Echo Cardiogram	2	3	5
Cardiology Services	Cardiac Computed Tomography (Cardiac CT)	9		9
	Diagnostic Angiography	10		10
	Doppler Stress Echocardiogram (DSE)	9		9
Endoscopy		22		22
Cystoscopy		61		61
Radiology - Consultant Referral	Non Cardiac Computed Tomography	2		2
	Non Cardiac MRI	6		6
Radiology - GP Referral	NOUS	1		1
Paediatric Physiotherapy		0	3	3
Total		122	6	128

Within the former Cwm Taf area, there continues to be breaches reported in the areas of diagnostic angiography, endoscopy and cardiac heart rhythm. The anticipated non-obstetric ultrasound patient waits increase in June was not apparent, however this may now move into July. The most significant concern this month was within flexible cystoscopy: the Directorate continues to explore solutions to address this. Of the 6 patients waiting in Bridgend, 3 were for echo and 3 for paediatric physiotherapy – the physiotherapy waits are as a result of staffing issues which are due to be resolved in September.

The reported diagnostic position for the corresponding month last year i.e. June 2018 was 232 for the former Bridgend area and 112 for the former Cwm Taf area, giving a combined diagnostic figure of 344 patients waiting at that time.

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



It should be noted that in addition to the RTT specialty areas reported above as being potentially unreporting and part of current review, there is also an area of diagnostic service currently being investigated, that is clinical neurophysiology. Currently the numbers are as follows and whilst subject to validation, will be included in the diagnostic reporting from next month onwards i.e. July 2019.

		8 weeks +	36 weeks
Clinical Neuro-physiology	Clinical Neuro-physiology EMG	311	180
	Clinical Neuro-physiology NCS	321	110
Total		632	290

As with the RTT areas above, work has commenced in relation to validation of these lists to fully understand the issues in relation to this service. The directorate have been tasked with working closely with Cardiff and Vale UHB to provide a costed plan to bring these lists in line with the 8 week diagnostic reporting requirement.

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

As referred to at the last meeting, the integrated dashboard report will include endoscopy surveillance waiting times for patients for the foreseeable future in order to focus on improvement.

The following tables provide a breakdown of those surveillance patients awaiting an endoscopy within the former Cwm Taf footprint (the Bridgend position should be available shortly).

It should be noted that patients referred into the service for endoscopy are managed through four referral pathways, each with their own waiting time target.

- Urgent Suspected Cancer: target 2 weeks
- Urgent: target 2 weeks
- Routine: target 8 weeks and
- Surveillance: target of 18 weeks.

Other than "routine" waits, the three remaining cohorts of patients are not managed via what is described as an RTT diagnostic pathway. Delays to patients within the USC cohort are discussed at the cancer management meeting.

The current backlog of surveillance patients is of the order of 843 patients. The Directorate is in the process of preparing a paper outlining the current position with associated risk, cost implications, actions and option appraisal, with one option being investigated which is the provision of an additional theatre to provide further capacity to treat surveillance patients.

PRINCE CHARLES HOSPITAL

USC

	Column Labels		
Values	0 to 2 weeks	3 to 6 weeks	Grand Total
Total Patients Waiting	49	9	58
With an Appointment	37	6	43

URGENT

	Column Labels				
Values	0 to 2 weeks	4 to 6 weeks	7 to 12 weeks	17+ Weeks	Grand Total
Total Patients Waiting	175	74	49	1	299
With an Appointment	26	32	41	1	100

ROUTINE (8 WEEKS DIAGNOSTIC RTT)

	Column Labels			
Values	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	Grand Total
Total Patients Waiting	69	8	1	78
With an Appointment	17	7	1	25

SURVIELLANCE

	Column Labels					
Values	0 to 7 weeks	8 to 17 weeks	18 weeks and over	NotPastRe viewDate	No Surveillance Target Date Records on Myrddin	Grand Total
Total Patients Waiting	128	122	370	1318	20	1958
With an Appointment	1	3	7	0	3	14

ROYAL GLAMORGAN HOSPITAL

USC

	Column Labels			
Values	0 to 2 weeks	3 to 6 weeks	7 to 12 weeks	Grand Total
Patients	97	7	1	105
With an Appointment	36	5	0	41

URGENT

	Column Labels				
Values	0 to 2 weeks	4 to 6 weeks	7 to 12 weeks	17+ Weeks	Grand Total
Patients	168	76	22	1	267
With an Appointment	29	37	19	0	85

ROUTINE (8 WEEKS DIAGNOSTIC RTT)

	Column Labels			
Values	0 to 7 weeks	8 to 17 weeks	18 to 25 weeks	Grand Total
Patients	202	13	2	217
With an Appointment	26	12	1	39

SURVEILLANCE

	Column Labels					
Values	0 to 7 weeks	8 to 17 weeks	18 weeks and over	NotPastReviewDate	No Surveillance Target Date Recorded on Myrddin	Grand Total
Patients	137	131	473	1635	79	2455
With an Appointment	4	4	5	0	8	21

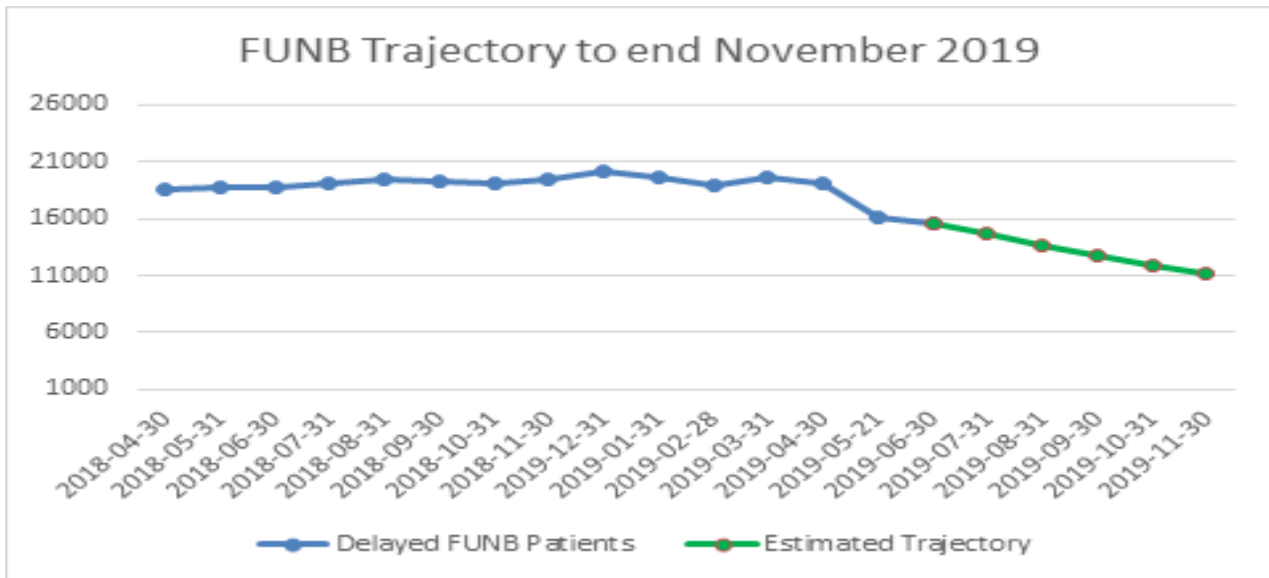
• **Follow-Up Outpatients Not Booked – Executive Lead, Chief Operating Officer**

The follow-up outpatients not booked (FUNB) data provided below is for June 2019 and currently for the former Cwm Taf area only. Further information for the Bridgend area, to provide a new consolidated Health Board position, will be provided in future and is part of the current work programme under development. FUNB reporting is, in the main, paper-based at Princess of Wales and there is therefore significant work to be undertaken to ensure that this manual reporting correlates with FUNB data pulled from the Swansea Bay UHB WPAS (patient management system). There are also differences in reporting mechanisms between the former Cwm Taf area and Bridgend, which will need to be reviewed. Therefore, it is likely that accurate FUNB data for Bridgend will not be available in the short term.

The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at the end of June 2019 was 15,523. The May figure was 16,149, with the provisional July figure (as at 12 July 2019) standing at 15,405. Should the final July figure remain close to the provisional figure, this will be the lowest number of FUNBs past their target date since early 2018, emulating the direction of travel as shown in the trajectory in the below graph.

Fortnightly FUNB meetings continue and work is now also including Bridgend activity, which is ongoing to develop and implement plans also at the Princess of Wales Hospital.

The following graph provides a monthly trajectory to November 2019 for reducing FUNBs. Please note that at present, the trajectory is for FUNBs within the former Cwm Taf footprint.



(Please note, however, that these figures **do not** include the number of cases tipping into FUNB each month.)

The trajectory is based on the following assumptions:

- That activity in ENT and Urology remains at the same level (ie 80 and 50 cases per specialty per week respectively) and that conversion to discharge rates applied are based on outcomes to date.
- That where clinics have been confirmed for clinical case review, ie additional clinics (Oral and Maxillo Facial Surgery, Gynaecology, Respiratory and Gastroenterology) a conversion to discharge rate has been applied to the number of cases being reviewed which has been based on outcomes to date.
- Outpatient clinics scheduled specifically for FUNB proceed as planned.

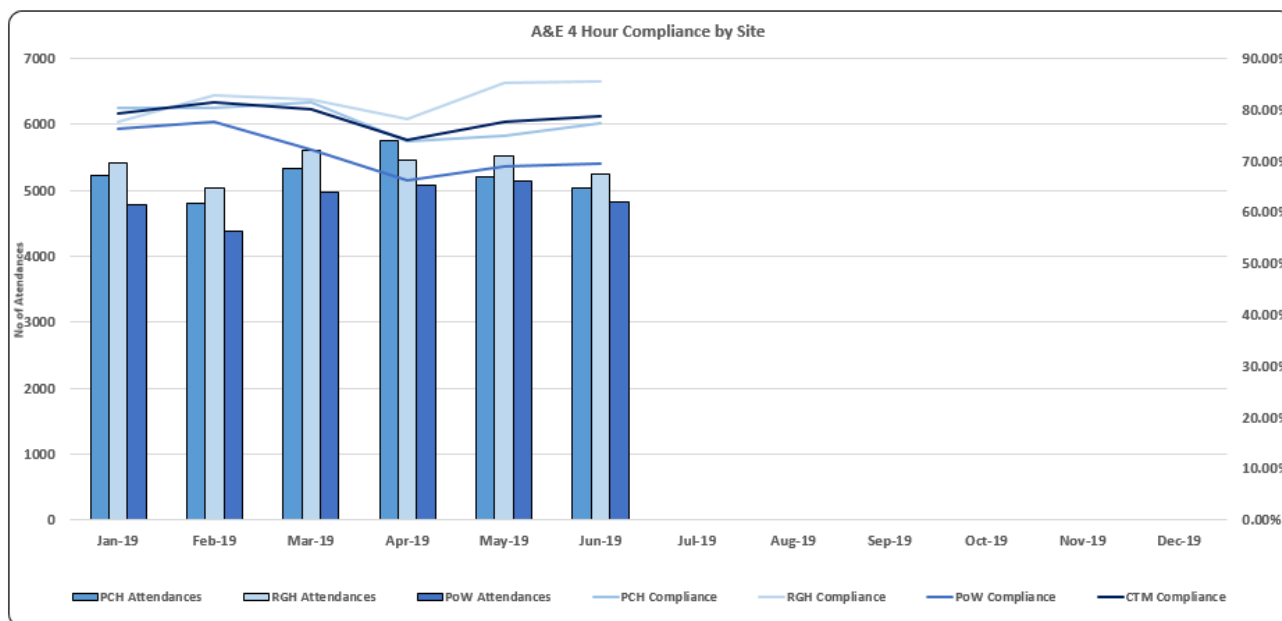
However, it must be noted that the above trajectory does not account for those patients that have previously been “within target date” falling, over time, into the “passed target date” category.

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

This month the Health Board has been working with the Delivery Unit with regards to system, process and governance around Prince Charles Hospital (PCH) Emergency Department unscheduled care. Terms of reference for this work can be seen on the agenda under ‘items for information’.

This work will continue to progress over the next 4-6 weeks and will review the core contributors to the recent deterioration in 4 hour and 12 hour performance, although the 12 hour position has improved as of late. In order to facilitate this work, a series of internal 'deep dive' meetings with key staff, both administrative and clinical, have been put in place.

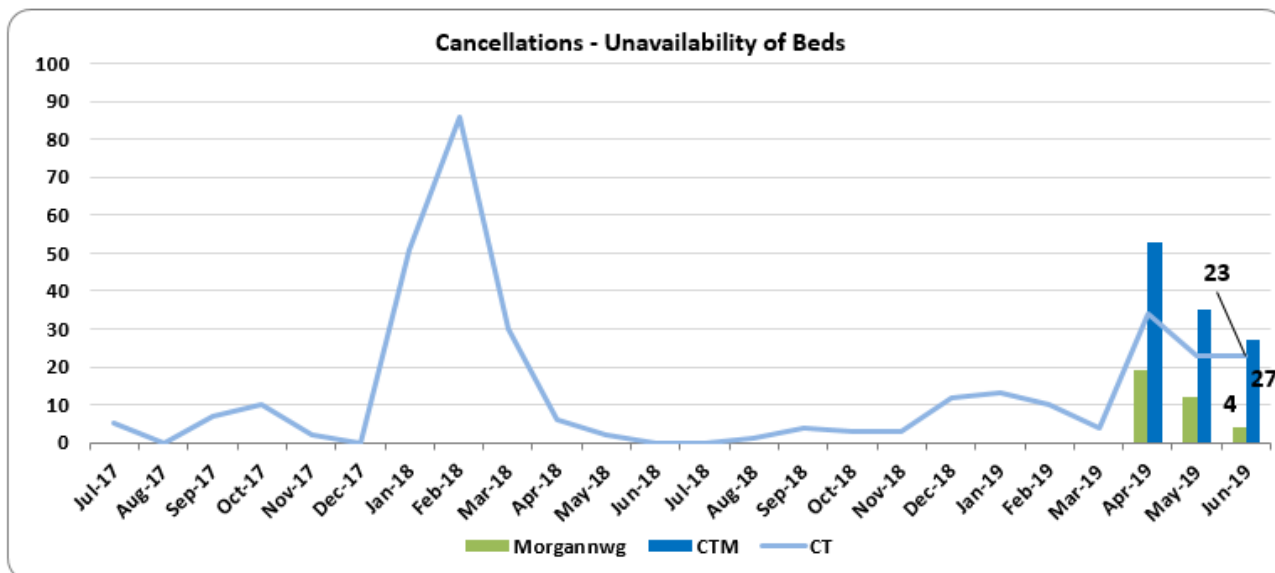
The combined performance for Cwm Taf Morgannwg University Health Board for the four hour target for June was 78.7%. Individual departmental performance was 77.4% at Prince Charles Hospital (PCH), 85.5% at Royal Glamorgan Hospital (RGH) and 69.4% at Princess of Wales (PoW). Compliance for Ysbyty Cwm Cynon (YCC) was 100% and Ysbyty Cwm Rhondda (YCR) was 100%. For reference, the former Cwm Taf University Health Board compliance in June 2018 was 90%.



Twelve hour breaches continue to reduce, with the combined performance for June being 619 patient breaches. There were 944 breaches in April and 845 in May. Of the 619 breaches, there were 276 breaches at PCH, 44 at RGH and 299 at PoW. The corresponding breach figure for Cwm Taf University Health Board in June 2018 was 72.

Elective Bed Cancellations

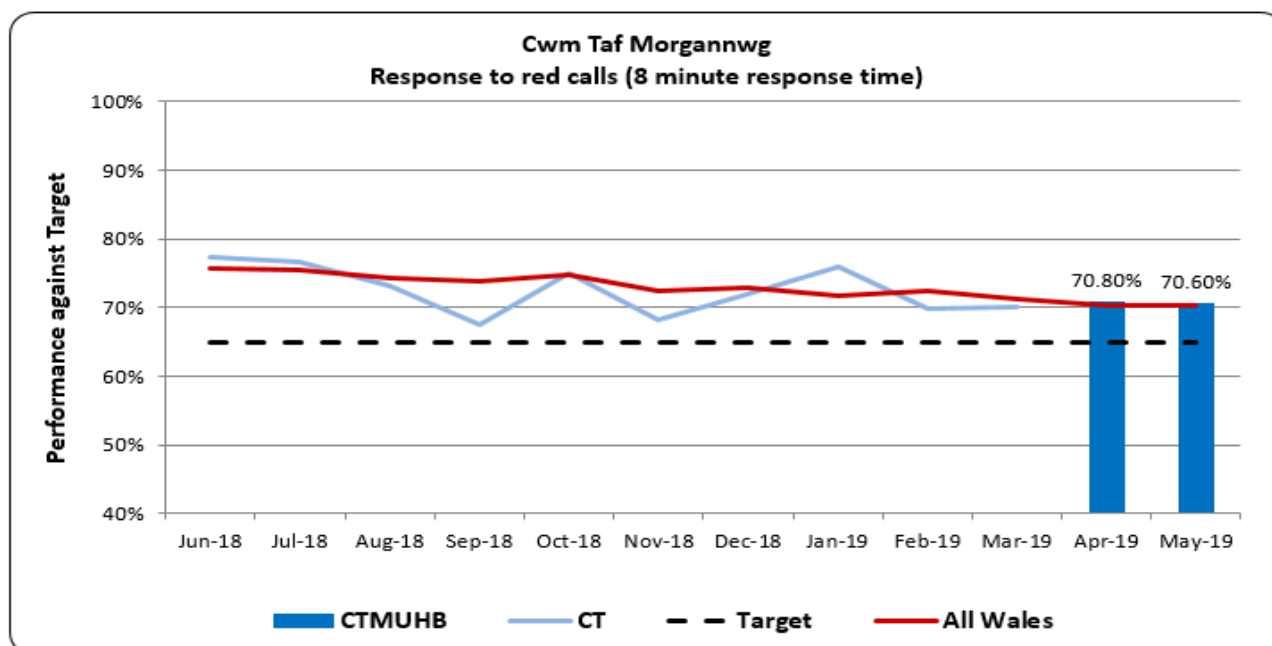
There were 27 elective bed cancellations reported for June across the new Health Board. These bed cancellations were at Prince Charles Hospital (23): these twenty three cancellations were across specialities. There were four cancellations at the Princess of Wales Hospital. There has only been one cancellation at RGH this calendar year in March.



Emergency Ambulance Services

The June 2019 performance for emergency ambulance services against the 15 minute handover for Cwm Taf Morgannwg was 73.24%. The June performance for the Bridgend area was 31.3%, a further improvement on the last two months. The Cwm Taf Morgannwg performance for emergency ambulance services over one hour was 92.2% with the performance for the Bridgend area improving this month from 69.3% to 72.4%. Performance for RGH was 90.72% and PCH 88.92%.

In May 2019, the Cwm Taf Morgannwg response to red calls was 70.6%. The Welsh average was 70.1%. The target for response to red calls is 65%.



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

The delayed transfers of care (DToC) position for June is presented below as an aggregate for the new Health Board.

Table 1(a) – Number of DToC Patients (by census)

Number of patients by census						
CTMUHB						
Census Month	Census	Acute	Community	Mental Health	Rehab	Total
Jul-18	18/07/2018	5	0	2	19	26
Aug-18	15/08/2018	5	0	8	15	28
Sep-18	19/09/2018	9	0	6	21	36
Oct-18	17/10/2018	6	0	9	20	35
Nov-18	21/11/2018	7	0	6	18	31
Dec-18	19/12/2018	16	0	6	26	48
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
Cwm Taf Morgannwg from 01/04/2019 (data now aggregated)	Apr-19	20	1	11	30	62
	May-19	14	1	13	22	50
	Jun-19	15	5	16	24	60
	Rolling 12 months	118	7	112	239	476

The main concerns around DToC continue to be:

- Length of time taken for cases to be heard by the Court of Protection.
- Limited domiciliary care provider capacity in some areas at peak times of the day, certain geographical areas, particularly Talbot Green, Tonteg, Pontyclun, Beddau and North Cynon.
- Patient refusal to leave hospital.

Table 1(b) - No of DToC Patients by locality (in month)

Jun-19	Merthyr Tydfil	Rhondda Cynon Taff	Bridgend	Other	Total
Acute	2	3	5	5	15
Rehabilitation	4	16	3	1	24
Community	0	0	5	0	5
Mental Illness	4	6	4	2	16
Total	10	25	17	8	60

Prior to April 2019 Morgannwg patients would have been included within "Other" – therefore data should not be compared with data prior to April 2019.

Table 2(a) - Number of DToCs (Bed Days lost within month)

Number of Bed Days	CTMUHB					
	Census Month	Acute	Community	Mental Health	Rehab	Total
	Jul-18	101	9	56	278	444
	Aug-18	118	0	122	266	506
	Sep-18	130	0	182	433	745
	Oct-18	81	0	155	324	560
	Nov-18	106	0	196	247	549
	Dec-18	243	0	154	518	915
	Jan-19	88	0	90	438	616
	Feb-19	181	0	91	545	817
	Mar-19	100	0	173	352	625
Cwm Taf Morgannwg from 01/04/2019 (data now aggregated)	Apr-19	361	6	258	605	1230
	May-19	335	28	362	565	1290
	Jun-19	387	153	523	562	1625
	Rolling 12 months	2231	196	2362	5133	9922

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

For the former Cwm Taf area, the 31 day target (NUSC) was not attained in May 2019 at 94.3%. Unfortunately, the 62 day target (USC) performance fell significantly to 72.7%.

For Bridgend, the 31 day target (NUSC) Performance of 98% was not reached in May 2019 at 94.14%, with the 62 day target (USC) performance standing at 70%.

Overall the 31 day target (NUSC) performance compliance for Cwm Taf Morgannwg for April was not achieved at 95%, with the 62 day target (USC) performance standing at a disappointing 71.55%.

For Cwm Taf Morgannwg, there were thirty-three USC breaches in total, with reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both in local and tertiary centres.

The majority of USC breaches were in Urology and mainly through a combination of radiological delays and tertiary centre delays. Lung accounted for 8 of the breaches, of which 4 of the breaches were as a result of EBUS delays at Cardiff and Vale UHB, averaging 35 days and ranging from 23 – 49 days. There were 4 Gynaecology breaches, mainly as a result of capacity issues within Neath Port Talbot Hospital in Swansea Bay UHB.

The full USC breach breakdown position is shown in the following tables:

CT

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Jun-18	5	2	3	0	1	0	0	0	0	11	83.3%
Jul-18	9	2	2	0	0	0	0	0	0	13	83.8%
Aug-18	9	1	1	0	1	0	0	0	0	12	85.0%
Sep-18	10	2	0	0	1	1	0	0	0	14	75.0%
Oct-18	7	1	5	0	1	0	0	0	1	15	80.8%
Nov-18	4	1	2	0	0	0	0	0	0	7	91.4%
Dec-18	6	0	2	0	2	0	0	0	0	10	82.8%
Jan-19	2	1	0	1	2	0	1	0	0	7	90.4%
Feb-19	2	2	1	0	1	0	0	0	1	7	91.0%
Mar-19	2	0	1	0	0	0	0	0	2	5	90.6%
Apr-19	4	0	0	1	0	0	1	0	1	7	89.4%
May-19	7	7	1	0	1	0	0	0	2	18	72.7%

Bridgend

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Apr-19	4	1	1	0	1	0	1	4	1	13	75.93%
May-19	5	1	1	0	3	1	2	0	2	15	70.00%

CTM

USC	Urology	Lung	LGI	H&N	Gynae	Haem	UGI	Breast	Other	Number of Breaches	Compliance against Target (95%)
Apr-19	8	1	1	1	1	0	2	2	4	20	83.33%
May-19	12	8	2	0	4	1	2	0	4	33	71.55%

There are a number of major challenges across all sites including radiology and pathology capacity. The Directorate continues to review capacity in these areas on an ongoing basis, however this has been somewhat impeded by staffing shortfalls which are proving difficult to rectify. There are also challenges with medical staffing and equipment issues within Urology, EBUS capacity in Cardiff and Vale UHB, Robotic Surgery for Prostate in Cardiff and Vale UHB, outpatient capacity at Neath Port Talbot Hospital and rapid access/combined Urology oncology clinics at Singleton Hospital.

The Health Board has put in place robust processes and actions within the Princess of Wales Hospital (POW) to address the poor performing areas. These actions include embedding POW into the scrutiny and escalation processes already in place in the former Cwm Taf sites.

A number of the areas above contributing to the breach numbers are outside of Cwm Taf Morgannwg UHB. The Directorate escalates these through the respective Medical Directors, however influencing changes directly is challenging. The Directorate is also in the process of critically reviewing all pathways as part of the readiness planning for the Single Cancer Pathway and this will also contribute to improving USC performance.

The CTM forecast for next three months is as follows:

No Treated	120	No Treated	120	No Treated	120
No Breaches	20	No Breaches	22	No Breaches	24
USC worst Case	80%	USC worst Case	80%	USC Worst Case	80%
No Treated	110	No Treated	110	No Treated	110
No Breaches	22	No Breaches	22	No Breaches	22
NUSC estimate	98%	NUSC estimate	98%	NUSC estimate	98%

The Minister for Health and Social Care announced in November 2018 his intention to introduce a single cancer pathway (SCP) across Wales, with Health Boards required to publicly report performance against the SCP alongside the current cancer waiting times for all patients diagnosed with cancer and treated from June 2019. SCPs will be monitored initially for breast, colorectal, Head and Neck/Mucosal, Head and Neck/Neck Lump, Lung, Upper GI/Gastric and Upper GI/Oesophageal. 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 is required from August 2019.

- **Quality Improvement Measures - Executive Lead, Director of Planning and Performance**

During June, a total of 78 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database. There were 23 patients presented to the Princess of Wales Hospital, Bridgend and 55 patients that presented to Prince Charles Hospital, Merthyr Tydfil. There were 5 patients thrombolised at the Princess of Wales Hospital of which 1 was thrombolised within 45 minutes. There were six patients thrombolised at Prince Charles Hospital, although none of these patients were thrombolised within 45 minutes.

The June compliance for the individual sites i.e. PCH and POW is shown in the following tables:

Prince Charles Hospital

June 2019 Quality Improvement Measures		
Quality Improvement Measures	Aspiration	Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	N/A	10.9%
Thrombolysed patients Door To Needle <=45 mins	90%	0.0%
Percentage of patients scanned within 1 hour of clock start	N/A	74.5%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	95%	43.6%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	95%	79.2%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	95%	70.9%
Assessed by one of OT, PT, SALT within 24 hours	95%	61.8%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	95%	85.7%
Inpatient rehab		
Percentage of applicable patients who spent at least 90 % of their stay on stroke unit	N/A	0.0%
Compliance (%) against the therapy target of an average of 25.7 Minutes of OT across all patients	N/A	#DIV/0!
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	N/A	#DIV/0!
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	N/A	#DIV/0!
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	#N/A
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	0.00%
Percentage of applicable patients discharged with ESD	N/A	0.00%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	0.00%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

Princess of Wales

June 2019 Quality Improvement Measures		
Quality Improvement Measures	Aspiration	Score
Urgent Intervention		
Percentage of all Stroke Patients Thrombolysed	N/A	21.7%
Thrombolysed patients Door To Needle <=45 mins	90%	20.0%
Percentage of patients scanned within 1 hour of clock start	N/A	47.8%
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start	95%	21.7%
Percentage of applicable patients who were given a swallow screen within 4 hours of clock start	95%	87.0%
Urgent Assessment		
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of clock start	95%	65.2%
Assessed by one of OT, PT, SALT within 24 hours	95%	60.9%
Percentage of applicable patients who were given a formal swallow assessment within 72 hours of clock start	95%	100.0%
Inpatient rehab		
Percentage of applicable patients who spent at least 90 % of their stay on stroke unit	N/A	0.0%
Compliance (%) against the therapy target of an average of 25.7 Minutes of OT across all patients	N/A	123.2%
Compliance (%) against the therapy target of an average of 27.3 Minutes of PT across all patients	N/A	37.4%
Compliance (%) against the therapy target of an average of 16.1 Minutes of SALT across all patients	N/A	44.4%
Discharge Standards		
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge	N/A	85.71%
Percentage of applicable patients discharged with ESD/ Community Therapy Multidisciplinary Team	N/A	1.92%
Percentage of applicable patients discharged with ESD	N/A	1.92%
Percentage of applicable patients discharged with Community Therapy Multidisciplinary Team	N/A	0.00%
Proportion of applicable patients assessed at 6 months	N/A	0.00%

The Health Board continues to work with the Delivery Unit with regards to the follow up action plan from the thrombolysis review at the end of last year and on improving overall Health Board compliance.

The report below shows the patient centred SSNAP scores for the former Cwm Taf area to end March 2019 (not inclusive of POW). Patient centred indicators are based on the 10 measures of stroke compliance; each domain is scored and graded. These measures are discussed at the Health Board’s quarterly Stroke Implementation Group meeting.

For the period January to March 2019, the former Cwm Taf University Health Board’s SSNAP score dropped from B to C compared to the previous quarter.

Domain 2 – Admission to Stroke Unit: Dropped from D to E. General hospital extreme bed pressures have had an effect on patients getting to the ASU within 4 hours (40%), as well the team has had to move patients from the ASU earlier to accommodate increasing stroke numbers. As a result those patients who have 90% of stay on ASU has dropped significantly to 69%.

Domain 4 – Specialist assessments: Dropped from C to D. A lack of Stroke Consultants means that the service is only able to provide 5 day cover, this equates to approximately 67% of patients being seen within 24 hours of admission. Absence due to sick leave has impacted on timeliness of stroke nurse review (median time has increased from 2 to 6 hours).

Domain 7 – SALT: Remains D. National and local shortage of SALT impacts on domain score. The team is small, Whole Time Equivalent (WTE) 2.6, thus annual leave, sickness etc has a significant impact. There are plans in place to recruit a locum.

Domain 10 – Discharge process: Dropped from B to D. The new QIM measures came into play on 1 April 2019, it is likely that the data capture process around this is significant in the drop, this will be monitored and discussed with the team.

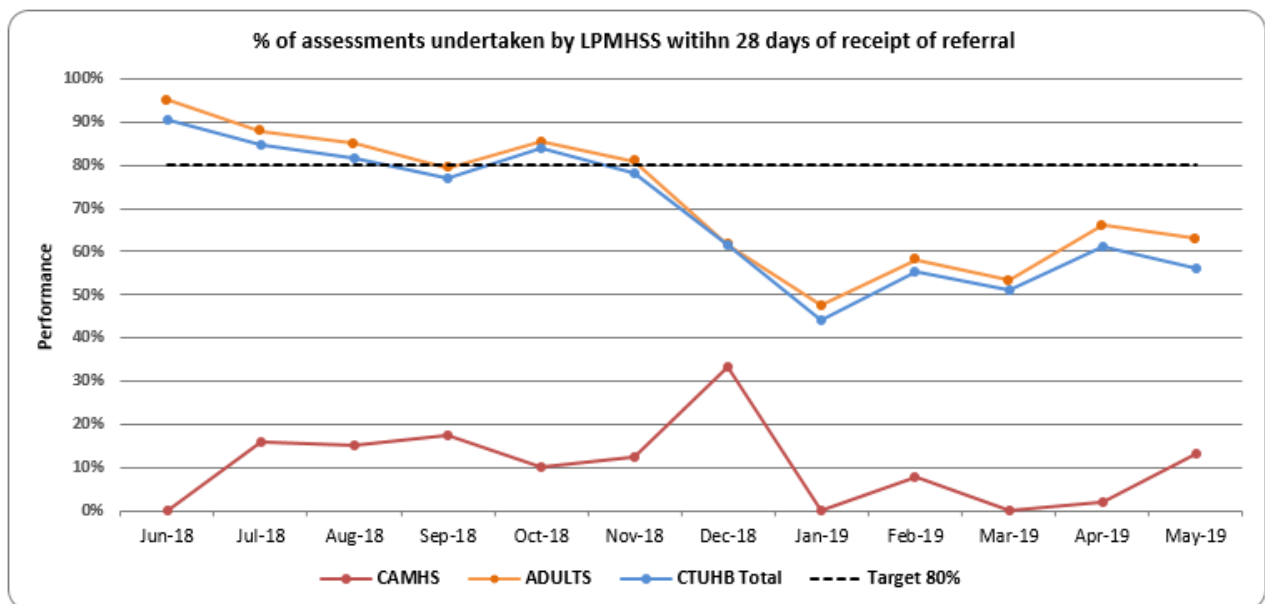
SSNAP Reporting	Team type	Routinely admitting team	Routinely admitting team	Routinely admitting team	Routinely admitting team
	Trust	Cwm Taf University Health Board	Cwm Taf University Health Board	Cwm Taf University Health Board	Cwm Taf University Health Board
	Team	Prince Charles Hospital	Prince Charles Hospital	Prince Charles Hospital	Prince Charles Hospital
	Time period	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019
Patient-centred KI levels:					
Patient-centred Domain levels:	1) Scanning	A	A	A	A
	2) Stroke unit	D	D	D	E
	3) Thrombolysis	D	D	C	C
	4) Specialist Assessments	D	D	C	D
	5) Occupational therapy	A	A	A	A
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	C	B	D	D
	8) MDT working	C	B	B	B
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	C	B	B	C
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	C	C	B	C

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

The Mental Health data below relates to May 2019 and is aggregate data for Cwm Taf Morgannwg.

Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target for 80% of referrals to be assessed within 28 days. May compliance dropped to 56.1% from 61% last month. Compliance is shown for the adult service as a whole, CAMHS and overall compliance for residents under 18 years of age, recognising that some from this cohort are seen by the adult service.

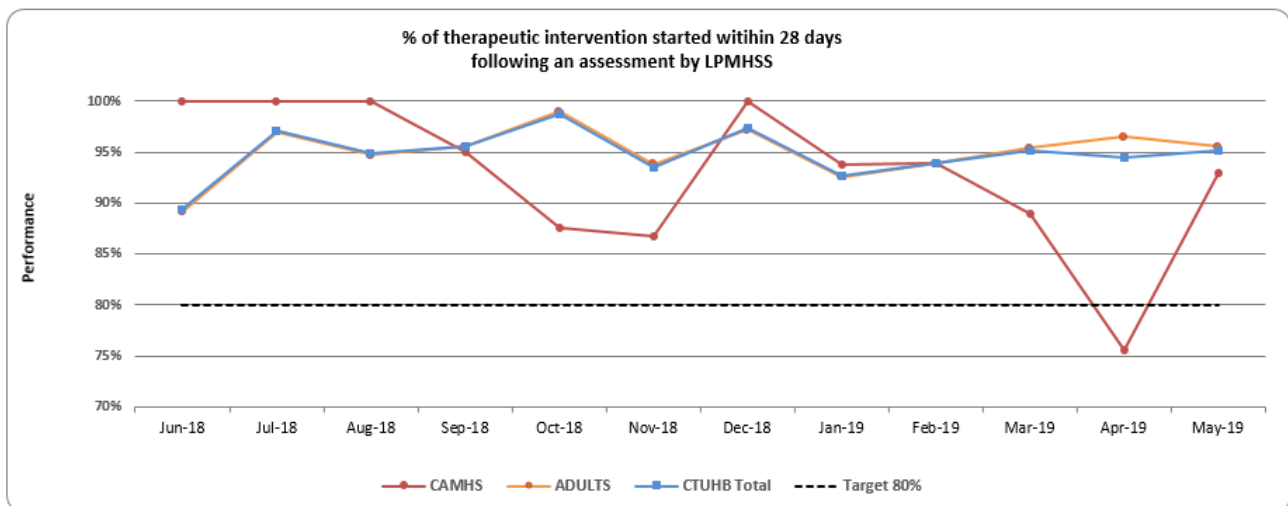
Mental Health Part 1 (a) indicators	May-19	CAMHS	< 18 yrs Seen by Adult	All < 18 yrs	Adults (includes <18 years)	CTUHB Total Summary
Primary Care Assessment within 28 days						
The number of referrals for an assessment by LPMHSS received during the month for:	Primary Care Patients	75	9	84	1001	1076
	Secondary mental health service patients	0	0	0	0	0
	Total number of referrals received during the month	75	9	84	1001	1076
Of the assessments undertaken by LPMHSS during the month, how many were for:	Patients who had waited up to and including 28 days	11	3	14	328	339
	Patients who had waited between 29 and 56 days inclusive	32	4	36	192	224
	Patients who had waited 57 days and over	40	0	40	1	41
	Total number of assessments undertaken in month	83	7	90	521	604
Performance against Target		13.3%	42.9%	15.6%	63.0%	56.1%



(* Post April 2019 data is CTM aggregate data)

The percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS was 95.1% this month an improvement on the April performance. Here again the same breakdown is provided, as well as a year's trend.

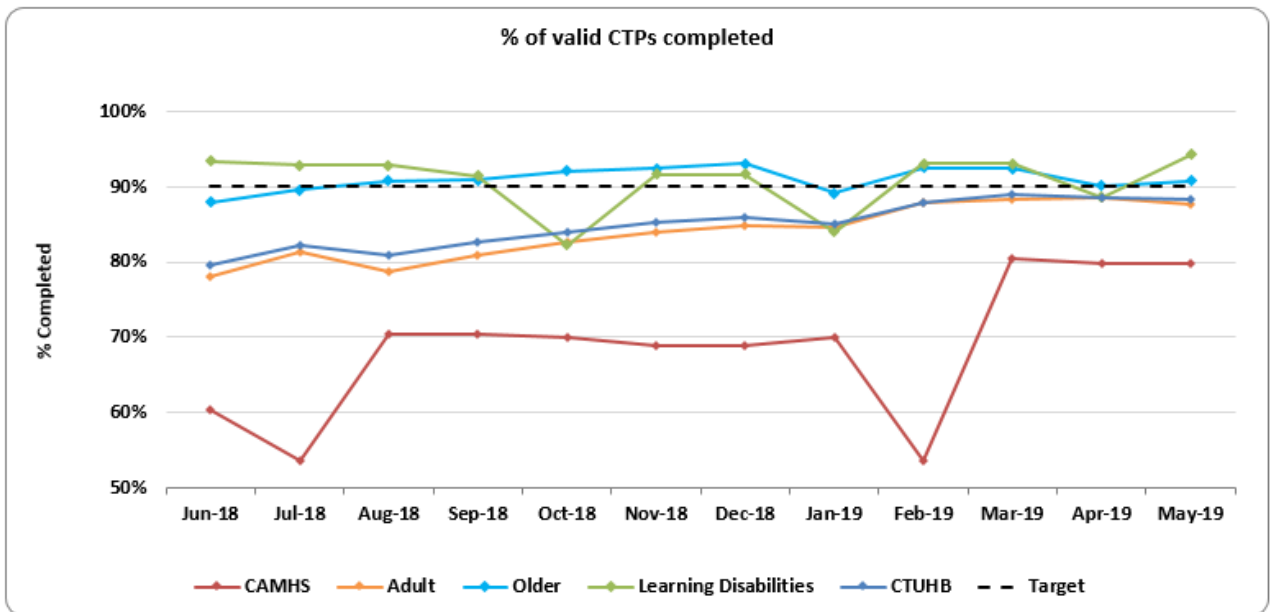
Mental Health Part 1 (b) indicators % of therapeutic interventions started within 28 days following a	May-19	CAMHS	< 18 yrs Seen by Adult	< 18 yrs	Adults (includes <18 years)	CTUHB Total Summary
Of the patients discharged during the month, how many patients were:	Discharged following a therapeutic intervention provided by the LPMHSS	18	1	19	53	71
	Discharged following a referral or signpost to other services (other than secondary mental health services)	0	0	0	22	22
	Discharged following the provision of information or advice	2	0	2	38	40
	Discharged following referral to secondary care services	5	0	5	6	11
	Total number of patients discharged during the month	25	1	26	119	144
Of the therapeutic interventions started during the month, how many were for:	Patients who had waited up to and including 28 days	39	3	42	294	333
	Patients who had waited between 29 and 56 days inclusive	2	0	2	9	11
	Patients who had waited 57 days and over	1	0	1	5	6
	Total number of therapeutic interventions started in month	42	3	45	308	350
Performance against Target		92.9%	100.0%	93.3%	95.5%	95.1%



(* Post April 2019 data is CTM aggregate data)

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 was 88.2% in May having been 88.5% in April.

Mental Health Part 2 indicators CTP	May-19	Adult	Older	CAMHS	Learning Disabilities	Total
Total number of patients in your LHB with a valid CTP at the end of the month		2094	499	63	99	2755
Total number of LHB resident patients new to secondary Mental Health services in month		36	42	0	0	78
Number of patients resident in your LHB discharged/transferred out of secondary Mental Health services within the month		116	35	0	0	151
Total number of patients resident in your LHB currently in receipt of secondary Mental Health services at the end of the month		2388	550	79	105	3122
Performance against Target		87.7%	90.7%	79.7%	94.3%	88.2%

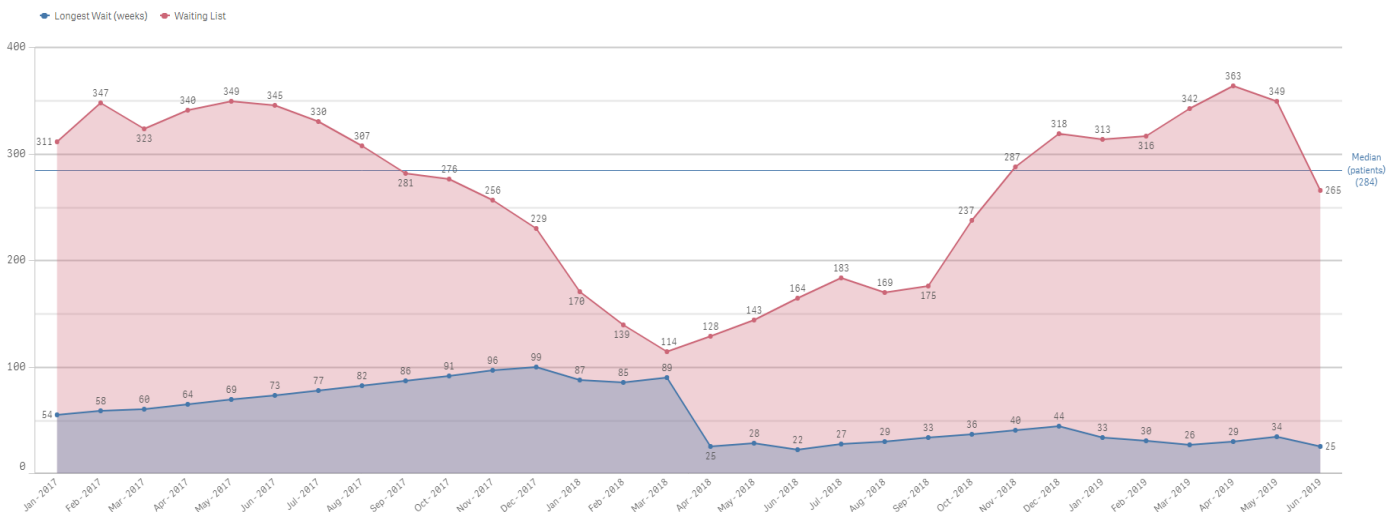


Part Three of the Mental Health Measure i.e. "All Health Board residents who have been assessed under Part 3 of the Mental Health Measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place" was 100% for May 2019. Last month's report stated 100% for this measure for April 2019, this was a mis-reporting there were a total of three assessment reports sent out during the month of which only 2 were sent out within the 10 days.

Primary Care CAMHS (p-CAMHS)

The Cwm Taf Morgannwg P-CAMHS compliance as at 9 July is a provisional 326 patients waiting with 238 of those patients waiting more than 4 weeks i.e. compliance of only 27%. The average weeks wait is 10 weeks.

The former Cwm Taf area p-CAMHS waiting list continues to grow from the beginning of the last financial year (i.e. April 2018). However, the maximum waiting time had reduced in recent months from 44 weeks to 25 weeks at the end of June.



The Delivery Unit has been undertaking a detailed review of the PCAMHS service with the Directorate and the potential for creating additional capacity has been identified. The service has also recruited an additional two members of staff which will increase capacity further. The priority now is to treat the longest waiting patients and reduce the overall waiting list. It is anticipated that with the additional capacity this can be achieved within 6 months.

Neurodevelopment

June's compliance against the 26 week target for the former Cwm Taf area for neurodevelopment services was 70% again this month. The UHB have submitted a bid to Welsh Government to significantly increase the workforce both clinical and administrative to support the service to enable the service to become compliant with the 80% target. In the meanwhile waiting list initiatives are continuing to help maintain the current position.

Neurodevelopmental	CT
Total Waiting List	492
Waiting 0-25 weeks	163
Compliance	66.90%
Average Weeks Wait	19

Specialist CAMHS (s-CAMHS)

Compliance against the 4 week target (28 days) for Specialist CAMHS services for the former Cwm Taf area dropped significantly during April from 92% at the end of March to 56.8%. May and June saw a similar level of compliance.

There has been an increase in the waiting list for S-CAMHS over the last month (across the Health Board), with an increase in the number of patients waiting over 4 weeks to 85 in June from 64 in May; this is due in the main to 30 patients transferring from the PCAMHS service following a clinical review of the priority cases. Despite this the Cwm Taf Morgannwg position has improved at 63% with a sustained compliance over 90% for Bridgend. Patients from RCT are also now being offered Bridgend as an option to be seen to maximise capacity. Waiting list initiatives are continuing although they will reduce over the forthcoming holiday period.

Specialist CAMHS	CTM	CT	Bridgend
Total Waiting List	227	184	43
Waiting > 4 weeks	85	81	4
Compliance	63.00%	56.70%	90.70%
Average Weeks Wait	3.80	4.30	1.90

4. **RECOMMENDATION**

The Health Board is asked to:

- **DISCUSS** and **NOTE** the Integrated Performance Dashboard, this report and performance actions outlined to support the achievement of targets
- **NOTE** work underway on the new integrated referral to treatment and diagnostic trajectories, building on those already agreed and set in the IMTP for the former Cwm Taf area.
- **NOTE** work underway with the Delivery Unit on a number of potentially unreported waiting lists areas and on unscheduled care in PCH, including the terms of reference for the associated Delivery Unit Reviews.

Freedom of information status	Open
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