

**AGENDA ITEM**

5.1

**PLANNING, PERFORMANCE & FINANCE COMMITTEE**
**INTEGRATED PERFORMANCE DASHBOARD**

<b>Date of meeting</b>	27/04/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Alan Roderick, Assistant Director of Performance & Information
<b>Presented by</b>	Clare Williams, Director of Planning & Performance (Interim)
<b>Approving Executive Sponsor</b>	Executive Director of Planning & Performance
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Management Board	21/04/21	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 2019-2020 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)					Indicators				
	Variance from Plan								
	Current Month	Year to Date	Forecast Full Year	Forecast Recurrent					
	£m	£m	£m	£m					
Pay	-1.0	-3.6			Complaints	Mar-21	Feb-21		RAG
Non-Pay	0.3	-1.6		5.0	CTM 30 day complaints response compliance %	53%	70%		
Income	-0.6	-1.0			Falls	Mar-21	Feb-21		RAG
Efficiency Savings	-0.8	1.8			Total Inpatient Falls	240	230		
Non-delegated (including WG allocations)	2.0	4.2		14.1	Number of Inpatient Falls where Severity was Moderate/Severe/Death	18	13		
Total	-0.1	-0.2	0	34.1	Pressure Damage	Mar-21	Feb-21		RAG
				£15.0m (including £13.4m planned deficit)	Total Pressure Damage	410	405		
					Total Hospital Acquired Pressure Damage	71	102		
					Total Hospital Acquired Pressure Damage Grade 3 & 4	3	3		
					Safeguarding	Mar-21	Feb-21		RAG
					Number of UHB Adult at Risk referrals	41	56		
PEOPLE					PEOPLE				
	Current Month	Year to Date	Forecast Full Year	Target	Indicators	Mar-21	Feb-21	Target	RAG
PSP	96.7%	93.5%	93.5%	Target 95%	Turnover	9.4%	9.1%	11%	
Capital Expenditure	£5.1m	£38m	£52.6m	Includes £3.9m of anticipated funding	Exit Interview by Leaver	4.0%	0.0%	60%	
Agency as % of total pay costs	6.5%	7.0%	6.8%		Sickness Absence Rate (in month)	5.9%	7.8%	4.5%	
PERFORMANCE					Sickness Absence Rate (rolling 12 month)	7.1%	7.1%		
Indicators	Mar-21	Feb-21	Target	RAG	Return to Work Compliance	36.5%	32.7%	85%	
A&E 12 hour Waiting Times	533	712	Zero		Fill Rate Bank	36.0%	21.0%		
Ambulance Handover Times >1 Hour	142	156	Zero		Fill Rate On-contract Agency (RNs)	62.0%	47.0%	90%	
RTT 52 Weeks	39,033	29,176	Zero		PADR	50.5%	47.6%	85%	
Diagnostics >8 Weeks Waits	12,931	12,759	Zero		Statutory and Mandatory Training - All Levels	58.0%	57.0%		
% of Stage 4 Urgent Patients Clinically Prioritised	30.5%	33.7%	100%		Statutory and Mandatory Training - Level 1	66.3%	65.2%		
	Feb-21	Jan-21	Target	RAG	Job Planning Compliance (Consultant)	17.0%	17.0%	90%	
Mental Health Part 1a - CTM	89.6%	85.6%	80%		Job Planning Compliance (SAS)	15.0%	10.0%		
Mental Health Part 1b - CTM	86.6%	90.7%	80%		Direct Engagement Compliance (M&D)	97%	95%	100%	
Mental Health Part 1a - CAMHS	16.7%	0.0%	80%		Direct Engagement Compliance (ADP)	69%	61%	100%	
Mental Health Part 1b - CAMHS	66.7%	71.4%	80%		RN Shift Fill by Off-contract	2130.0	2546.0	0 Hours	
FUNB - Patients Delayed over 100% for Follow-up Appointment	27,974	27,438	14,815						
Admission to Stroke Unit within 4 hrs	10.6%	1.7%	SSNAP Average 54%						
Single Cancer Pathway	51.9%	49.0%	75%						
Out of Hours (OOH)/111	In development	In development	data not yet available						
	Mar-21	Feb-21	All Wales Average	RAG					
Delayed Discharges rate per 100,000 population	7.76	10.31	4.9						

- 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 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 NHS Wales Informatics Services (NWIS) page 13 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 3 and 4 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 8 and 10, with an increase in the volume of unscheduled presentations at PCH from Aneurin Bevan UHB in particular.
- 2.9 A recent assessment has concluded that whilst in overall terms, the volume of admissions from Aneurin Bevan and Powys combined has reduced, the volume of patients staying in hospital for more than 5 days has at least remained the same and for some months is higher than in pre-Covid times
- 2.10 This is being closely monitored from a commissioning perspective.



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

- 2.11 The total number of active patients waiting at first outpatient and diagnostic stage of their pathway has increased markedly. This accounts for 69% and 23% respectively of the total increase.
- 2.12 Understandably the focus has been on treating the longest waiting patients, which has subsequently reduced overall performance, as these group of patients had already breached 62 days. Each ILG has provided a backlog clearance plan to the Chief Operating Officer regarding improvement of their overall 62 day performance.
- 2.13 Additional work is being undertaken in relation to the sustainability of all services following clearance of the backlog. The current forecast is that the 75% compliance target for SCP will not be met in Urology, Lower and Upper GI and Gynaecology given the current circumstances, but that compliance is achievable in the other tumour sites.

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

- 2.14 Current performance levels are detailed on page 9 of the Dashboard.
- 2.15 At the Population Health and Partnership Committee on 7th April it was agreed that stroke performance should be referred to the Quality and Safety Committee for monitoring and oversight, and a further update to the PHP committee in 6 months

- **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 February at 89.6%, an improvement on January's position of 85.6%.
- 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.
- 2.18 Psychological Therapy compliance improved during February to 76.8%, with the vast majority of patients waiting in excess of 26 weeks within three specific teams.



Psychological Therapy Waiting Times					
	M&C	RTE	Bridgend	CTM	CTM
Reporting Period February 2021	CMHT	CMHT	LPMHSS	All other PT services	Total
0 - 26 weeks	34	40	114	160	348
27 - 35 weeks	6	12	6	14	38
36 - 51 weeks	6	10	2	10	28
52+ weeks	19	11	0	9	39
<b>Total Waits</b>	<b>65</b>	<b>73</b>	<b>122</b>	<b>193</b>	<b>453</b>
% <26 weeks	52.3%	54.8%	93.4%	82.9%	76.8%
% >36 weeks	38.5%	28.8%	1.6%	9.8%	14.8%
% >52 weeks	29.2%	15.1%	0.0%	4.7%	8.6%

### 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 (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</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 /</b>	There is no direct impact on resources as a result of the activity outlined in this report.

<b>Impact</b>	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 **NOTE** the Integrated Performance Dashboard together with this report.