



AGENDA ITEM

6.2

CTM BOARD

INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	24/03/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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 This report provides 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 2019-2020 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 11					Indicators				
Variance from Plan					Complaints				
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent		Feb-21	Jan-21		RAG
	£m	£m	£m	£m	CTM 30 day complaints response compliance %	67%	57%		↑
Pay	-1	-2.4			Falls	Feb-21	Jan-21		RAG
Non-Pay	3.4	-1.3		TBC	Total Inpatient Falls	222	296		↓
Income	-2.3	-0.4			Number of Inpatient Falls where Severity was Moderate/Severe/Death	11	16		↓
Efficiency Savings	0.3	2.2			Pressure Damage	Feb-21	Jan-21		RAG
Non-delegated (including WG allocations)	2.4	1.8		14.1	Total Pressure Damage	409	440		↓
				£15.0m	Total Hospital Acquired Pressure Damage	105	127		↓
				(including £13.4m planned deficit)	Total Hospital Acquired Pressure Damage Grade 3 & 4	3	5		↓
Total	2.8	-0.1	0	29.1	Safeguarding	Feb-21	Jan-21		RAG
					Number of UHB Adult at Risk referrals	56	72		↓
	Current Month	Year to Date	Forecast Full Year						
PSPP	96.7%	93.5%	93.5%	Target 95%					
Capital Expenditure	£5.1m	£38m	£52.6m	Includes £3.9m of anticipated funding					
Agency as % of total pay costs	6.5%	7.0%	6.8%						
PERFORMANCE					PEOPLE				
Indicators	Feb-21	Jan-21	Target	RAG	Indicators	Feb-21	Jan-21	Target	RAG
A&E 12 hour Waiting Times	712	955	Zero	●	Turnover	9.1%	8.7%	11%	●
Ambulance Handover Times >1 Hour	156	356	Zero	●	Exit Interview by Leaver	0.0%	0.0%	60%	●
RTT 52 Weeks	28,982	24,586	Zero	●	Sickness Absence Rate (in month)	7.8%	9.0%	4.5%	●
Diagnostics >8 Weeks Waits	12,784	12,815	Zero	●	Sickness Absence Rate (rolling 12 month)	7.1%	7.0%		●
% of Stage 4 Urgent Patients Clinically Prioritised	33.7%	35.4%	100%	●	Return to Work Compliance	32.7%	28.7%	85%	●
	Jan-21	Dec-20	Target	RAG	Fill Rate Bank	21.0%	79.0%	90%	●
Mental Health Part 1a - CTM	85.6%	88.4%	80%	●	Fill Rate On-contract Agency (RNs)	47.0%	57.0%		●
Mental Health Part 1b - CTM	90.7%	90.2%	80%	●	PADR	47.6%	48.4%	85%	●
Mental Health Part 1a - CAMHS	0.0%	22.6%	80%	●	Statutory and Mandatory Training - All Levels	57.0%	56.6%	85%	●
Mental Health Part 1b - CAMHS	71.4%	90.0%	80%	●	Statutory and Mandatory Training - Level 1	65.2%	64.7%		●
FUNB - Patients Delayed over 100% for Follow-up Appointment	27,438	26,043	14,815	●	Job Planning Compliance (Consultant)	17.0%	16.0%	90%	●
Admission to Stroke Unit within 4 hrs	51.7%	6.3%	SSNAP Average 54%	●	Job Planning Compliance (SAS)	10.0%	10.0%		●
Single Cancer Pathway	49.0%	60.0%	75%	●	Direct Engagement Compliance (M&D)	95%	95%	100%	●
Out of Hours (OOH)/111	In development - data not yet available				Direct Engagement Compliance (ADP)	61%	59%	100%	●
	Feb-21	Jan-21	All Wales Average	RAG	RN Shift Fill by Off-contract	2546.0	4374.6	0 Hours	●
Delayed Discharges rate per 100,000 population	10.1	6.2	4.7	●					

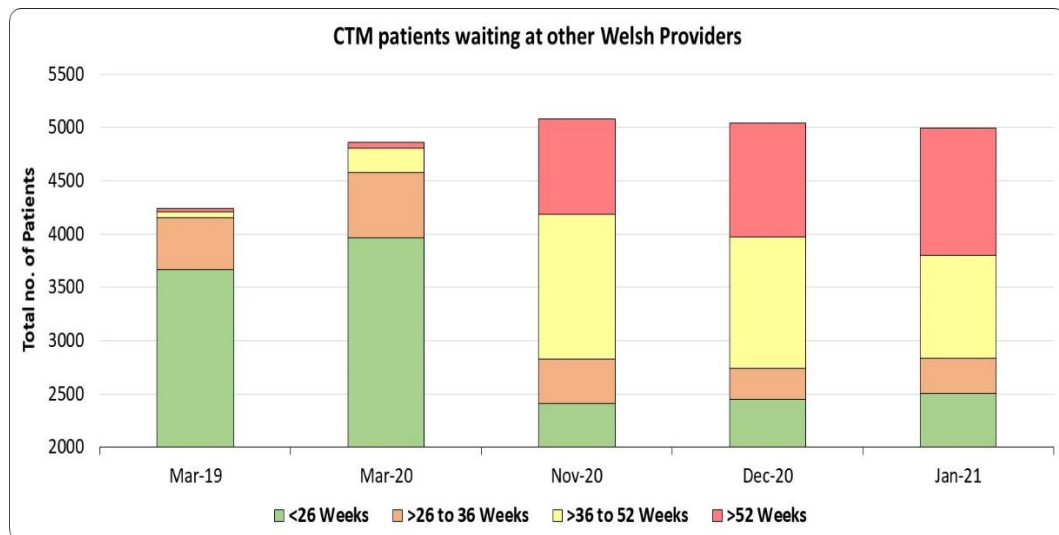
- 2.1 This is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the Health Board.
- 2.2 With it looking increasingly unlikely that the pre-Covid DTOC target will be resurrected, one of the relatively new weekly indicators utilised within the Dashboard on page 9 has been utilised for the first

time. The target has been set at the all Wales Year to Date (YTD) average.

2.3 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**

2.4 There is no specific update on WHSSC Commissioned Services this month. However using data collected and reported by NHS Wales Informatics Services (NWIS), the following chart shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.



2.5 Over 99% of the waiting lists for CTM residents awaiting services commissioned by WHSSC in other parts of Wales are in three Health Boards, where there has been a reduction of 51 since December:

CTM patients waiting at specific health boards (Total patients 4994)						
	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
January 2021						
<26 Weeks	1954	50.5%	195	44.0%	346	52.9%
>26 to 36 Weeks	250	6.5%	37	8.4%	45	6.9%
>36 to 52 Weeks	764	19.7%	89	20.1%	104	15.9%
>52 Weeks	901	23.3%	122	27.5%	159	24.3%
Total Waiting	3869		443		654	
% of Total Waiting (4994 patients)	77.5%		8.9%		13.1%	

2.6 The number of CTM patients waiting over 36 weeks at these three Health Boards fell from 2285 in December to 2139 in January.

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

- 2.7 Pages 3 and 4 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. Whilst utilisation of Vale Hospital capacity in particular has increased in recent weeks, it is not yet back at the levels achieved prior to December.
- 2.8 The increasing trend in elective waiting times continues, as detailed on pages 4, 5 and 6 of the Dashboard.
- 2.9 With the IMTP for 2021-2024 set to be submitted this month, there has been significant elective recovery plan work undertaken in March, building on the demand and capacity work carried out in early 2021.
- 2.10 All three ILGs are setting out plans for elective care for the first quarter. This will be complemented by further capacity set to become available thereafter, in addition to other innovations to deal with both the existing backlog and the predicted levels of demand for the coming year.
- 2.11 The ambition is to return to no patients waiting over 36 weeks for elective treatment by the end of March 2023 and to do so in a sustainable way.

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

- 2.12 Unscheduled care indicators, are highlighted on pages 8 and 10, with no change to the pattern of unscheduled presentations at PCH from Aneurin Bevan UHB and Powys Teaching Health Board (THB). There has been a marked reduction in the volume of patients waiting over 12 hours in RGH for February.

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

- 2.13 The volume of patients waiting on the active Single Cancer Pathway waiting list has increased this month to 2,592, where the number waiting in excess of 104 days has fallen to 107 from 139.

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

- 2.14 A strategic plan for Stroke services in CTM is being formulated, beginning with a review of the existing Stroke model of care. Current performance levels are detailed on page 9 of the Dashboard.

2.15 At the meeting of the Stroke Delivery Group held on 2 March 2021 a number of initiatives were agreed for both Stroke Units to improve performance, including:

- Ambitious workforce plans to deliver 7 day working, from a nursing, therapy and consultant perspective
- Re-establishing ring fencing of acute stroke ward beds
- Providing adequate physical space for therapy interventions
- Implementation of a new swallow screening tool that could reduce the number of patients requiring a formal swallow assessment from a Speech and Language therapist.

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

2.16 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in January at 85.6%, however a fall of almost 3% from the December position.

2.17 Further compliance figures across the range of services are shown on page 12 of the Dashboard, where compliance in CAMHS, Neurodevelopment and Specialist CAMHS services continue to be low, though the volume of patients currently waiting for the latter has reduced by 110, just over 46%.

2.18 Psychological Therapy compliance remained static at 68.7%, with the vast majority of patients waiting in excess of 26 weeks within three specific teams.

Psychological Therapy Waiting Times					
Reporting Period	M&C	RTE	Bridgend	CTM	CTM
January 2021	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	34	45	104	133	316
27 - 35 weeks	4	10	14	9	37
36 - 51 weeks	8	9	26	12	55
52+ weeks	20	13	12	7	52
Total Waits	66	77	156	161	460
% >26 weeks	51.5%	58.4%	66.7%	82.6%	68.7%
% >36 weeks	42.4%	28.6%	24.4%	11.8%	23.3%
% >52 weeks	30.3%	16.9%	7.7%	4.3%	11.3%

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: **NOTE** the Integrated Performance Dashboard together with this report.