

AGENDA ITEM

5.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE
INTEGRATED PERFORMANCE DASHBOARD

Date of meeting	25/02/2021
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
Management Board	23/02/2021	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

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 2019-20 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)

FINANCE					QUALITY				
Month 9 (Please note Month 10 data not available)									
	Variance from Plan				Indicators				
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent			Jan-21	Dec-20	RAG
	£m	£m	£m	£m					
Pay	-1	-2.4		TBC	Complaints		57%	71%	↓
Non-Pay	3.4	-1.3			CTM 30 day complaints response compliance %		Jan-21	Dec-20	RAG
Income	-2.3	0			Falls				
Efficiency Savings	0.3	2.2			Total Inpatient Falls		296	282	↑
Non-delegated (including WG allocations)	2.4	2		12.5	Number of Inpatient Falls where Severity was Moderate/Severe/Death		16	19	↓
					Pressure Damage		Jan-21	Dec-20	RAG
					Total Pressure Damage		440	430	↑
					Total Hospital Acquired Pressure Damage		127	127	↔
Total	2.8	-0.1	0	27.5	Total Hospital Acquired Pressure Damage Grade 3 & 4		5	7	↓
					Safeguarding		Jan-21	Dec-20	RAG
					Number of UHB Adult at Risk referrals		72	43	↑
PSPP	90.9%	93.0%	93.1%	Target 95%					
Capital Expenditure	£5.6m	£28.3m	£49.1m	Includes £4.5m of anticipated funding					
Agency as % of total pay costs	6.1%	7.1%	7.4%						
PERFORMANCE					PEOPLE				
Indicators	Jan-21	Dec-20	Target	RAG	Indicators	Jan-21	Dec-20	Target	RAG
A&E 12 hour Waiting Times	955	1,355	Zero	🔴	Turnover	8.7%	8.9%	11%	🟡
Ambulance Handover Times >1 Hour	356	650	Zero	🔴	Exit Interview by Leaver	0.0%	0.9%	60%	🔴
RTT 52 Weeks	24,586	19,684	Zero	🔴	Sickness Absence Rate (in month)	9.0%	7.9%		🔴
Diagnostics >8 Weeks Waits	12,815	11,747	Zero	🔴	Sickness Absence Rate (rolling 12 month)	7.0%	6.8%	4.5%	🔴
% of Stage 4 Urgent Patients Clinically Prioritised	35.4%	37.6%	100%	🔴	Return to Work Compliance	28.7%	33.1%	85%	🔴
	Dec-20	Nov-20	Target	RAG	Fill Rate Bank	79.0%	74.0%	90%	🔴
Mental Health Part 1a - CTM	88.4%	80.8%	80%	🟢	Fill Rate On-contract Agency (RNs)	57.0%	45.0%		🔴
Mental Health Part 1b - CTM	90.2%	85.3%	80%	🟢	PADR	48.4%	50.9%	85%	🔴
Mental Health Part 1a - CAMHS	22.6%	0.0%	80%	🔴	Statutory and Mandatory Training - All Levels	56.6%	56.4%	85%	🔴
Mental Health Part 1b - CAMHS	90.0%	82.8%	80%	🟢	Statutory and Mandatory Training - Level 1	64.7%	64.4%		🔴
FUNB - Patients Delayed over 100% for Follow-up Appointment	26,043	24,764	14,815	🔴	Job Planning Compliance (Consultant)	16.0%	17.0%	90%	🔴
Admission to Stroke Unit within 4 hrs	6.3%	16.0%	SSNAP Average 54%	🔴	Job Planning Compliance (SAs)	10.0%	9.0%		🔴
Single Cancer Pathway	60.0%	50.6%	75%	🔴	Direct Engagement Compliance (M&D)	95%	94%	100%	🟡
Delayed Discharges (DToC)	In development - Please refer to page 10				Direct Engagement Compliance (ADP)	59%	86%	100%	🔴
Out of Hours (OOH)/111	In development - data not yet available				RN Shift Fill by Off-contract	4374.6	4738.8	0 Hours	🔴

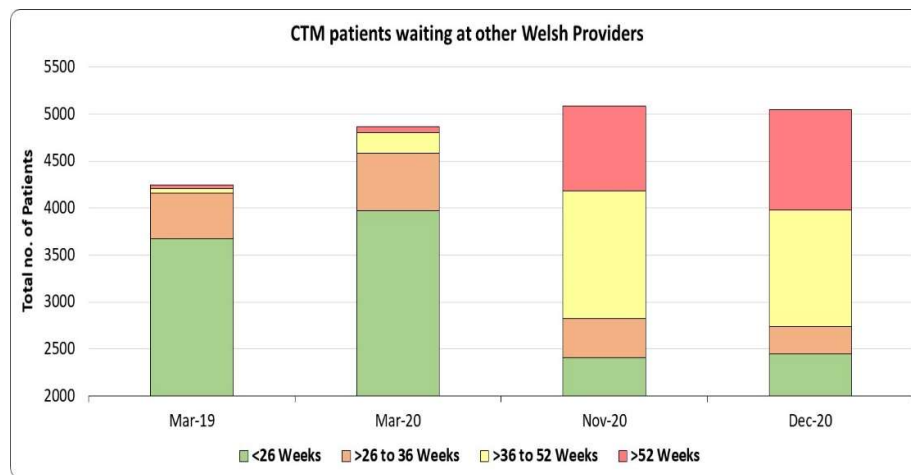
- 2.1 This is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the UHB.



2.2 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**

2.3 Using data collected and reported by NWIS, the following chart shows waiting times for CTM residents at other Welsh providers, though the actual Commissioner is not WHSSC in all instances.



2.4 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 39 since November:

CTM patients waiting at specific health boards (Total patients 5045)						
	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
December 2020						
<26 Weeks	1896	48.9%	209	47.7%	333	47.8%
>26 to 36 Weeks	228	5.9%	27	6.2%	33	4.7%
>36 to 52 Weeks	926	23.9%	113	25.8%	189	27.2%
>52 Weeks	827	21.3%	89	20.3%	141	20.3%
Total Waiting	3877		438		696	
% of Total Waiting (5045 patients)	76.8%		8.7%		13.8%	

2.5 The number of CTM patients waiting over 36 weeks at these three UHBs increased from 2248 in November to 2285 in December.

2.6 Only two services are specifically mentioned in the WHSSC Activity report presented in their January 2021 Management Group meeting– Cardiac Surgery and Paediatric Surgery. Assurance cannot be gained from these updates for these specialties nor for the many specialties

that are not reported upon, including Neurosurgery, and Plastic Surgery.

- 2.7 For Cardiac Surgery, at month 8, Cardiff and Vale UHB are reporting undertaking 222 cases against a commissioned level of 800 per year and Swansea Bay UHB is reported as undertaking 164 cases out of a commissioned level of 724 cases.
- 2.8 For Paediatric Surgery, which is commissioned at Cardiff and Vale UHB, the overall activity levels for 2020-21 to date are 45% compared to activity in 2019/20, although it has increased from 15% in April to 77% in November in terms of monthly comparison.

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

- 2.9 Pages 4 and 5 of the Dashboard detail elective activity undertaken in both internal and independent hospital capacity. The utilisation of Vale Hospital capacity in particular has been lower for the past two months.
- 2.10 Future elective capacity availability will be detailed in the IMTP for 2021/22, with demand and capacity work underway.

- **Elective Waiting Times (RTT) – Executive Lead, Director of Operations**

- 2.11 The increasing trend in elective waiting times continues, as detailed on pages 4, 5 and 6 of the Dashboard.
- 2.12 The Swansea Bay WPAS instance used by Bridgend ILG was upgraded in January, meaning all ILGs can now access clinical reprioritisation functionality and a routine operational process needs to be established.
- 2.13 There have been no further updates recorded on either WPAS instance for clinical reprioritisation since the initial work in August has been entered retrospectively, meaning that the volume of urgent patients with a valid priority continues to decrease to 1480 (35%).

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

- 2.14 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 THB, with increases from the latter more than offset by the reduction from the former.



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

2.15 The volume of patients waiting on the active Single Cancer Pathway waiting list has fallen this month to 2,371, where the number waiting in excess of 104 days has also fallen to 139 from 185. Work on the Planned Care Recovery plan continues.

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

2.16 A strategic plan for Stroke services in CTM is being formulated, beginning with a review of the existing Stroke model of care, with an initial meeting with the UHB clinical lead set for 2nd March. Current performance levels are detailed on page 9 of the Dashboard.

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

2.17 Compliance against Part One of the Mental Health Measure continued to surpass the 80% target in December 88.4%, an improvement of almost 8% from the November position.

2.18 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 waiting for the latter has reduced by just under 29%.

2.19 Psychological Therapy compliance remained fairly static at 65.8%, 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
	CMHT	CMHT	LPMHSS	All other PT services	Total
December 2020					
0 - 26 weeks	34	40	125	145	344
27 - 35 weeks	5	18	19	13	55
36 - 51 weeks	11	8	49	7	75
52+ weeks	23	13	4	9	49
Total Waits	73	79	197	174	523
% >26 weeks	46.6%	50.6%	63.5%	83.3%	65.8%

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 Planning, Performance and Finance Committee is asked to:

NOTE the Integrated Performance Dashboard together with this report.