



**AGENDA ITEM**

5.1

**PLANNING, PERFORMANCE & FINANCE COMMITTEE**

**INTEGRATED PERFORMANCE DASHBOARD**

<b>Date of meeting</b>	21/12/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Alan Roderick, Assistant Director of Performance & Information
<b>Presented by</b>	Executive Director of Planning & Performance
<b>Approving Executive Sponsors</b>	Executive Director of Planning & Performance
<b>Report purpose</b>	FOR NOTING

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Management Board	18/12/2020	NOTED

**ACRONYMS**

ILG	Integrated Locality Group
RTT	Referral to Treatment
FUNB	Follow Ups Not Booked
SOS	See on Symptom
PIFU	Patient Initiated Follow Up
DTOC	Delayed Transfers of Care
PMO	Programme Management Office
PCH	Prince Charles Hospital
RGH	Royal Glamorgan Hospital
CT	Cwm Taf

POW	Princess of Wales
YCC	Ysbyty Cwm Cynon
YCR	Ysbyty Cwm Rhondda
CTM	Cwm Taf Morgannwg
RCT	Rhondda Cynon Taff
SB	Swansea Bay
NPT	Neath Port Talbot
IMTP	Integrated Medium Term Plan
HMRC	HM Revenue & Customs
ED	Emergency Department
IPC	Infection Prevention and Control
SIs	Serious Incidents
NUSC	Non Urgent Suspected Cancer
USC	Urgent Suspected Cancer
SCP	Single Cancer Pathway
NOUS	Non Obstetric Ultra-Sound
SSNAP	Sentinel Stroke National Audit Programme
QIM	Quality Improvement Measures
SALT	Speech and Language Therapy
CAMHS	Child and Adolescent Mental Health Services
p-CAMHS	Primary Child and Adolescent Mental Health Services
s-CAMHS	Specialist Child and Adolescent Mental Health Services
SIOF	Single Integrated Outcomes Framework
ONS	Office for National Statistics
WAST	Welsh Ambulance Service NHS Trust
WPAS	Welsh Patient Administration System
MPI	Master Patient Index
RCS	Royal College of Surgeons
WCP	Welsh Clinical Portal

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Planning, Performance & Finance Committee (PPFC) 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 and the *At a Glance* summary of the Quadruple Aims indicators, there is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance.

- 1.3 On the 6 April 2020, the Welsh Government issued the [Delivery Framework 2020-21](#), The framework is an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Single Integrated Outcomes Framework for Health and Social Care (SIOF), a recommendation of [A Healthier Wales](#).
- 1.4 Many of the existing indicators from the Delivery Framework 2019-20 are mapped to A Healthier Wales Quadruple Aims and these map to the Health Board's four strategic well-being objectives.

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

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

- 2.1 The Dashboard details elective activity undertaken in both internal and independent hospital capacity. The overall levels are well below those delivered at the same time last year and in addition, the plans to increase activity levels from mid-September have been adversely affected by the Covid-19 outbreak.
- 2.2 In total, 927 cases have been treated utilising independent hospital capacity, with theatre utilisation for the last two months averaging 80%. This is an excellent utilisation rate, given that last minute changes and/or additions to theatre lists cannot be achieved given the current Covid related screening restrictions.
- 2.3 Stage 1 Outpatient waiting times and volumes are increasing, but the reduced level of outpatient activity, despite increases in digitally enabled consultations masking the potential demand for Stage 4 Treatments.

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

- 2.4 The total number of patients waiting on a RTT pathway has increased steadily over the past four months or so to over 80,000 having been fairly static at around 62,000 since the autumn of 2019. Whilst

elective referrals are now returning to pre-Covid levels, elective treatment capacity continues to be restricted to urgent cancer patients only given the volume of Covid patients currently occupying hospital beds.

- 2.5 New outpatient activity is a little higher, running at just under 50% of last year's activity, as a consequence of more virtual appointments through either telephone or video solutions such as *Attend Anywhere*.
- 2.6 Whilst the well-established RTT indicators continue to be reported, their relevance in the current circumstances continues to reduce as it is anticipated that these indicators will be replaced in the not too distant future, reflecting on the clinical prioritisation of existing and new elective cases, with individualised target dates.
- 2.7 The initial task of clinically re-prioritising patients requiring urgent surgery has been completed, though not all such pathways have been allocated a priority as yet, since a routine process has not been established given the need for additional WPAS functionality. There are fewer urgent patients with a valid priority, indicating that urgent patients are being treated.

Urgent Patients Waiting at Stage 4 (Nov 2020)						
Specialty	2	3	4	U	(blank)	Total
ENT		19	38		93	150
General Surgery	7	136	182	15	585	925
Gynaecology	7	29	57	60	367	520
Ophthalmology	8	8	125		175	316
Oral Surgery		4	22		264	290
Orthopaedics	2	230	467	28	418	1145
Urology	10	62	9	61	444	586
<b>Grand Total</b>	<b>34</b>	<b>488</b>	<b>900</b>	<b>164</b>	<b>2346</b>	<b>3932</b>
<b>Grand Total Oct 2020</b>	<b>51</b>	<b>543</b>	<b>982</b>	<b>174</b>	<b>2262</b>	<b>4012</b>
<b>Grand Total Sep 2020</b>	<b>78</b>	<b>628</b>	<b>1073</b>	<b>201</b>	<b>1875</b>	<b>3856</b>

- 2.8 That there are more without a classification is inevitable, given that patients continue to be added to the treatment list. On the positive side, the CTM WPAS instance has been upgraded, with existing prioritised pathways having been updated.
- 2.9 Work is underway in MC and RTE ILGs to establish a robust process of adding a priority as a matter of course to all urgent patients added on to the treatment list, as well as addressing the existing backlog of urgent stage 4 treatments yet to be prioritised.
- 2.10 Unfortunately, the Swansea Bay WPAS upgrade, initially planned for December, has been postponed until January. This means that

Bridgend ILG will be without this functionality until then, highlighting the challenges faced by the UHB from not having all its operational services utilising its own systems. This is being considered through the SB and CTM UHB Joint Executive Group meeting in December.

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

- 2.11 The provisional November position has deteriorated for Diagnostic waits in excess of 8 weeks to 11052, which is the higher than at any stage since the initial Covid-19 outbreak. The main driver is for NOUS, with an increase of 426 on last month to 4488.
- 2.12 The Therapy waiting times position has deteriorated marginally to a provisional 674 breaching the 14 week target in November, 27 more than the confirmed October position of 674.
- 2.13 The number of Endoscopy patients waiting past their review date as at 1 November 2020, is 1,383. There is variation in performance across the three ILGs and work is underway to understand this and ensure that learning is shared and that there is greater consistency in practice.
- 2.14 Options are also being developed to further bring demand and capacity closer to balance, with consideration being given to additional working hours, the impact of FIT testing and a mobile unit. This work will also be used for providing an updated position to the National Endoscopy Programme Board.

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

- 2.15 The need to keep the Covid and non-Covid pathways separate is of paramount importance from both a patient safety perspective and safeguarding our staff. This combined with activity getting back to more like a typical level has resulted in a deterioration across a number of unscheduled care indicators.
- 2.16 For PCH in particular, there is the impact of strategic changes within Aneurin Bevan UHB that are resulting in a changes to the use of Nevill Hall Hospital. However this month's level was lower than the previous three months.
- 2.17 The performance for emergency ambulance handovers over one hour improved overall to 81.3% from 75.7% in October with 467 handovers breaching the one hour target, a reduction of 156 on the

previous month. The majority of the breaches were at PCH which saw 242, down from 400 in October, with a total of 170 at Bridgend.

- 2.18 The response to red calls marginally improved during November to 46.8% from 44.8% in October, continuing to remain below the 65% target. CTM compliance was again below the Welsh average performance of 59.5%.

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

- 2.19 Delayed discharges remained high during November, though there has been a welcome reduction by the end of the month, with 30 patients delayed as at 27<sup>th</sup> November, with the same number awaiting for a care package.

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

- 2.20 **31 Day Target (NUSC)** - The combined performance for Cwm Taf Morgannwg reduced further in October to 87.9% from 94.1% in September, with 11 patient breaches recorded. Delays awaiting tertiary surgery were the main contributory factors.

- 2.21 **62 Day Target (USC)** - The combined performance for Cwm Taf Morgannwg improved by over 3% in October to 62.9% with 36 breaches. Such low compliance will continue given the backlog of treatments, though the continued high utilisation of independent sector capacity and the focus on treating Cancer patients in the limited elective capacity available within ILGs in encouraging.

- 2.22 The volume of patients waiting on the active Single Cancer Pathway waiting list has reduced for the second successive month to 2566. The number of Single Cancer Pathways in excess of 104 days (excluding periods of suspension) are as follows:

- Bridgend ILG, 39 patients
- Merthyr Cynon ILG, 51 patients
- Rhondda Taf Ely ILG, 46 patients

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

- 2.23 Data flows have been reset for Quality Improvement Measures, with current compliance low across all measures. There are significant additional Covid-related constraints that are documented in the



Dashboard in addition to known shortages of key staff that does not allow for a 24/7 service to be established.

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

- 2.24 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in October at 85.6%, though it was a reduction of over 7% from the September position.
- 2.25 Overall the percentage of therapeutic interventions starting within 28 days following an assessment by LPMHSS reduced marginally to 88.2% from 89.5% in September, continuing to be above the target.
- 2.26 Part Two of the Mental Health Measure: i.e. % of residents who have a valid Care Treatment Plan completed by the end of each month, again, fell short of the 90% target, reaching 86.5% in October, consistent with recent months.
- 2.27 **CAMHS** – In terms of Part 1(a), compliance is highly variable, falling significantly to its lowest level in September (9.1%) with October's compliance improving to 28.9%. The current waiting list position is showing 60.2% within target, with 37 patients waiting more than 4 weeks, consistent with last month's position.
- 2.28 Compliance against the 26 week target for Neurodevelopment services remained fairly static in November to a provisional 38.9%.
- 2.29 Compliance continues to deteriorate for specialist CAMHS, at a provisional position of 49.2%. The total waiting list continues to increase, this month by almost 50 to 315, with those patients waiting above the target time increasing to 160.

### **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

<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.
	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>	No (Include further detail below)
	Not yet assessed.
<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.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

#### 5. RECOMMENDATION

- 5.1 The Committee is asked to:
- 5.2 **DISCUSS** the Integrated Performance Dashboard together with this report.