

AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE
INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	(22/06/2021)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rowland Agidee, Head of Performance and Clinical Information
Presented by	Linda Prosser, Executive Director of Strategy and Transformation
Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
Management Board	16/06/2021	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
WHSSC	Welsh Health Specialised Services Committee
TAVI	Transcatheter Aortic Valve Implantation
QIA	Quality Impact Assessment

1. SITUATION/BACKGROUND

- 1.1 This report provides the Committee 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 (Month 12 not available at the time of writing this report)									
	Variance from Plan				Indicators	Qtr 3 20/21	Qtr 2 20/21	Target	RAG
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent					
	£m	£m	£m	£m					
Pay	-1.0	-3.6			% complaints final/interim reply within 30 working days	62.2%	61.7%	75%	●
Non-Pay	0.3	-1.6		5.0	Single Cancer Pathway	Mar-21	Feb-21	Target	RAG
Income	-0.6	-1.0			Number of Never Events in Month	56.9%	51.9%	75%	●
Efficiency Savings	-0.8	1.8		14.1	Thrombolysis for Eligible Stroke Patients within 45 Minutes	0	1	0	●
Non-delegated (including WG allocations)	2.0	4.2		£15.0m (including £13.4m planned deficit)		28.6%	87.5%	100%	●
Total	-0.1	-0.2	0	34.1		Apr 20 to Mar 21	Apr 20 to Feb 21	Target	RAG
					Cumulative rate of bacteraemia cases per 100,000 population - E.coli	70.53	68.98		
					Cumulative rate of bacteraemia cases per 100,000 population - S.aureus	26.06	25.53		N/A
					Cumulative rate of bacteraemia cases per 100,000 population - C.difficile	25.16	24.55		
						Mar-21	Feb-21	Target	RAG
					Number of Serious Incidents	8	6		
					Number of Formal Complaints Managed through Putting Things Right	126	114		
PSPP	96.7%	93.5%	93.5%	Target 95%	Falls Causing Harm (Moderate/Severe/Death) - Rolling 12 Month Position	18	13		TBC
Capital Expenditure	£5.1m	£38m	£52.6m	Includes £3.9m of anticipated funding	Total number of instances of hospital acquired pressure ulcers (all hospital sites)	72	102		
Agency as % of total pay costs	6.5%	7.0%	6.8%		Hospital Acquired Pressure Ulcers (Grade 3/4) - Rolling 12 Month Position	3	3		
					Number of Potential Hospital Acquired Thrombosis (HATs)	8	11		
					Cardiac Arrest Calls	43	34		
PERFORMANCE					PEOPLE				
Indicators	Apr-21	Mar-21	Target	RAG	Indicators	Apr-21	Mar-21	Target	RAG
A&E 12 hour Waiting Times	718	533	Zero	●	Turnover	9.7%	9.4%	11%	●
Ambulance Handover Times >1 Hour	296	142	Zero	●	Exit Interview by Leaver	4.7%	4.0%	60%	●
RTT 52 Weeks	31,314	31,725	Zero	●	Sickness Absence Rate (in month)	N/A	5.20%	4.5%	●
Diagnostics >8 Weeks Waits	13,098	12,890	Zero	●	Sickness Absence Rate (rolling 12 month)	N/A	6.99%		●
% of Stage 4 Urgent Patients Clinically Prioritised	27.0%	30.5%	100%	●	Return to Work Compliance	N/A	39.84%	85%	●
	Mar-21	Feb-21	Target	RAG	Fill Rate Bank	27.0%	36.0%		●
Mental Health Part 1a - CAMHS	56.4%	16.7%	80%	●	Fill Rate On-contract Agency (RNs)	53.0%	62.0%	90%	●
Mental Health Part 1b - CAMHS	77.8%	66.7%	80%	●	PADR	51.7%	50.5%	85%	●
FUNB - Patients Delayed over 100% for Follow-up Appointment	28,009	27,974	14,815	●	Statutory and Mandatory Training - All Levels	57.8%	58.0%		●
Admission to Stroke Unit within 4 hrs	12.0%	10.6%	SSNAP Average 54%	●	Statutory and Mandatory Training - Level 1	65.5%	66.3%	85%	●
Out of Hours (OOH)/111	In development - data not yet available				Job Planning Compliance (Consultant)	18.0%	17.0%	90%	●
	Apr-21	Mar-21	All Wales Average	RAG	Job Planning Compliance (SAs)	17.0%	15.0%		●
Delayed Discharges rate per 100,000 population	7.68	7.78	2.93	●	Direct Engagement Compliance (M&D)	97%	97%	100%	●
					Direct Engagement Compliance (ADP)	67%	69%	100%	●
					RN Shift Fill by Off-contract	370.3	2130.0	0 Hours	●

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

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

- 2.3 There is no specific update on WHSSC Commissioned Services this month. However using data collected and reported by Digital Health and Care Wales (DHCW) page 12 of the dashboard shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.

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

- 2.4 Pages 2 and 3 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. Whilst treatment continues to be undertaken in independent hospital capacity, the granularity of data has not been maintained.
- 2.5 The increasing trend in elective waiting times largely continues, albeit that the total Stage 4 waiting list has reduced, aided by the waiting list validation exercise.
- 2.6 The Planned Care Recovery Programme has commenced with demand and capacity work having been completed for both RTT and Cancer waiting times.
- 2.7 The ambition remains 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. The milestone for March 2022 is to have no patients waiting over 52 weeks.

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

- 2.8 Unscheduled care indicators, are highlighted on pages 7 and 9, they show a reduction in the volume of unscheduled presentations at PCH from Aneurin Bevan UHB. The volume from Powys UHB remains fairly static.

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

- 2.9 As at 3rd June 2021 the total number of active patients waiting at first outpatient stage of their pathway currently stands at 68% (2,327



patients), while patients waiting at the diagnostic stage accounts for almost 22% (752 patients).

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

2.10 Current performance levels are detailed on page 8 of the Dashboard.

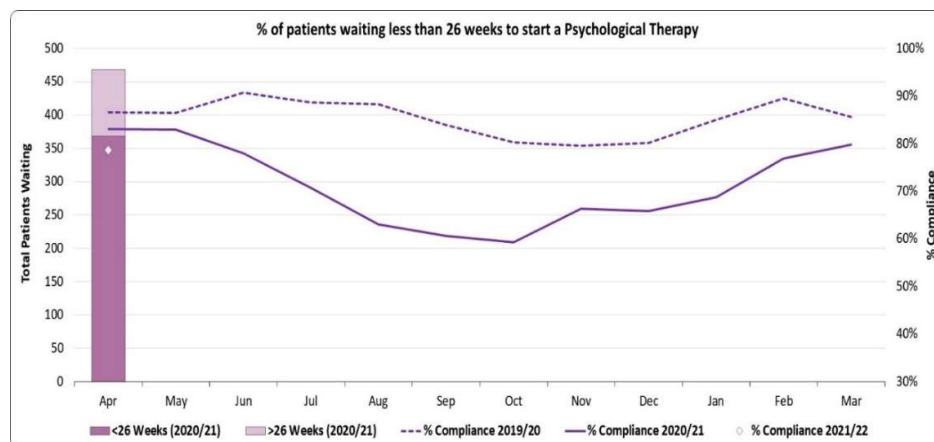
2.11 The Health Board Quality and Safety Committee received a report on stroke performance in their May meeting and will now include it in its monitoring and oversight monthly meetings of a Stroke Planning Group, reporting to the CTM UHB Stroke Delivery Group. Both are being established to develop a short term plan to address current operational issues and a longer term plan to develop a target operating model for the service.

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

2.12 Compliance against Part One of the Mental Health Measure continued to fall well below the 80% target during April to 47.5% (75% in March).

2.13 Further compliance figures across the range of services are shown on page 11 of the Dashboard, where compliance in Neurodevelopment and Specialist CAMHS services continue to be low. Part 1a of the Mental Health Measure for CAMHS continues to remain under target. However, there has been further improvement this month to 62.5% from 56.4% in the previous month.

2.14 Psychological Therapy compliance fell marginally during April to 78.6%. Data for the individual ILG's was not available at the time of writing this report.





3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The key risks for the **Performance** quadrant are covered in the summary and main body of the report.
- 3.2 The following issues/risks have been identified in relation to the **Quality** quadrant:
- 3.3 As in all public institutions the impact of the Covid-19 pandemic from both the first and second waves has had considerable and ongoing consequences on the ability of the UHB to provide continuity around its core business.
- 3.4 Gaining health board wide assurance of the breadth of UHB services and consideration of the four harms, with the changes in this month's report reflective of a greater ambition for assurance and measurement of quality.
- 3.5 An integral quality strategy and identification of priorities for the Health Board will be introduced at the next Quality and Safety Committee.
- 3.6 Progress has been sustained against recommendations and improvement action plans relating to the targeted intervention areas. Beyond this, ambitious pursuit of quality and safety in all aspects of the Health Board's work is imperative in order to provide excellence in service delivery to the population of CTM.

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 (EIA) completed - Please note	No (Include further detail below)

EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	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 Planning, Performance & finance Committee is asked to **NOTE** the Integrated Performance Dashboard together with this report.