



**AGENDA ITEM**

2.17

**CTM BOARD**

**INTEGRATED PERFORMANCE DASHBOARD**

**Date of meeting**

28/05/2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsors**

Executive Director of Planning & Performance (Interim), Executive Medical Director & Executive Director of Nursing, Midwifery and Patient Care

**Report purpose**

FOR DISCUSSION / REVIEW

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

**Committee/Group/Individuals**

**Date**

**Outcome**

Operational meetings & discussions

Choose an item.



## ACRONYMS

RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
HRF	Health Risk Factor
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

## 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, 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 In view of the Covid-19 outbreak, where all NHS organisations have been channeling resources into the nationwide response, performance against a number of Delivery Framework targets has understandably deteriorated, especially where those targets revolve around non urgent elective treatment. Efforts are being made to ensure that urgent treatment can continue to be undertaken, with the provision of such treatment on alternative sites being activity pursued, using non-acute and private hospital facilities.
- 1.3 Given the focus on the Covid-19 outbreak, the Integrated Performance Dashboard has been reduced to a simpler format, where the majority of indicators usually reported are detailed with the latest available data. This format does not provide a commentary for these indicators as has been the case until now. This is attached as **Appendix 1**.
- 1.4 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.
- 1.5 The Board is requested to **RECEIVE** and **DISCUSS** the contents of the report and the supporting actions to improve the achievement of national and local targets.

## SUMMARY

- 1.6 The following provides a high level summary, bringing to the fore any changes to note since the previous report and/or where performance is deviating either from expected levels based on recent experience or from agreed trajectories. Unless noted otherwise, all points below refer to March 2020.

### Referral to Treatment Times

- 1.7 Following the Covid-19 outbreak, non-elective surgery has been put on hold. The confirmed position for the end of March 2020 was 4504 patients waiting over 36 weeks, of whom 1543 patients were waiting over 52 weeks. The provisional position for the end of April is 7174 patients waiting over 36 weeks, of whom 2059 are waiting over 52 weeks.

### Covid-19 Update

- 1.8 Elective referrals and activity have reduced by equivalent levels, meaning that the total waiting list is now lower than at any time since April 2019.



## **Diagnostic & Therapy Waiting Times**

- 1.9 The outbreak has also affected the Diagnostic and Therapy waiting times position, with the confirmed end of March 2020 position for Diagnostic services being 1810 patients waiting over 8 weeks, with 13 patients waiting over the 14 week for Therapy target. The respective provisional positions for April have deteriorated to 6368 and 110 respectively.

## **Covid-19 Update**

- 1.10 Reductions in referrals for diagnostic services have helped to reduce the impact on the volume of patients awaiting a scan, however the number of patients in excess of the 8 week target have increased to well above 6300, with some areas not yet reported.

## **Emergency Unit**

- 1.11 Compliance against the unscheduled care 4 hour target improved to a provisional 90.2% in April, though the number of attendances was less than half of the number that attended in April 2019. This has allowed PCH to meet the target for the month. The reduced number of attendances meant that there were only a provisional 26 patients breaching the 12 hour target. Ambulance response times reduced to 63.8% in March, with a further marginal reduction in April to 63.6%.

## **Covid-19 Update**

- 1.12 The reduction in attendances to below half the normal levels appears to be increasing, though is not yet back to pre-Covid levels.
- 1.13 The DTOC return has been suspended during the Covid-19 outbreak. There is no update therefore from the March 2020 position of 94.

## **Cancer Waiting Times**

- 1.14 The 31 day NUSC target was not met in March, with 12 patient breaches. The 62 day USC target was also not met with 35 breaches, 2 more patient breaches than experienced in February. The provisional March Single Cancer Pathway (SCP) position is 67.2%.

## **Covid-19 Update**

- 1.15 Reduced referrals together with increased triage levels has helped to reduce the primary targeting list of cancer referrals yet to be treated. Waiting times are increasing though for those areas that have not been able to continue with treatment in other settings during the Covid-19 outbreak.



### **Stroke Services**

- 1.16 Stroke data for February and March is now available for this report. Both Stroke units have shown signs of improvement against the four key targets, with the reduced number of unscheduled care admissions a key factor.

### **Covid-19 Update**

- 1.17 Stroke Unit activity appears to have reduced slightly in POW, though the level of attendances in A&E appears stable in both units.

### **Mental Health Measure**

- 1.18 Compliance against Part 1(a) of the Mental Health Measure fell from 79.9% in February to 74.4% in March. However compliance against Part 1(b) continues to improve reaching 93.1% from 89.6% in the previous month. Although the target is being maintained for the Adult service, CAMHS continues to be under target and despite an improvement in February (76.5%), compliance fell to 55.6% in March.

### **Covid-19 Update**

- 1.19 Referrals below 900, lower than any other month this year, however staff capacity also significantly reduced. The service adapted to these circumstances with the result that most patients were seen within the 28 day timeframe. This new way of working is being maintained as an alternative where face to face contact is not possible. Referrals are expected to rise significantly post COVID-19 and Integrated Locality Groups are assessing and planning for this actively.

### **p-CAMHS**

- 1.20 Compliance against the Mental Health Measure Part 1(a) was a provisional 15.3% in April, having been 18.6% in March. Compliance against Part 1(b) was a provisional 80% in April, once again achieving the target.

### **Covid-19 Update**

- 1.21 The total waiting list has reduced in volume, though the average waiting time has doubled. Following the initial Covid-19 response, the service is planning to re-focus p-CAMHS staff from week commencing 18th May to significantly increase new activity and reduce the waiting list further, but to also address the longest waiters.



## Neurodevelopment and s-CAMHS

- 1.22 Similarly, compliance against the Neurodevelopmental target of 80% of patients seen in 26 weeks reduced further in April to a provisional 56.4% from 59.7% in March, whilst target compliance for Specialist CAMHS waiting times also reduced to a provisional 45% in March from 57.9% in April.

## Covid-19 Update

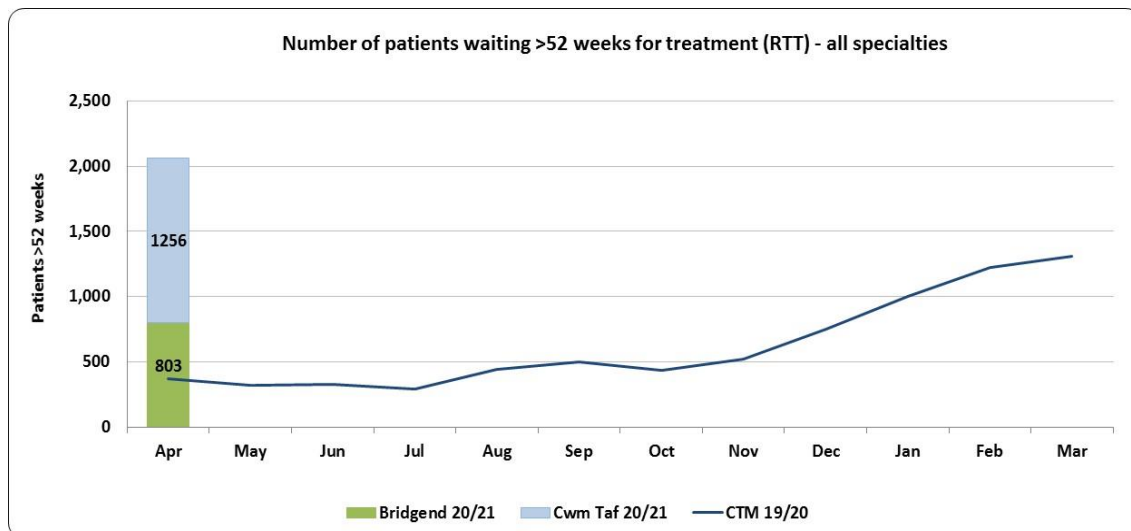
- 1.23 Both areas have reduced the overall volume of patients waiting, though the number of patients waiting beyond the target time has not reduced. s-CAMHS staff will be refocused following the initial COVID response, with job plans re-introduced in order to increase new activity and reduce waiting times.

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### • Referral to Treatment Times (RTT) – Executive Lead, Director of Operations

#### Number of Patients Waiting over 52 weeks – Target Zero

- 2.1 As illustrated in the chart, the provisional position for patients waiting over 52 weeks for treatment at the end of April 2020 is 2059.



- 2.2 The breakdown of the 2059 patients is as follows:

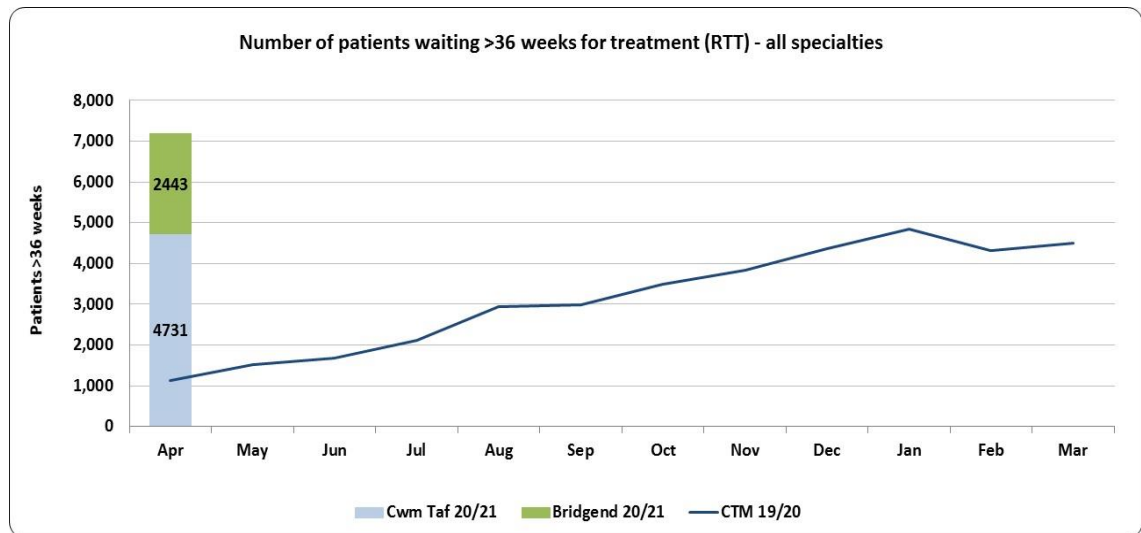
- 803 patients relate to Bridgend waiting lists (617 in March)
- 1256 patients relate to Cwm Taf waiting lists (926 in March)



### Number of Patients Waiting over 36 weeks – Target Zero

2.3 As illustrated in the chart, the provisional position for patients waiting over 36 weeks is 7174 patients across Cwm Taf Morgannwg, which is an increase of 2670 from March (N.B. includes the 2059 patients waiting over 52 weeks):

- 4731 patients relate to the former Cwm Taf waiting lists (2929 in March)
- 2443 patients relate to Bridgend waiting lists (1575 in March)



2.4 Since the middle of March, routine elective surgery has ceased, in addition to the traditional outpatient face to face contacts. However at the same time, elective referrals have reduced by more than 75%, whilst new outpatient activity has reduced by the same level.

2.5 As a consequence the total waiting list reduced to the lowest it had been since April 2019 to 61176 at the end of March 2020, with successive monthly reductions since December 2019, when it had reached 67107. Indeed the total number of open pathways reduced by more than 4500 between February 2020 and March 2020.

2.6 As with A&E attendances, since the end of April, there have been signs of referrals increasing, but they remain well below normal levels. However the number of patients waiting beyond 36 and 52 weeks continues to increase as has been shown, which will require a significant change to the way in which elective services are delivered, along with sustainable core capacity levels.





## Number of Patients Waiting under 26 weeks – Target 95%

2.7 In terms of the 26 week position, the final year-end position was 80.6%. The provisional position (excluding the direct access Diagnostic & Therapy figures) for April is as follows:

- 69.6% of Bridgend waiting lists
- 71.1% of Cwm Taf waiting lists
- 70.6% for CTM waiting lists

Provisional (as at 1st May 2020)

% Compliance Open Pathways 26+ weeks by Speciality	Cwm Taf			Bridgend			Cwm Taf Morgannwg		
	Apr-20			Apr-20			Apr-20		
	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance	Number of open pathways 26+ weeks	Total number of open pathways	% Compliance
Anaesthetics	579	1296	55.3%				579	1296	55.3%
Cardiology	542	2162	74.9%	169	1293	86.9%	711	3455	79.4%
Care of the Elderly	4	6	33.3%	6	32	81.3%	10	38	73.7%
Dermatology	2209	4091	46.0%	326	1626	80.0%	2535	5717	55.7%
Gastroenterology	531	2045	74.0%		256		531	2301	76.9%
General Medicine	268	1577	83.0%	49	255	80.8%	317	1832	82.7%
Nephrology	60	194	69.1%				60	194	69.1%
Respiratory Medicine	310	1203	74.2%				310	1203	74.2%
Rheumatology	354	1141	69.0%				354	1141	69.0%
Sports Exercise Medicine	93	139	33.1%				93	139	33.1%
ENT	1002	4047	75.2%	754	2383	68.4%	1756	6430	72.7%
Endocrinology				50	370	86.5%	50	370	86.5%
Thoracic Medicine				48	331	85.5%	48	331	85.5%
Ophthalmology	1153	4046	71.5%	566	2157	73.8%	1719	6203	72.3%
Oral Surgery	712	2080	65.8%				712	2080	65.8%
Orthodontics	3	86	96.5%				3	86	96.5%
Restorative Dentistry	17	82	79.3%				17	82	79.3%
Gynaecology	472	2647	82.2%	790	2393	67.0%	1262	5040	75.0%
Paediatrics	56	1213	95.4%	30	504	94.0%	86	1717	95.0%
Paediatric Neurology					13			13	
Haematology	57	372	84.7%				57	372	84.7%
General Surgery	1391	5407	74.3%	651	2518	74.1%	2042	7925	74.2%
Colorectal									
Orthopaedics	1415	4494	68.5%	2218	4494	50.6%	3633	8988	59.6%
Urology	490	2272	78.4%	510	1694	69.9%	1000	3966	74.8%
<b>Open Pathways 26+ weeks</b>	<b>11718</b>		<b>71.1%</b>	<b>6167</b>		<b>69.6%</b>	<b>17885</b>		<b>70.6%</b>
<b>Total Open Pathways</b>		<b>40600</b>			<b>20319</b>			<b>60919</b>	

## • Diagnostic Waits – Executive Lead, Director of Operations

2.8 The provisional position for April is 6368 patients waiting over 8 weeks for diagnostic services. This is a considerable deterioration from the confirmed March position of 1810, with Covid-19 restrictions taking full hold. Note that this position is likely to deteriorate further as Radiology data for the POW service is not yet available.





- 2.9 The table provides a breakdown of the areas that are breaching the 8 week target (**N.B. these figures do not yet include the Radiology figures from Bridgend**).

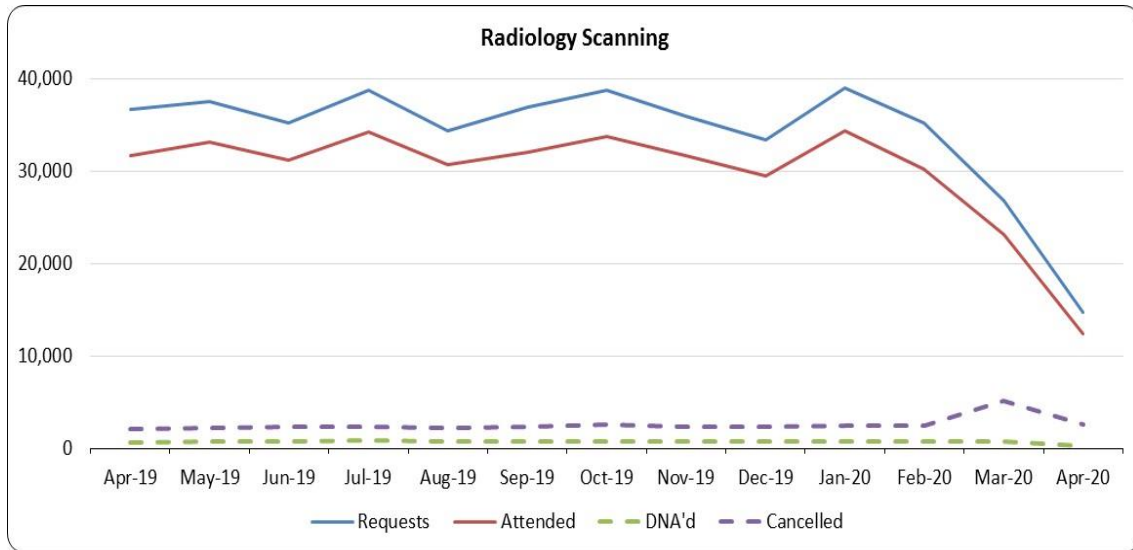
Provisional as at 1st May 2020

Service	Sub-Heading	Waiting >8 weeks		
		CT	Bridgend	CTM
Cardiology	Echo Cardiogram	569	396	965
Cardiology Services	Cardiac CT	6		6
	Diagnostic Angiography	42	32	74
	Stress Test	24	22	46
	DSE	33	24	57
	TOE		13	13
	Heart Rhythm Recording	134	232	366
	B.P. Monitoring	116	50	166
	Cardiac MRI	17		17
Colonoscopy		246	36	282
Gastroscopy		743	53	796
Cystoscopy		110	83	193
Flexi Sig		506	38	544
Radiology - Cons Referral	Non-Cardiac CT	373		373
	Non Cardiac MRI	761		761
	NOUS	342		342
	NOUS - Consultant Rad Only	166		166
	Non-Cardiac Nuclear Medicine	25		25
Radiology - GP Referral	NOUS	674		674
	NOUS - Consultant Rad Only	110		110
	Non-Cardiac CT	117		117
	Non-Cardiac MRI	73		73
Imaging	Fluoroscopy	30		30
Physiological Measurement	Urodynamics	17		17
Neurophysiology	EMG	42		42
	NCS	113		113
<b>Total</b>		<b>5389</b>	<b>979</b>	<b>6368</b>

- 2.10 The following graph shows the Cwm Taf Morgannwg diagnostic position for the last 13 months:

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
61	151	128	831	1189	959	855	1063	1479	1484	1086	1810
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6368											

- 2.11 The impact of Covid-19 on Endoscopy services will be highlighted in the Surveillance Monitoring section, but the impact on Radiology services across all modalities is illustrated here:



2.12 Demand regularly outstrips capacity and although there have been fewer referrals in recent months, there have also been fewer scans undertaken. The net result is that there are currently over 13,300 requests not yet scanned across all modalities, of which over 1,400 are prioritized as urgent.

- **Therapy Waits – Executive Lead, Director of Operations – Target: Zero waits >14 weeks**

2.13 There are provisionally 110 patients breaching the 14 week target for therapies in April, an increase from the confirmed March position of 13, detailed in the following tables:

Provisional as at 1st May 2020

Service	Waiting >14 weeks		
	CT	Bridgend	CTM
Audiology	10	61	71
Dietetics	6	8	14
Occupational Therapy	1	4	5
Physiotherapy	1		1
Podiatry	1		1
SALT	18		18
<b>Total</b>	<b>37</b>	<b>73</b>	<b>110</b>

Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
0	0	0	13	25	37	57	44	1	1	0	13
Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
110											



- **Surveillance Monitoring (Endoscopy) – Executive Lead, Director of Operations**

2.14 The endoscopy unit at Princess of Wales is a JAG accredited unit and one of the criteria to maintain JAG accreditation is that all surveillance work needs to be 100% in target i.e. 100% of all patients that are under surveillance need to be seen within 8 weeks of the date due. This target has consistently been achieved with all patients normally seen within the month that they are due. The effects of COVID-19 however has impacted on this service, with 30 patients now past their target month but still within the 126 days tolerance. The backlog contains patients who were targeted to be seen in both March and April.

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

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

2.16 The two tables below show the increase in the number of patients waiting across the four pathways.

as at 04/05/2020

Patient Category	PCH	RGH	POW	TOTAL
<b>Cancer</b>				
Waiting <14 days	29	29	10	68
Over Target	66	133	8	207
<b>Total Patients Waiting</b>	<b>95</b>	<b>162</b>	<b>18</b>	<b>275</b>
<b>Urgent Non-Cancer</b>				
Waiting <14 days	53	21	0	74
Over Target	661	534	10	1205
<b>Total Patients Waiting</b>	<b>714</b>	<b>555</b>	<b>10</b>	<b>1279</b>
<b>Routine</b>				
Waiting <56 days	85	149	140	374
Over Target	215	357	125	697
<b>Total Patients Waiting</b>	<b>300</b>	<b>506</b>	<b>265</b>	<b>1071</b>
<b>Surveillance</b>				
Waiting <126 days	386	578	30	994
Over Target	3	5	0	8
<b>Total Patients Waiting Past Review Date</b>	<b>389</b>	<b>583</b>	<b>30</b>	<b>1002</b>

as at 31/03/2020

Patient Category	PCH	RGH	TOTAL
<b>Cancer</b>			
Waiting <14 days	43	84	127
Over Target	19	33	52
<b>Total Patients Waiting</b>	<b>62</b>	<b>117</b>	<b>179</b>
<b>Urgent Non-Cancer</b>			
Waiting <14 days	78	128	206
Over Target	575	385	809
<b>Total Patients Waiting</b>	<b>653</b>	<b>513</b>	<b>1166</b>
<b>Routine</b>			
Waiting <56 days	109	211	320
Over Target	157	258	415
<b>Total Patients Waiting</b>	<b>266</b>	<b>469</b>	<b>735</b>
<b>Surveillance</b>			
Waiting <126 days	323	481	576
Over Target	2	3	6
<b>Total Patients Waiting Past Review Date</b>	<b>325</b>	<b>484</b>	<b>809</b>

2.17 The second table does not have any data for POW, since until the most recent month, there were no patients waiting beyond their target date as explained earlier.

2.18 In terms of the position across PCH and RGH, there were 259 fewer scans performed in March this year compared to last year, whilst April scans were over 700 less this year compared to last year.

2.19 Referrals have reduced given the current circumstances, so whilst the total waiting list across CTM for Cancer, other Urgent and Routine referrals is now 2625, the increase is limited to 275, given that there were 270 on the waiting list at POW as at 31<sup>st</sup> March 2020 (though it is not shown in the table).

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

2.20 The following table shows the reported CTM position for patients waiting 100% beyond their target date up to the end of March, which shows that whilst progress was made during February this was reversed in March, as predicted.

2.21 Work has continued in this area, with the consistent approach across CTM as a whole now within reach. Whilst face to face appointments have reduced, some specialties have considerably increased the number of virtual clinic appointments undertaken, digitally enabled using a blend of commercial and national products.



Number of patients waiting for a follow-up outpatient appointment, delayed by over 100%							
	Date NOT BOOKED			DATE BOOKED			Total
	CT	Bridgend	CTM	CT	Bridgend	CTM	
<b>Apr-19</b>	11140	5786	16926	2627	3096	5723	22649
<b>May-19</b>	8645	6601	15246	2842	2754	5596	20842
<b>Jun-19</b>	8046	7382	15428	2483	2023	4506	19934
<b>Jul-19</b>	7921	9385	17306	2649	1264	3913	21219
<b>Aug-19</b>	7260	9596	16856	2614	1484	4098	20954
<b>Sep-19</b>	7092	9467	16559	2766	1440	4206	20765
<b>Oct-19</b>	6537	9717	16254	2639	1428	4067	20321
<b>Nov-19</b>	6436	9533	15969	2477	1417	3894	19863
<b>Dec-19</b>	6647	9629	16276	2644	1377	4021	20297
<b>Jan-20</b>	6087	8939	15026	2848	1641	4489	19515
<b>Feb-20</b>	5568	8315	13883	2626	1248	3874	17757
<b>Mar-20</b>	7464	9006	16470	1719	703	2422	18892

2.22 The reduction of routine face to face appointments has given the UHB a rare opportunity to restart the outpatient service in a much more streamlined, digitally enabled way, providing the potential for increasing activity levels in a patient friendly way. The following twelve specialties in particular have taken this opportunity already:

Specialty	Follow-Ups for the Six Week Period Either Side of w/c 16th March 2020					
	Virtual Non Face to Face Activity			Traditional Face to Face Activity		
	Pre Covid	Post Covid	Change	Pre Covid	Post Covid	Change
Child & Adolescent Psychiatry	31	1973	1942	2878	357	-2521
Nursing	910	2217	1307	4850	1493	-3357
Orthopaedics	10	1178	1168	3722	771	-2951
General Medicine	77	1062	985	1954	562	-1392
Cardiology	283	975	692	1215	218	-997
Paediatrics	11	684	673	1485	305	-1180
General Surgery	280	823	543	1888	200	-1688
ENT Surgery	142	579	437	595	53	-542
Dermatology	81	515	434	1913	365	-1548
Mental Illness	48	448	400	2028	1207	-821
Urology	304	700	396	1084	412	-672
Rheumatology	60	312	252	1116	245	-871

2.23 The table also shows how face to face appointments have reduced over the same twelve week period, which although greater than the increase in virtual appointments, does not take away from the potential that exists for re-designing the way in which outpatient activity is delivered in the future.



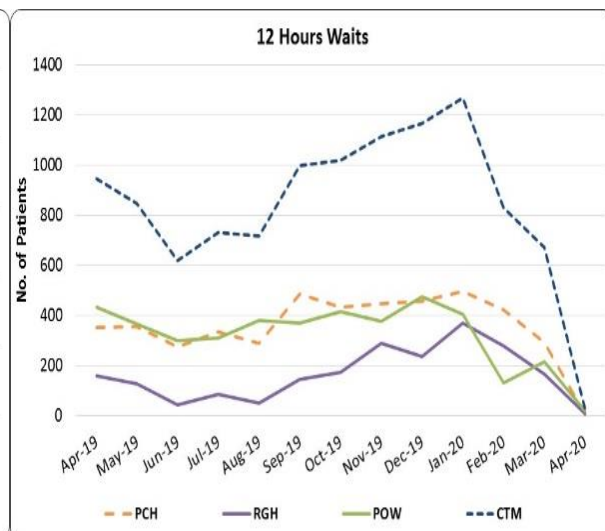
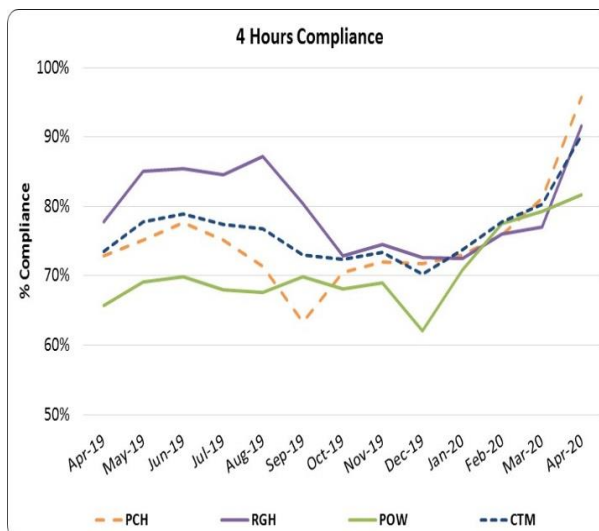
- **Unscheduled Care – Executive Lead, Director of Operations**

2.24 4 Hour 95% Target: The combined performance for Cwm Taf Morgannwg for the four hour target further improved during April to a provisional 90.2%, with the majority of the improvement occurring in PCH and RGH.

2.25 The 4 hour target was met for the first time at PCH – 95.8%, albeit that as in the other two acute units, activity levels were less than half of what they were in April 2019.

2.26 There were only 26 breaches of the 12 hour Target, with reduced activity levels being the primary factor in reducing to such a low level from the reported 671 in March. Individual departmental 4 and 12 hour performance was as follows:

	PCH			RGH			POW			CTM		
	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs	Attends	4 Hrs %	> 12 Hrs
Apr-19	5547	72.9%	352	5338	77.7%	160	5003	65.7%	432	16656	73.5%	944
May-19	5190	75.2%	355	5509	85.1%	127	5137	69.1%	366	16675	77.8%	848
Jun-19	5030	77.6%	276	5235	85.5%	44	4831	69.9%	299	15858	78.9%	619
Jul-19	5460	75.1%	333	5693	84.5%	86	5451	68.0%	311	17639	77.4%	730
Aug-19	5154	71.4%	287	5063	87.3%	48	4990	67.6%	381	16113	76.8%	716
Sep-19	5306	63.3%	486	5418	80.4%	143	5038	69.9%	369	16746	73.0%	998
Oct-19	5289	70.5%	433	5484	72.9%	171	4980	68.1%	414	16749	72.3%	1018
Nov-19	5028	72.0%	448	5292	74.5%	289	4744	69.0%	376	15895	73.4%	1113
Dec-19	4951	71.8%	458	5159	72.7%	235	4887	62.0%	474	15681	70.2%	1167
Jan-20	4855	73.0%	495	5090	72.5%	370	4638	70.9%	404	15525	73.8%	1269
Feb-20	4608	75.9%	422	4393	76.1%	278	4249	77.6%	130	14006	77.8%	830
Mar-20	3831	81.2%	293	3483	77.0%	164	3544	79.3%	214	11476	80.3%	671
Apr-20	2693	95.8%	3	2588	91.7%	6	2505	81.6%	17	8081	90.2%	26





2.27 For April 2019, the average daily number of attendances was 571. There was a reduction in attendances which started from 16<sup>th</sup> March 2020 that meant for the four week period commencing 23<sup>rd</sup> March 2020, the average daily number of attendances was as low as 252.

2.28 From the 20<sup>th</sup> April 2020, there have been signs of an increase in the number of attendances, so that the average for the first week of May has increased to 370. This is likely to increase further in the coming weeks.

### Emergency Ambulance Services

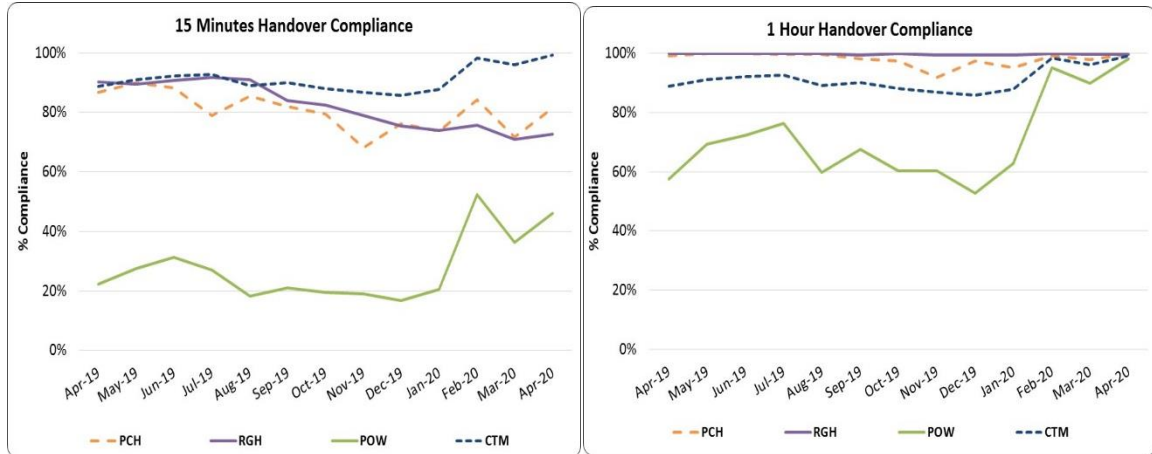
2.29 The performance for emergency ambulance services over one hour (Target Zero) improved in April to a provisional 99.2% from 96% in March. Compliance at PCH and RGH remains fairly stable with POW continuing to improve.

2.30 Whilst there has been a reduction of over 50% in A&E attendances, ambulance arrivals have not reduced by the same level, with just under 2,300 arrivals in April 2020 compared to just under 3,200 in April 2019 – a 28% reduction.

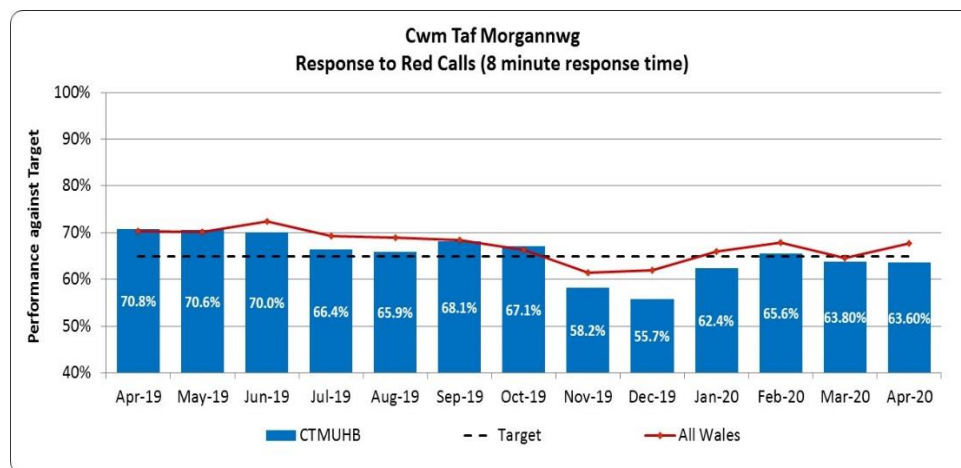
2.31 Individual departmental 15 minute and 1 hour handover times are as follows:

	PCH			RGH			POW			CTM		
	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %	Handovers	15 Mins %	1 Hour %
Apr-19	1343	86.7%	99.2%	1258	90.3%	100.0%	893	22.4%	57.4%	3494	71.6%	88.8%
May-19	1231	89.9%	100.0%	1253	89.5%	99.8%	1009	27.6%	69.3%	3493	71.7%	91.1%
Jun-19	1161	88.3%	99.9%	1207	90.7%	99.9%	920	31.3%	72.4%	3288	73.2%	92.2%
Jul-19	1271	78.8%	99.5%	1184	91.7%	99.9%	1043	27.1%	76.2%	3498	67.8%	92.7%
Aug-19	1172	85.6%	99.7%	1173	91.0%	99.9%	871	18.3%	59.8%	3216	69.3%	89.0%
Sep-19	1210	81.9%	98.2%	1158	83.9%	99.5%	924	21.0%	67.4%	3292	65.5%	90.0%
Oct-19	1155	79.5%	97.5%	1298	82.6%	99.8%	943	19.4%	60.1%	3396	64.0%	88.0%
Nov-19	1162	68.2%	91.9%	1220	78.9%	99.3%	796	19.0%	60.2%	3178	60.0%	86.8%
Dec-19	1162	76.1%	97.3%	1201	75.4%	99.4%	902	16.7%	52.7%	3265	59.4%	85.8%
Jan-20	1120	73.8%	95.1%	1189	73.8%	99.4%	882	20.4%	62.7%	3191	59.0%	87.7%
Feb-20	1039	84.2%	99.1%	1074	75.6%	100.0%	879	52.3%	95.1%	2992	71.8%	98.3%
Mar-20	982	71.6%	97.8%	924	70.9%	99.6%	796	36.4%	89.8%	2702	61.0%	96.0%
Apr-20	767	81.5%	99.7%	800	72.8%	99.8%	706	46.0%	98.0%	2273	67.4%	99.2%



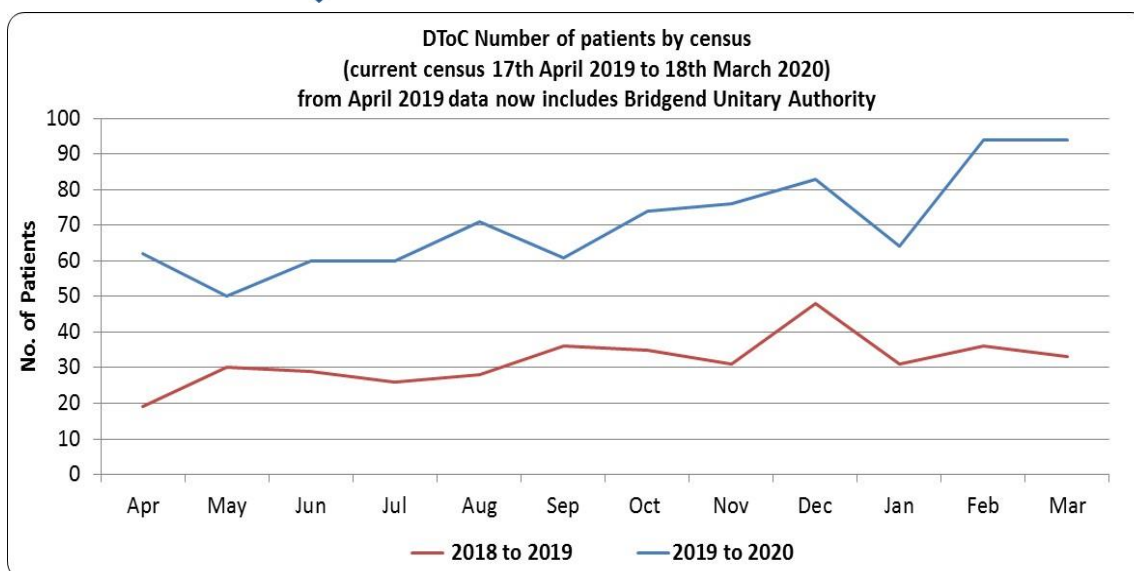


2.32 The response to red calls reduced to 63.8% in March from 65.6% in February, with a further minor reduction to 63.6% in April. CTM compliance remains below the Welsh average performance, which was 67.7% in April.



- **Delayed Transfer of Care (DTOC) – Executive Lead, Director of Operations – Target 12 month Reduction Trend**

2.33 The DTOC return has been suspended by the Welsh Government as a result of the Covid-19 outbreak. Previously reported figures up to the end of March are illustrated below:



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

2.34 Typically, there are over 430 USC referrals per week across all services within the UHB, with over 120 per week for NUSC. Since 22<sup>nd</sup> March, this has reduced to 180 and 57 respectively.

2.35 On average there are around 1200 referrals per month that are downgraded, though this increased to over 1500 in January, with over 1200 in both February and March. This higher level of triaging prior to the Covid-19 outbreak together with the reduced referrals has reduced the primary targeting list of cancer referrals from a level in excess of 1900 at the start of January to just over 1300 at the end of April.

2.36 That said, the backlog of patients is growing for certain tumour sites as they have not been able to undertake treatments, such as gastrointestinal, with resolving issues in Urology continuing to be problematic.

2.37 Treatment has been undertaken though in the Vale hospital with Gynaecology, Breast and Urology undertaking 10, 32 and 30 cases respectively in April, with treatment continuing into May.



### **31 day target (NUSC): Target is 98%**

- 2.38 The combined performance for Cwm Taf Morgannwg fell in March to 91.4% from 98% in February with 12 patient breaches. This was mainly due to delays in waiting for both in-house and tertiary treatment, resulting in 5 patient breaches in Breast, 4 patients in Urology with Upper GI, Lower GI and Lung each having 1 patient breach.

### **62 day target (USC): Target is 95%; IMTP Projection 90%**

- 2.39 The combined performance for Cwm Taf Morgannwg was 69.0% with 35 patient breaches.
- 2.40 Urology accounted for 22 of the USC patient breaches, with 3 patient breaches in both Lung and Gynaecology and 4 breaches for Lower Gastrointestinal. Head & Neck, Skin and Sarcoma tumor sites each had 1 patient breach. The delays were caused mainly through a combination of radiological delays, lack of outpatient capacity and delays in both in-house and tertiary treatment.
- 2.41 The number of patients already past 62 days awaiting treatment will result in a similar picture for breaches in Urology over the next few months.

### **Single Cancer Pathway**

- 2.42 The SCP performance for March was:

- With suspensions 67.2% (65.5% in February)
- Without suspensions 59.3% (54% in February)

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

- 2.43 February 2020 data was unavailable for the previous report but has now been included in the table below along with March 2020.
- 2.44 The need for clinical staff to enter data into the Sentinel Stroke National Audit Programme (SSNAP) database has been relaxed since the beginning of April in support of targeting their efforts to the NHS response to the Covid-19 outbreak. Options for continuing to provide this data through other means are being explored locally both at PCH and POW.

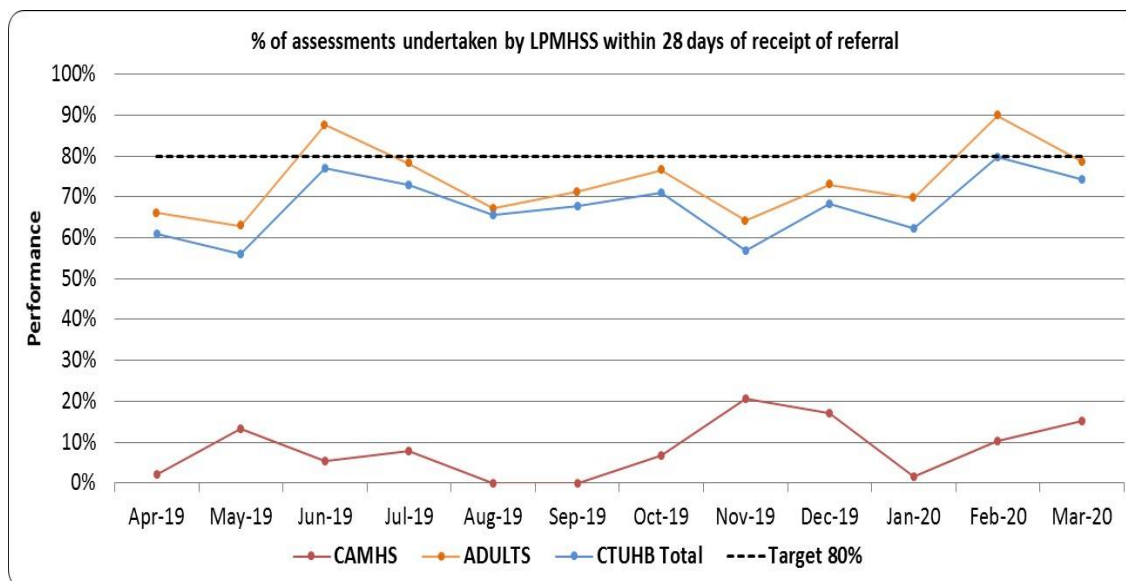


	Prince Charles Hospital				Princess of Wales Hospital				Cwm Taf Morgannwg			
	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS	4 HRS	45 MINS	1 HR	24 HRS
Apr-19	33.9%	0.0%	69.8%	68.3%	25.0%	50.0%	46.4%	50.0%	31.1%	40.0%	62.6%	62.6%
May-19	42.3%	25.0%	69.8%	73.6%	30.4%	25.0%	39.1%	56.5%	38.7%	25.0%	60.5%	68.4%
Jun-19	43.6%	0.0%	74.5%	70.9%	21.7%	20.0%	47.8%	21.7%	37.2%	9.1%	66.7%	56.4%
Jul-19	33.3%	66.7%	75.4%	70.5%	28.6%	0.0%	44.4%	69.4%	31.6%	28.6%	63.9%	70.1%
Aug-19	38.3%	16.7%	66.7%	72.5%	6.3%	100.0%	46.9%	62.5%	25.3%	37.5%	59.0%	68.7%
Sep-19	31.7%	33.3%	69.0%	69.0%	15.8%	0.0%	39.5%	57.9%	24.1%	25.0%	55.0%	63.8%
Oct-19	40.7%	36.4%	71.4%	66.1%	19.4%	Nil	47.2%	66.7%	32.2%	36.4%	62.0%	66.3%
Nov-19	23.5%	50.0%	64.7%	70.6%	13.3%	16.7%	58.1%	54.8%	19.8%	25.0%	62.2%	64.6%
Dec-19	37.8%	20.0%	63.2%	57.9%	7.4%	0.0%	44.4%	22.2%	25.0%	12.5%	55.4%	43.1%
Jan-20	30.4%	62.5%	60.7%	66.1%	18.5%	0.0%	44.4%	51.9%	26.5%	50.0%	55.4%	61.4%
Feb-20	44.0%	85.7%	70.6%	68.6%	34.6%	33.3%	51.9%	81.5%	40.8%	70.0%	64.1%	73.1%
Mar-20	45.9%	50.0%	78.4%	70.3%	42.1%	0.0%	52.6%	63.2%	44.6%	25.0%	69.6%	67.9%

2.45 Whilst it would appear that attendances at A&E in relation to Stroke services have continued, the POW team have advised that their activity levels have reduced since the Covid-19 outbreak.

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

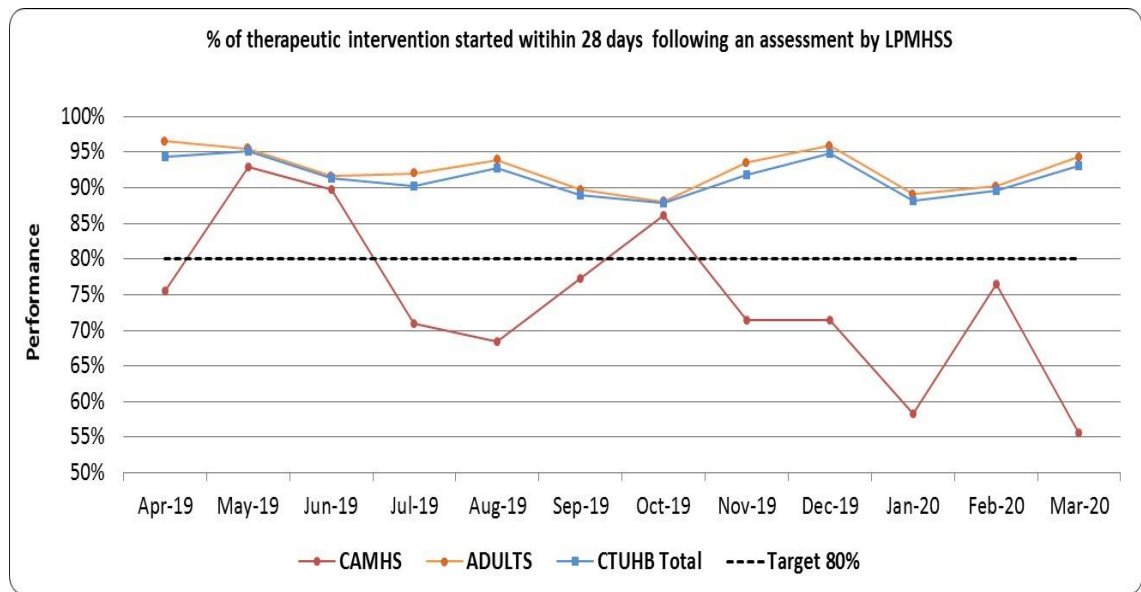
2.46 Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target of 80% of referrals to be assessed within 28 days. March compliance dipped to 74.4% from 79.9% in February. Performance fell in the Adult Service to 78.7% from 90.7%, however CAMHS improved from 10.1% to 15.2%.



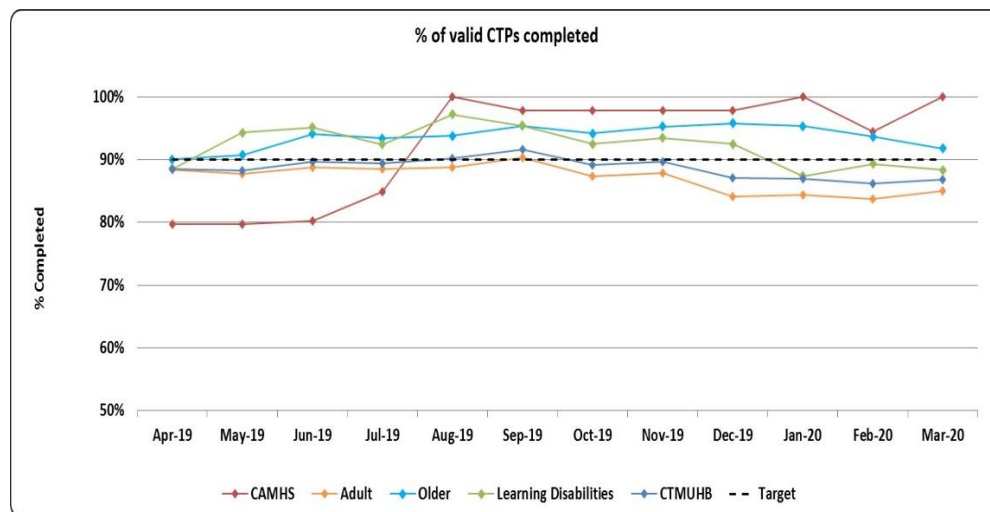


2.47 Referrals were lower in March at 889, whereas with the exception of December, the level is normally above 1000, often above 1100.

2.48 Overall the percentage of therapeutic interventions started within 28 days following an assessment by LPMHSS continued to remain above the 80% target during March and further improved to 93.1% from 89.6% in February. CAMHS continues to be the only service not meeting the target and whilst performance had improved in February (76.5%), the March performance fell to 55.6%.



2.49 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 improved marginally in March to 86.9% from 86.1% in February.







- 2.50 Two assessments were carried out during March both of which were sent within 10 working days achieving the target of 100% for Part Three of the Mental Health Measure.

### **Primary Care CAMHS (p-CAMHS)**

- 2.51 Compliance against the Mental Health Measure Part 1(a) was a provisional 15.3% in April, with 33 patients out of 39 seen who had waited more than 28 days. This is a reduction from the March position of 18.6%. Compliance against Part 1(b) was a provisional 80% in April, once again achieving the target.
- 2.52 The Cwm Taf Morgannwg p-CAMHS waiting list position as at 6<sup>th</sup> May 2020 is a provisional 121 patients waiting (a decrease of 110), but 113 of those patients are waiting more than 4 weeks. The average wait increased from 4 weeks to 8.
- 2.53 As was described in the FUNB section, virtual clinics have been undertaken and this has also been the case for new patients, which has had the impact of reducing the total waiting list at a time of reduced referrals.
- 2.54 However given that the average wait is now at 8 weeks, it would appear that the patients waiting over 4 weeks at the end of March have not necessarily been targeted. Plans to increase activity are in place to address the increased waiting times in the coming months.

### **Neurodevelopment**

- 2.55 Compliance against the 26 week target for the former Cwm Taf area for Neurodevelopment services continued to deteriorate in April to a provisional 56.4% from 59.7% in March.
- 2.56 However the total waiting list has reduced from 603 to 516, whilst those waiting above the target time have reduced from 243 to 225.

as at 6th May 2020

Neurodevelopment	CTM
Total Waiting List	516
Waiting 26+ weeks	225
Compliance	56.4%
Average weeks wait	24.0

## Specialist CAMHS (s-CAMHS)

- 2.57 The Cwm Taf Morgannwg position for specialist CAMHS waiting times continued to fall during April to a provisional 45.0% from 57.9% in March.
- 2.58 As with Neurodevelopment, the total waiting list has reduced from 145 to 111, though those waiting above the target time has remained static at 61.

as at 6th May 2020

Specialist CAMHS	CT	Bridgend	CTM
Total Waiting List	79	32	111
Waiting >4 weeks	36	25	61
Compliance	54.4%	21.9%	45.0%
Average weeks wait	3.9	7.3	4.9

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

- 2.59 Mortality data (amenable and crude) remains unavailable for CTM as a whole.
- 2.60 It is inevitable that amenable mortality will rise due to the Covid-19 pandemic. This is likely to be due to the reduced contact with both primary and secondary care and to the delayed presentation for some conditions.
- 2.61 The Health Board continues to undertake stage 1 mortality reviews and some stage 2 reviews are being carried out in secondary care. A paper was presented to Quality and Safety Committee earlier in May in relation to this.
- 2.62 Mortality reviews in nursing home environments are being coordinated by the Assistant Medical Director for primary care. These are in specific relation to Covid-19. Early indications outline that there is both good practice and some lessons to be learnt. A further evaluation will be undertaken as part of the Covid-19 lookback.





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

2.63 Reported performance in this area is lower than in the last report. 52.5% in January compared to 60.5% in November for inpatients and at 43.1 compared 71.0% for ED for the same time periods. It is currently unclear whether this is due to capacity to undertake the required audits or a real drop in compliance. This work is led by the outreach teams at all sites. They provide 24/7 cover on the three acute sites. Their capacity has been limited due to the Covid-19 work.

2.64 As previously reported, this will be a key area of focus once the Covid-19 peaks are over.

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

2.65 Data remains unavailable for CTM as a whole.

2.66 For CT none were reported in the last reporting period, however this is likely due to the lack of capacity to review potential HATs due to Covid-19 work.

- **Infection Prevention and Control – rates of E.coli, S.aureus MRSA and MSSA and C.difficile (Indicators 18, 19 and 20) - Executive Lead, Director of Nursing, Midwifery & Patient Care**

2.67 Expected reduction rates for 2019/20 were set at 67 per 100,000 for E.coli, 20 per 100,000 for S.aureus and 21 per 100,000 population for C.difficile.

2.68 Whilst the Health Board made good progress during 2019/20, with both E.coli and S.aureus at lower levels than for the same period in the previous year, the current performance remains over the calculated trajectories for year end.

2.69 Of these, 71% of the E.coli bacteraemia were detected <48 hours post admission and therefore deemed to be community acquired. Approximately 57% of the S.aureus bacteraemia were detected <48 hours following the patients admission and therefore also deemed to be community acquired.



- 2.70 For C.difficile the Health Board reported a higher rate than the previous year. The IPC team has been working with clinicians to improve the RCA process and realign policies / procedures to standardise practice. Actions have also been put in place to focus on primary care prescribing in this area. However, this work has slowed as since the Covid-19 pandemic was declared, the majority of the IP&C team's time is taken up with supporting clinical teams in this area.
- 2.71 Despite the improvements made, the Health Board has not met the reduction expectations set for 2019/20. This is the same in the other five major acute Health Boards across Wales.
- 2.72 Actions are underway across CTM supported by the IPC team. Consistent themes to target for improvement include antimicrobial stewardship and prescribing, screening where relevant, hand hygiene and management of invasive devices. These will be discussed and actioned further in the ILGs once they are fully established.
- 2.73 As reported in the last report, whilst there is an expectation of Welsh Government that each Health Board will invest in primary care and communities area and appoint two Band 7 IPC Nurses, this has not yet occurred. Consideration is being given to what IP&C support is required in each ILG.

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

- 2.74 For alerts, 11 have been received to date with 2 new alerts in April. The Health Board is non-compliant with 2 of the 11, which includes one of the new ones. Work is underway to achieve compliance with both outstanding alerts, though achieving compliance in the 9<sup>th</sup> of 11 requires an all Wales procurement decision. The status of the 9<sup>th</sup> is therefore unchanged from the last report.
- 2.75 For notices, of the 53 received to date (two new in February and one new in March 2020), the Health Board is compliant in 51. The non-compliance with PSN030 is longstanding and mainly focusses on old medicines cupboards. This is a PSN that is non-compliant across the whole of Wales. Significant work has been undertaken to achieve compliance with PSN046, the other outstanding notice, however the two outstanding actions have been paused due to Covid-19.



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

2.76 Performance in relation to Indicator 23 remains low at present with no improvement since the last report. There were 88 closures outstanding on the 4<sup>th</sup> May 2020. The new toolkit is now completed and in use with training commenced. This is continuing virtually at present as time allows. A focus on this indicator will be a key metric for the Integrated Locality Group (ILG) teams.

2.77 In terms of this formal 60 day target for SI closure reporting, Welsh Government had already decided to remove this from the NHS Wales Delivery Framework from 1 April 2020. NHS organisations will still be required to work towards the 60 days as a guide, but will not be formally monitored against it. This is a permanent change by Welsh Government, not only for the duration of Covid-19.

2.78 For the local measure, the Health Board is now reporting less SIs following the implementation of the new toolkit and as a result of improved categorisation of SIs. The majority of incidents continue to be low or no harm.

2.79 A good understanding of incident themes is in place with the top three reported incidents slip, trip and falls, delays and unexpected deaths for February and March 2020.

2.80 From April 2020, progress on reduction of falls will be monitored alongside the planned improvement trajectory.

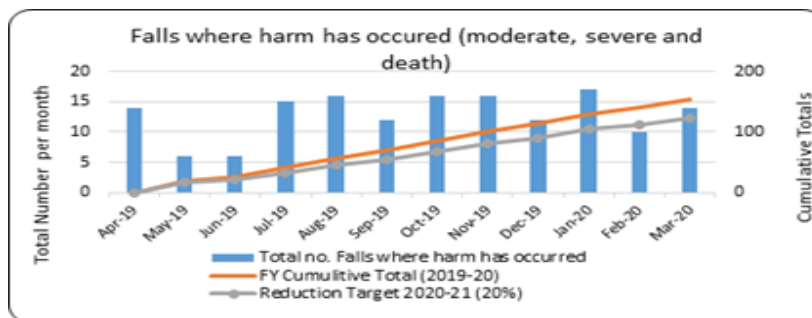


Fig 1.

2.81 Those reported under the category of delays mainly relate to delays in follow up within the Ophthalmology Service. An improvement programme is already underway for this. This has previously been reported through the Quality and Safety Committee.

2.82 In relation to the unexpected deaths in mental health, all occurred within the community for those in receipt of outreach services; a safeguarding adult practice review is considered for all unexpected deaths of individuals in receipt of statutory services.

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

2.83 One never event occurred in February 2020, with none reported during March.

2.84 The February never event refers to an incident within obstetrics where a swab was retained intentionally but this was not communicated between staff and the correct procedure was not followed. This incident occurred at the Princess of Wales Hospital in the Bridgend locality. Joint working in relation to investigating this incident is ongoing. The patient suffered no harm and make-safe briefings have taken place.

2.85 Following on from the three never events recorded in recent months, the new Bridgend locality senior team are positively working with the relevant clinical teams to ensure a safety culture is embedded across the locality.

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

2.86 During February and March 2020, there were 212 (129 in February, 83 in March) complaints managed through Putting Things Right regulations. The three main issues from complaints remain the same as the previous month and relate to delays, communication and treatment error.

2.87 For the respective reporting periods, response times were 75% and 54%. The Health Board therefore met the Welsh Government target of 75% in February. Fall in compliance in March is due to the Covid-19 pressures. The corporate team continues to provide support to the directorates and localities in relation to this work.

2.88 Key themes of complaints were delays with appointments and follow ups, communication and treatment error. The delays related to planned procedures in General Surgery, Trauma & Orthopaedics and Gynaecology. The complaints relating to communication correlated with lack of information with care pathways and in PCH there was a link to poor staff attitudes (5 complaints), which is not reported in the other



sites. Treatment errors are associated with delays in diagnosis or misdiagnosis.

2.89 Learning from complaints continue to be reviewed in a variety of ways, including; at directorate / site governance meetings, through patient stories, through the complaints and claims scrutiny panels and through the listening and learning newsletters. The Learning from Concerns coordinator, who has been in post for 7 months, is commencing work on the patient stories library which will be used as a learning resource. This was supported as an action at previous Quality and Safety and Board meetings.

2.90 It is also important to remember that many services receive compliments for the quality of care. Work is being explored to capture examples of exemplary practice. Learning from complaints will be strengthened further through the emerging ILG governance teams.

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

2.91 The Caesarean section reduction indicator is one element of the maternity improvement programme, with a target of 25% for all Caesarian sections. Whilst there is month on month variation on the two sites that undertake Caesarian sections (PCH and POW), there is a slow downward trajectory (improvement) (Fig 2).

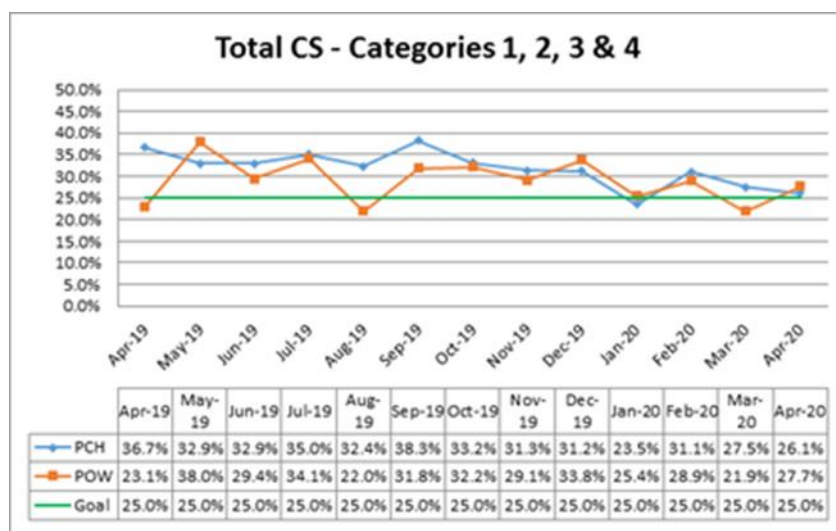


Fig 2.

2.92 Figures 3 and 4 are broken down into elective and non-elective rates.

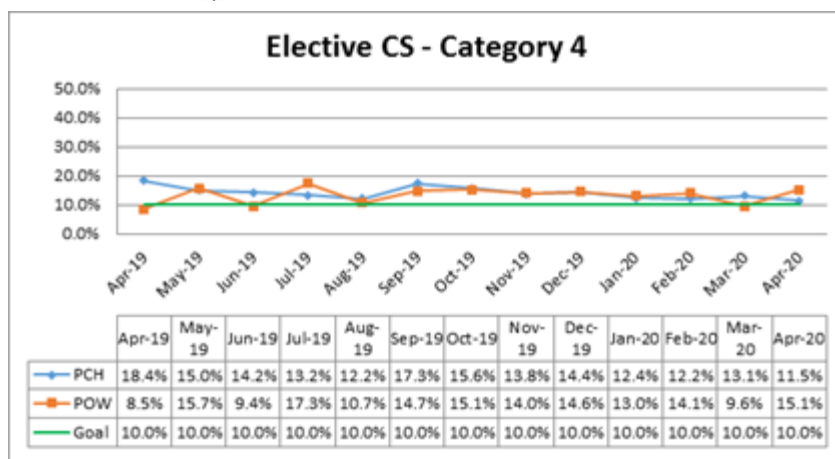


Fig 3.

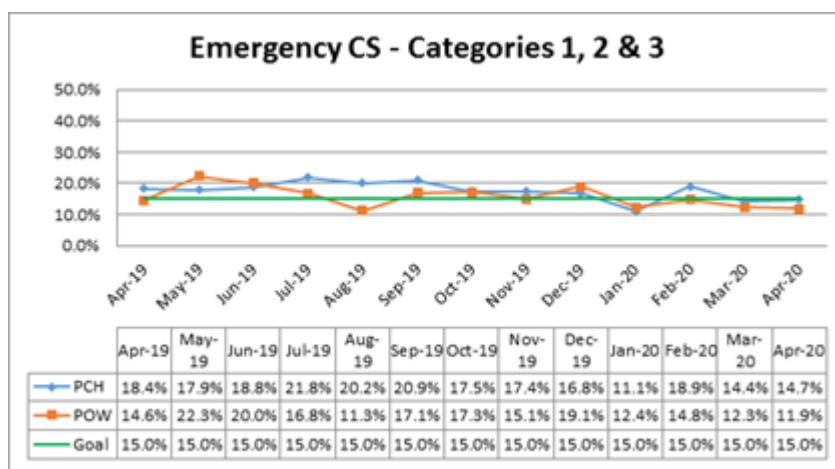


Fig 4.

2.93 The Caesarian Section working group continues to meet and monitors the performance on an ongoing basis. This metric, alongside other maternity improvements have been captured in the recent positive report on progress from the Independent Maternity Scrutiny and Oversight Panel (IMSOP).

### 3. KEY RISKS/MATTERS FOR ESCALATION TO THE MANAGEMENT BOARD

3.1 The key risks are covered in the summary and main body of the report.





#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	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.
<b>Related Health and Care standard(s)</b>	Choose an item.
	If more than one Healthcare Standard applies please list below: The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes. The work reported in this summary and related annexes take into account many of the related quality themes.
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	Yes (Include further detail below)
	A number of indicators monitor progress in relation to legislation, such as the Mental Health Measure.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	There are no directly related resource implications as a result of this report, although a number of improvement areas have underpinning financial plans. A number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates.
<b>Link to Main Strategic Objective</b>	To ensure good value based health care and treatment for our patients in line with the resources made available to the Health Board





<b>Link to Main WBFG Act Objective</b>	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users
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## 5. RECOMMENDATION

5.1 The Board is asked to:

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