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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th January 2022		Agenda Item	5.2
Report Title	Annual Plan Delivery: Changes to Planning Assumptions			
Report Author	Rich Brown (Head of Transformation Portfolio)			
Report Sponsor	Deb Lewis (Deputy Chief Operating Officer) Karen Stapleton (Assistant Director of Strategy)			
Presented by	Inese Robotham, Chief Operating Officer Sian Harrop Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	Following a mid-year review of Annual Plan delivery, to update the Board on a number of revisions to goals, methods and outcomes within the Plan.			
Key Issues	<ul style="list-style-type: none"> The Annual Plan sets out a series of goals, methods, and outcomes, associated with timescales for delivering the Health Board's priorities for 2021/22. A service change register has been developed to detail in-year changes to services, which are not captured within the Annual Plan. Programme Boards have requested a number of changes, to revise methods and outcomes, with justification for change and impact on planning assumptions, outcome measures, and operational performance. A significant majority of priorities are on-track to be delivered within 2021/22. Reasons for slippage primarily relate to COVID and the impact of the third wave, workforce pressures, complexity of capital requirements, and the scale of public engagement required. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the process for requests for change to goals, methods, and outcomes within the Annual Plan via in-committee meeting of the Health Board APPROVE the revisions to goals, methods and outcomes within the Annual Plan 21/22, NOTE the justification for changes, and impact on planning assumptions, outcomes, and operational performance, NOTE the financial impact of slippage, particularly related to COVID response and recovery costs, 			

ANNUAL PLAN 21/22 DELIVERY: CHANGES TO PLANNING ASSUMPTIONS

1. INTRODUCTION

This report outlines the findings of a mid-year into the Annual Plan delivery for 2021/23; the requests for changes to goals, methods, and outcomes; and the impact on planning assumptions.

2. BACKGROUND

The Annual Plan 21/22, submitted to Welsh Government in June 2021, set out a series of goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's priorities for 2021/22, to be delivered via service groups, with support and coordination via programme boards.

A separate service change register has also been developed, alongside, to detail the in-year changes to services, led by Service Groups, which are not captured within the Annual Plan priorities. Each service change has been scoped and assigned to the appropriate programme board for oversight.

The Transformation Portfolio Office reports quarterly on progress against delivery of the Annual Plan priorities. To date, while a significant number of key activities have been delivered, there are actions off-track, with mitigations and corrective action in place to bring in-year deliver back on-track. Key risks to delivery, particularly regarding the impact of COVID-19 on operational capacity, and workforce and recruitment, remain a challenge, and are anticipated to continue into 2022/23.

In December 2021, the Health Board conducted a mid-year review of delivery, assessing the impact on changes to the end-of-year position against priorities, and the planning assumptions initially set out in the plan. A number of requests for change have been noted from programme boards to revise methods and outcomes, with justification for the change alongside the impact on planning assumptions, outcome measures, and operational performance. The report was noted at an in-committee special meeting of the Health Board on 16th December 2021.

The full impact of the Omicron variant on the Health Board's capacity to deliver improvements and changes required to produce the outcomes in the Annual Plan is still to be fully determined. Revisions to goals, methods, and outcomes reflect an accurate assessment of the current ambitions, and timescales for delivery, however, due to uncertainties around the impact of the Omicron variant and future waves of COVID, it is still difficult to provide any level of assurance that these revised outcomes will be delivered in-year. Work throughout Q4 will be focused on changes to the end of year position, and what impact this has on priorities that feed into the planning for the Recovery and Sustainability Plan. It is anticipated that a future report on Q4 activities, and end of year position, will provide a more detailed analysis.

Table 1 shows a summary of revised methods and outcomes, and associated service changes, within each programme of work:

Table 1

Priority Programme	Executive Lead	Revised Methods	Revised Outcomes	Service Changes
Responding to COVID-19	Keith Reid	2	8	0
Prevention and Reducing Health Inequalities	Keith Reid	6	0	0
Urgent and Emergency Care	Inese Robotham	7	9	3
Planned Care Recovery	Inese Robotham	5	3	9
Primary, Community, and Therapies	Inese Robotham	0	0	1
Mental Health and Learning Disabilities	Inese Robotham	0	0	0
Cancer and Palliative Care	Richard Evans	1	0	0
Maternity, Children, and Young People	Gareth Howells	2	0	0
Quality and Safety Priorities	Gareth Howells	18	3	0
Workforce and Leadership	Debbie Eyitayo	0	0	0
		43	23	13

Details on revised methods, outcomes, and service changes can be found in the mid-year review document, in Appendix 1.

Tables 2-7 provide detail on the revisions noted by each programme board, the justification for change, and impact assessment on planning assumptions:

Table 2: Responding to COVID-19

Revisions:	Change of timescales on fully immunising all eligible adults, due to the change in scope to include the booster vaccine.
	New outcome measures identified due to change in scope on eligible adults and children, in line with guidance from JCVI.
Justification and impact	
<p>Priorities for the Vaccination programme have changed significantly throughout the lifetime of the programme, due to the fast-paced nature of policy directives, and guidance released by the Joint Committee on Vaccination and Immunisation (JCVI). Phase 1 and 2 of the COVID-19 vaccination programme completed ahead of time, in July 2021. In August, Welsh Government announced Phase 3 of the programme, including the offering of vaccines to those aged 12+, a third dose to immunosuppressed individuals, and a booster vaccine to all eligible adult groups, in line with guidance received from the Joint Committee on Vaccination and Immunisation, and Public Health Wales.</p> <p>Welsh Government announced its intention for all eligible adults to receive an offer for the booster vaccine prior to 31/12/2021, in line with the UK Government.</p>	

Table 3: Prevention and Reducing Health Inequalities

Revisions:	New methods to include establishing of necessary support infrastructure to enable population health outcomes, delivered via Service Groups.
Justification and impact:	
<p>There is a programme of work required to establish the necessary infrastructure across the Health Board to support delivery (including operational management arrangements), and to develop and embed within the Recovery and Sustainability plan ways of working (the methods) that align with the attainment of population health goals, in order to deliver on the population health outcomes outlined in the Clinical Services Programme.</p>	

Progress will be dependent upon the extent to which service groups and other providers, including primary care, are willing and able to re-orient their delivery to support attainment of population health outcomes.

Table 4: Urgent and Emergency Care

Revisions:	Changes in timescales regarding delivery of the centralised acute medical take and establishment of acute hub at the Morriston site.
	New outcome measures identified to measure admission avoidance of high risk patients.
Justification and impact:	
<p>The implementation timeline for the centralised acute medical take at the Morriston site has been extended to accommodate the outcome of engagement with the public and staff consultation process, leading to new start times for necessary capital works. The co-location of Acute GP Unit, Urgent Primary Care Centre, AEC and GP Out of Hours into an acute hub at the Morriston site occurred in Q3 21/22. The drive in Q4 will be to ensure benefits are exploited in admissions avoidance and LOS reduction.</p> <p>The capacity for HomeFirst Pathway 2 has not been delivered and impedes our discharge plan. Performance trajectories for Pathways 2 and 4 will be re-visited with the West Glamorgan Regional Partnership Board, due to the pressure on the domiciliary care market.</p> <p>Assessment of outcomes to identify benefit metrics has resulted in revised metrics aligned to meaningful outcome measures using data available through the Health Board's performance scorecard, and data warehouse. It is anticipated that there is improved performance in urgent care throughout Q4 due to the expedited measures implemented, and new ways of working in January 2022, which will run into Q1.</p>	

Table 5: Planned Care Recovery

Revisions:	Changes to timescales regarding delivery of advice and guidance system in all specialties.
	New outcome measures identified to record performance improvements in virtual activity across outpatient appointments, in line with Welsh Government targets
	Changes to outcome measures for orthopaedic surgery
Justification and impact:	
<p>A structured advice and guidance systems is being successfully utilised in the majority of specialties, with 57 messaging services in place, through the implementation of Consultant Connect telephone and messaging software, as well as the Welsh Clinical Communications Gateway (WCCG) referral system. A minority of specialties have not adopted some or all of the advice and guidance tools due to lack of clinical support or existing processes in place. The remaining specialties planning to implement the tools have been delayed due to workforce issues but are now engaged and awaiting clinical approval to progress delivery in Q4.</p> <p>A funding stream for the additional theatres at Neath Port Talbot Hospital was secured in August 2021, which was a delay to the anticipated timescales, after which the planning for three theatres plus the re-purposing of an existing theatre, has been able to commence. A clinical service model has been developed throughout Q3, which will inform a workforce model to be developed in Q4. Recruitment and capital works are anticipated to commence in 2022/23 Q1, and complete and be commissioned in 2022/23. In the interim the existing theatres are being utilised on the weekends to undertake arthroplasties with the support of an insourcing company, commencing January 2022. In addition, theatre sessions for hand surgery have also commenced on weekends in Singleton, again with the support of insourcing company.</p>	

Table 6: Cancer and Palliative Care

Revisions:	Changes to timescales regarding implementation of national Cancer Information System.
Justification and impact:	
The original, agreed date set out for the implementation of a national Cancer Informatics Solution was an imposed deadline due to changes to the national hosting of Canisc. Migration of Canisc was achieved, so therefore the September 2021 was cancelled. The new target date for implementation of the national Cancer Informatics Solution is May 2022.	

Table 7: Quality and Safety Priorities

Revisions:	Changes to timescales regarding implementation of priorities
	New outcome measures identified to accurately measure performance improvements against quality and safety priorities from the current position.
Justification and impact:	
Changes are primarily related to delays in recruitment of key posts to lead and support the implementation of the priorities.	
Initial baseline scoping exercise to ascertain learning/training needs for all front-line staff throughout Primary and Secondary care in relation to suicide prevention and harm, which may require development/purchase of a specific educational package when QI lead commences in post. Ligature risks removed from Morriston Service Group and MH&LD Service Group. Currently in process of removing ligature risks from NPT&S Service Group.	
Welsh Government infection reduction targets for 2021/22 will not be achieved by SBUHB by Q4. Revisions to the end of year outcomes account for achievable targets, which are attainable from the current position; reaching hand hygiene compliance, IP&C training compliance, and cleaning compliance scores of over 95%. Using 2021/22 as a baseline, focus on reducing rates in Staph Aureus and Clostridium Difficile infections by 25% in 2022/23 Q1, moving to 35% by Q3, and 40% by end of Q4. Revisions to the delivery methods within the plan account for the intervention work being undertaken in order to achieve these targets.	
Key prescribing indicators for acute hospital prescribing are being reviewed in Q4 to ensure the prescribing data provided is clinically relevant and easily accessible for all prescribers.	

3. GOVERNANCE AND RISK ISSUES

Governance and oversight of the delivery of the portfolio of work is via the Management Board, chaired by the Chief Executive. Individual programme and project delivery is managed by the relevant programme boards, chaired by the Programme Director, and associated project boards or steering groups.

Best practice project and programme management will be supported by the Transformation Portfolio Office, with functional assurance provided by Workforce and OD, Finance, Communications, and Digital, and Capital Planning.

Reporting on progress is managed in the form of highlight reports into Management Board quarterly. Respective programme boards will receive highlight reports on improvement projects and manage by exception. Reports will cover priorities for current and next period, delivering on outcomes, key risks and issues, corrective action, and decisions required.

4. FINANCIAL IMPLICATIONS

The Health Board's financial plan is integrated into the Annual Plan. The financial and service implications of investments are being closely monitored to ensure alignment of any slippage on both investments and savings delivery.

The financial impact of changes to the plan are as follows:

- Greater cost pressures due to the higher than planned levels of ChC, NICE/HCD, and general inflationary pressures being experienced,
- The forecast savings delivery is £1.1m lower than the planned requirement,
- There have been delays in formulating, agreeing, and implementing the planned investments, which has resulted in investment slippage,
- Slippage against the plan is being considered for commitment in 2021/22 to support revenue benefits for 2022/23.

In addition to this, there are a number of financial impacts related to COVID-19 response and recovery:

- It is forecast that supporting national programmes will cost £41.3m,
- The COVID response cost is currently forecast to be £45.2m, excluding long-COVID, and urgent and emergency care costs,
- COVID recovery funding has been issued at £22.8m,
- There is a savings loss offset of £17.7m,
- All COVID-related funding is non-recurrent in 2021/22.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the process for requests for change to goals, methods, and outcomes within the Annual Plan via in-committee meeting of the Health Board
- **APPROVE** the revisions to goals, methods and outcomes within the Annual Plan 21/22,
- **NOTE** the justification for changes, and impact on planning assumptions, outcomes, and operational performance,
- **NOTE** the financial impact of slippage, particularly related to COVID response and recovery costs,

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Impact on quality, safety and patient experience through goals, methods, and outcomes within the Annual Plan have been considered as part of the mid-year review.		
Financial Implications		
The financial impact on changes to the goals, methods, and outcomes has been considered as part of the mid-year review. Slippage against the plan is being considered for commitment in 2021/22.		
Legal Implications (including equality and diversity assessment)		
Projects and actions detailed within the Tracker are considered on their own merit through the development of the Quarterly Plans.		
Staffing Implications		
Staffing and workforce performance against the actions in the plan has been considered as part of the impact on planning assumptions within the mid-year review.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The Annual Plan arrangements will aim to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.		
Report History	<p>This is the third report to Health Board on the delivery of Annual Plan 21/22 priorities and outcomes:</p> <ul style="list-style-type: none"> • Annual Plan Deliver Q1 in July 2021, • Annual Plan Delivery Q2 in November 2021, • Annual Plan Delivery: Changes to Planning Assumptions (this report) 	
Appendices	Appendix 1 – Mid-year review of goals, methods, outcomes	