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Bwrdd Iechyd Prifysgol  
Abertawe Bro Morgannwg  
University Health Board



<b>Meeting Date</b>	<b>19<sup>th</sup> February 2019</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	Report on the Implementation of the Annual Plan 2018/19 - Quarter 3		
<b>Report Author</b>	Ffion Ansari, Head of IMTP Development and Implementation		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The paper provides the Board with a report on the implementation of the Annual Plan at the end of quarter 3 2018/19.		
<b>Key Issues</b>	<p>The paper is a covering report for the detailed monitoring of the plans which were included in the Annual Plan 2018/19 which is included at Appendix A. These support the delivery of the Aim and Objectives which were laid out in the Plan and the achievement of the actions for each Objective is shown.</p> <p>The Plan was based on five Service Improvement Plans for our Targeted Intervention Improvement areas and the report also describes the progress with delivering these Service Improvement Plans.</p> <p>The report describes the completed or on-track actions. Detailed feedback is given on the off-track actions including improvement actions and revised milestones. The paper should be read in conjunction with the Health Board's full performance report.</p>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			✓
<b>Recommendations</b>	<p>Members are asked to: -</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the Quarter 3 report on the implementation of the Annual Plan 2018/19; and,</li> <li>• <b>NOTE</b> it will be submitted to Welsh Government for assurance purposes.</li> </ul>		

## QUARTER 3 REPORT ON THE IMPLEMENTATION OF THE ANNUAL PLAN 2018/19

### 1.0 Introduction

The purpose of this paper is to provide the Board with a report on the achievement of the Health Board's Corporate Objective and actions set out within the Annual Plan 2018/19, as at the end of Quarter 3.

This report is not intended to be a full description of the performance delivery of the Annual Plan as this is subject to more detailed in commentary in the main Health Board performance report. However detailed feedback on the off-track actions is included including our improvement actions and revised milestones.

### 2.0 Background

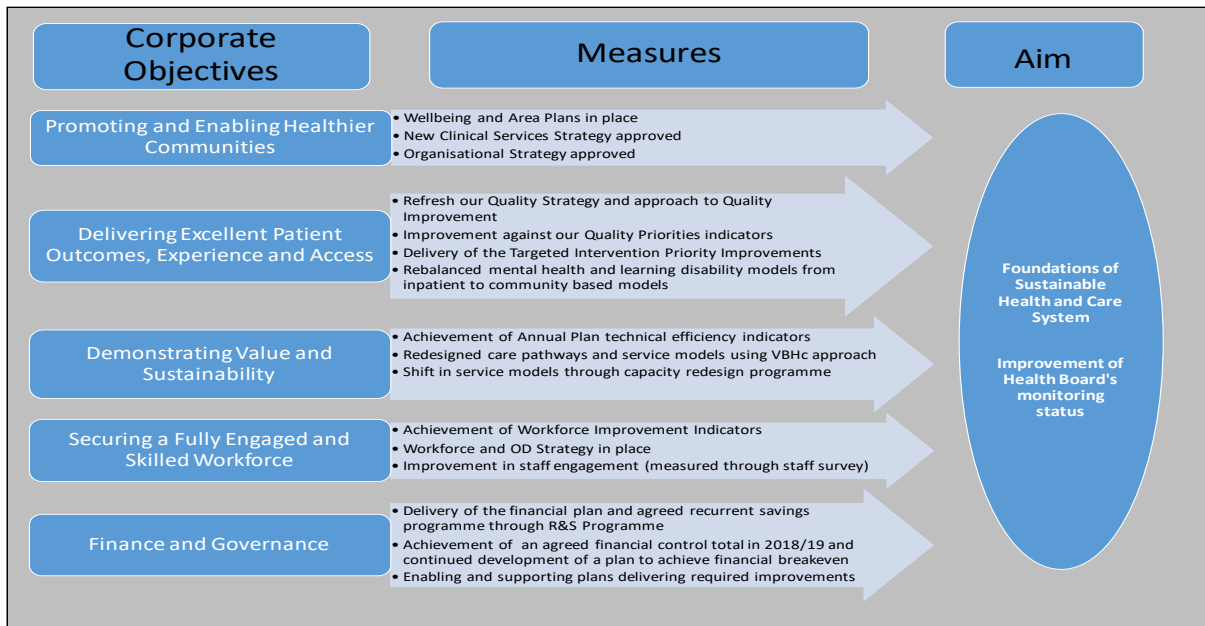
The Annual Plan implementation monitoring report for Quarter 3 is attached at **Appendix A** for the Board's consideration. **Appendix A** is the detailed internal monitoring return and the narrative explanation and summary commentary is included for ease of reference in this covering paper. This report should be considered in tandem with the main Health Board performance report.

### 3.0 Assessment

This year the assessment has been undertaken through two lenses; the achievement of the Corporate Objectives to achieve the Aim of the Plan, and the implementation of the detailed Service Improvement Plans for our Targeted Intervention improvement priorities of Unscheduled Care, Stroke, Planned Care, Cancer and Healthcare Acquired Infections. The detail behind both of these elements is included in the detailed monitoring return with the higher level measures used to monitor achievement of our Objectives numbered with an 'M' prefix and the actions in the Action Plans having an 'A' prefix.

#### 3.1 Overall Assessment of Achievement of our Corporate Objectives and Service Improvement Plans

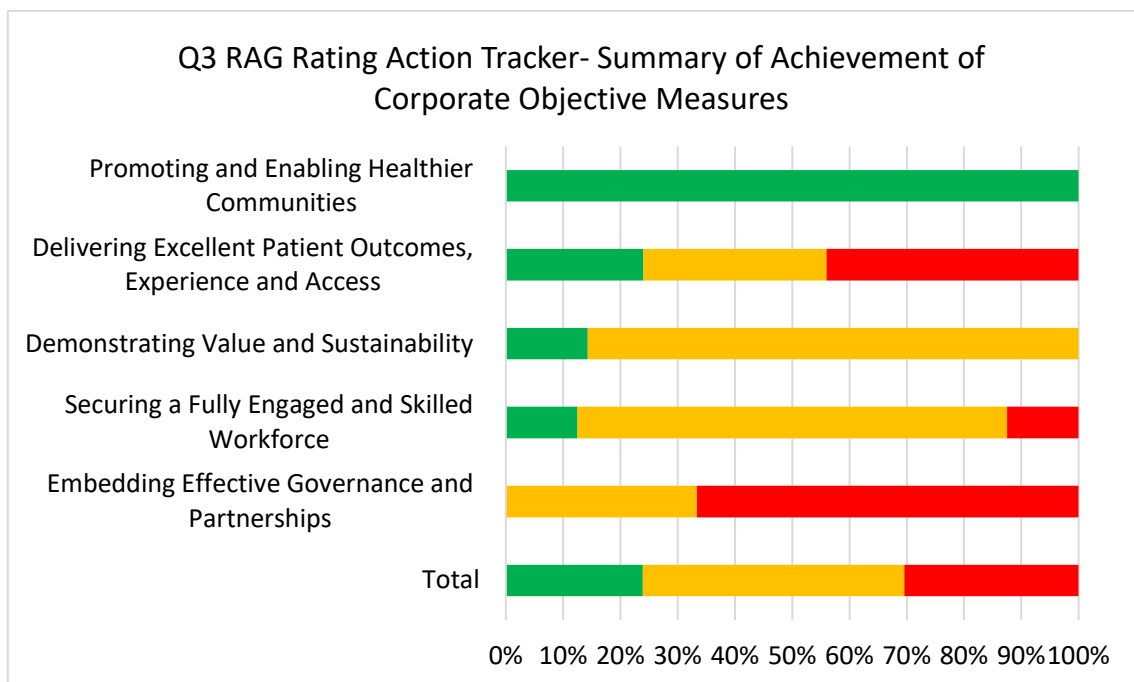
The Annual Plan 2018/19 outlined our Corporate Objectives to achieve our overall Aim of setting the foundation for future sustainability and improvement of our monitoring status. High-level measures were described to be able to monitor success in achieving the Objectives as shown in the diagram below.



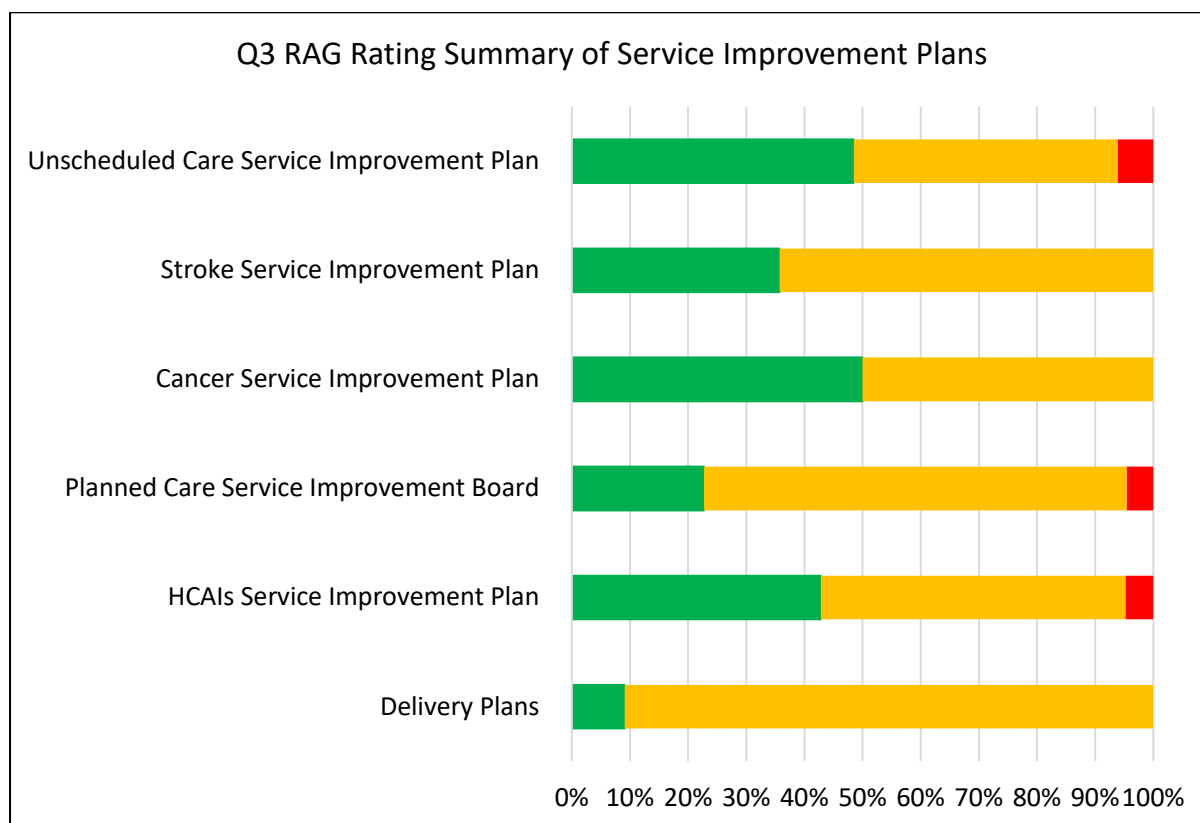
The detailed monitoring report is structured to report on our Corporate Objectives using colour-coded headings for each Corporate Objective as follows:

Promoting and Enabling Healthier Communities
Delivering Excellent Patient Outcomes, Experience and Access
Demonstrating Value and Sustainability
Securing a Fully Engaged and Skilled Workforce
Embedding Effective Governance and Partnerships

Performance is assessed on a Red/Amber/Green (RAG) system. The overall summary of achievement of the 45 key performance indicators against the Corporate Objectives at the end of Quarter 3 is set out in the figure below.



The Annual Plan for 2018/19 also described five Service Improvement Plans for our Targeted Intervention improvement areas. The overall assessment of achievement of the actions in the Service Improvement Plans is shown below.



The two charts show that there is good progress with delivering our Service Improvement Plans, with very few off-track actions. The delivery of our plans is underpinning good progress in delivering our Corporate Objectives, particularly around promoting and enabling healthier communities. However at the end of Quarter 3 we were off-track with achieving a number of our key objectives for delivering improved patient access and effective governance and partnerships (it should be noted however that in totality this objective only has seven actions with only 2 off track.)

### 3.2 Detailed Assessment of Achievement of Plans

The monitoring shows that at the end of Quarter 3 there were 74 plans which were either on-track or completed (42%) and 7 off-track plans (4%). The remainder are in progress.

RAG Rating	Number of Actions	%
Red	6	3
Amber	90	51
Green	76	43
Not rated	6	3
Total	178	100

Three actions which were not rated relate to the Heart Disease, Neurological Conditions and Critically Ill Delivery Plans. Due to Executive and management lead changes these remain a risk which the Health Board will resolve now that the full Executive Team is in place and will be linked to development of our next IMTP and integrated planning system including the Transformation Portfolio.

The next sections describe the completed or on-track actions and provide detailed feedback on the off-track actions, including improvement actions and revised milestones.

### 3.2.1 Actions which are completed or on-track

A summary of our actions which are completed or on-track are shown below.

Corporate Objective	On-Track or Completed Actions
Promoting and Enabling Healthier Communities	<ul style="list-style-type: none"> <li>• The Board has approved its Organisational Strategy and has made excellent progress in developing its Clinical Services Plan for approval in January 2019.</li> <li>• The Direct-Acting Oral Anticoagulants (DOAC) Local Enhanced service has now been commissioned from GP practices.</li> <li>• Work to increase physical activity in key target groups is progressing with the Physical Activity Alliance Group established and the Healthy and Active Fund bids developed.</li> <li>• We continue to improve health literacy within the population as part of a preventative approach with Health Literacy communication skills training for health professionals delivered in Quarter 3 and positive work continues with the roll-out of MECC.</li> <li>• As part of the preparation for the implementation of the Single Cancer Pathway in April 2019, a full demand and capacity profiling exercise of USC, Urgent and Routine work has been undertaken for the Endoscopy service delivered via the NPTH, Singleton and Morriston units, a prototype live queue dashboard has been developed and verified and process mapping of Pathology services has been completed.</li> <li>• Work remains on track around preventing HCAs including work on promoting the importance of hydration, reduction in antibiotic usage and catheters.</li> </ul>
Delivering Excellent Patient Outcomes, Experience and Access	<ul style="list-style-type: none"> <li>• The Health Board is continuing to make progress in reducing harm from falls with the number of falls resulting in harm reducing 7% compared to the same period in 2017/18.</li> <li>• We have made progress in the development of EMI care Home in-reach services with teams operational in each local authority area with early indications in NPT are showing reductions in the length of stay on PPMHS acute ward with the timely facilitation of discharge.</li> </ul>

Corporate Objective	On-Track or Completed Actions
	<ul style="list-style-type: none"> <li>• Implemented plans to enhance and develop frailty models during the year within existing resources including: TOCALs into Neath Port Talbot Hospital; multi-disciplinary older person's service at Singleton hospital (ICOP); Embedding the redesigned frailty model at POW; and implementation of the older person's assessment service at the front door of Morriston hospital.</li> <li>• Bed Utilisation Survey was undertaken on 3rd October.</li> <li>• In our target intervention priority area of Unscheduled Care we: <ul style="list-style-type: none"> <li>○ Continue to meet the target for emergency responses to red calls.</li> <li>○ Continue to maximise the use of the 111 model including reaching agreements on using nurses undertaking face to face appointment in Urgent Primary Care and Paramedics undertaking all evening and overnight home visits under an SLA with WAST.</li> <li>○ Expanded remote working GPs to 37, improving access to GP care.</li> <li>○ Continue to develop ambulatory care models across the Health Board.</li> <li>○ Frailty at the Front Door models have been developed on all three main hospital sites.</li> </ul> </li> <li>• In our target intervention priority area of Planned Care we: <ul style="list-style-type: none"> <li>○ Achieved the Health Board profile for Quarter 3 for the number of patients waiting more than 36 weeks for treatment, with an improvement of 1,686 (the best position since June 2014).</li> <li>○ Rolled out and developed the use of e-referrals with 98% of e-referrals prioritised electronically in Quarter 3.</li> <li>○ Continue to work with partner Health Board to identify regional solutions to deliver routine elective surgery specifically around Orthopaedics.</li> <li>○ RTT capacity plans are in place which delivers the health board year end profile of 2,664 for patients waiting over 36 weeks and Nil for patients waiting over 26 weeks for a first outpatient appointment.</li> </ul> </li> <li>• In our target intervention priority area of Stroke we: <ul style="list-style-type: none"> <li>○ Met three of the four stroke targets (Direct admission to Acute Stroke Unit within four hours, CT scan within one hour and Assessment by a Stroke Consultant Specialist Physician within 24 hours).</li> </ul> </li> <li>• In our target intervention priority area of HCAs we: <ul style="list-style-type: none"> <li>○ Improved on our profiled position for C.Difficile reductions with approximately 28% fewer cases compared to the same period in 2017/18.</li> </ul> </li> </ul>

Corporate Objective	On-Track or Completed Actions
	<ul style="list-style-type: none"> <li>○ Delivered hand hygiene compliance for quarter three (97%) with Delivery Units having commenced peer review programme.</li> <li>○ Education on revised decolonisation protocol delivered to all wards and units on secondary care sites.</li> <li>● In our target intervention priority area of Cancer we: <ul style="list-style-type: none"> <li>○ Undertaken a full capacity review.</li> <li>○ Continued to work towards providing services with a visual interface of queues at the different component stages of the current cancer pathways. So that accurate and up-to-date information in relation to demand and activity is available and services are able to monitor and react to in real time, actively managing before the breaches occur.</li> <li>○ New MDT Co-ordinator job description implemented across the Health Board.</li> <li>○ Continued to fully engage with the peer review process recently participating in the second cycle review for Breast Services and the first cycle for Thyroid, and for Acute Oncology Services.</li> <li>○ Established the Macmillan Strategic Lead Cancer Nurse in post as of the 1st October 2018</li> </ul> </li> </ul>
<p>Demonstrating Value and Sustainability</p>	<ul style="list-style-type: none"> <li>● The annual Plan 2018/19 identified drivers to reduce the volume of outpatient referrals through increased use of e-referrals within individual GP practices, and clinicians providing advice and feedback. A 1% reduction in referrals target equates to 28,060 referrals per month. In 2018/19 99,069 GP referrals have been received during April – September, 63.2% (62,612 via Electronic) and 36.8% (36,457) via paper.</li> </ul>
<p>Securing a Fully Engaged and Skilled Workforce</p>	<ul style="list-style-type: none"> <li>● We have reduced turnover within the first 12 months of employment. The data shows particular decreases within Additional Clinical Services and our Nursing and Midwifery staff groups. This improvement may have partly been facilitated due to the new Nursing and Midwifery strategy published in 2017 which placed a greater commitment to a providing clinical supervision for newly qualified nurses.</li> <li>● SLT training sessions have been undertaken in Morriston and the new middle tier of medical staff are in the process of receiving thrombolysis training as part of continuing staff training and awareness sessions of the stroke pathway.</li> </ul>
<p>Embedding Effective Governance and Partnerships</p>	<ul style="list-style-type: none"> <li>● YTD position at the end of month nine is £1.3m over the £10m control total target based on 9/12th of £20m less £2.5m of the additional WG support. This reflects the non-delivery of required savings and operational pressures, which has been partially offset by the release of identified mitigating opportunities, including slippage on some</li> </ul>

Corporate Objective	On-Track or Completed Actions
	<p>committed reserves and other recurrent and non-recurrent opportunities. There are plans to deliver the £10m forecast position.</p> <ul style="list-style-type: none"> <li>• The plan to deliver £10m control total in place and being robustly monitored.</li> <li>• The underlying position and impacts continue to be developed.</li> </ul>



### 3.2.2 Actions which are off-track

Detailed feedback on the summary of the 9 actions which are off-track, our improvement actions and revised milestones is shown below. There are two actions which are assessed as requiring review by our new Executive Directors in Quarter Four as to whether they are still the right things to do as follows, and these are also marked in italics in the table:

- Refresh our Quality Strategy and approach to Quality Improvement
- Develop a business case for a 7-day Infection Control Team.

The majority of the other actions relate to achievement of our Targeted Intervention Priorities, Welsh Government targets or local efficiency indicators.

Corporate Objective	Off-Track Actions	Improvement Actions	Revised Milestone
Promoting and Enabling Healthier Communities	N/A	N/A	
Delivering Excellent Patient Outcomes, Experience and Access	<i>Refresh our Quality Strategy and approach to Quality Improvement</i>	The refresh is off-track pending the new Director of Nursing and Medical Director taking up post (both in post by November), although Quality Priorities have been agreed to inform the development of the IMTP 2019-22. The respective Directors will advise on the way forward during Quarter 4.	Q4
	Stoke Care		
	Thrombolysis door to needle <= 45 mins	<ul style="list-style-type: none"> <li>• Achieving Thrombolysis door to needle time has proven difficult – actions taken since August include the additional appointment of medical middle tier posts in Morriston to improve support to the A &amp; E department and to improve access to timely thrombolysis, those eligible for thrombolysis receive the intervention in a timely way.</li> <li>• The Units were reviewed at the end of November as part of the all Wales thrombolysis review and recommendations from that process will be developed and actioned as appropriate.</li> </ul>	Q4
	Planned Care		
	The number of patients waiting for an outpatient follow-	<ul style="list-style-type: none"> <li>• The health board did not deliver against its profile at the end of Quarter Three although there was a slight improvement on Quarter Two.</li> </ul>	Q4

Corporate Objective	Off-Track Actions	Improvement Actions	Revised Milestone
	up (booked and not booked) who are delayed past their agreed target date	<ul style="list-style-type: none"> <li>• Delivery Unit plans are developed with progress being monitored against their profiles through the Outpatient Improvement Group.</li> <li>• Additional funding has been released through the IBG bid to support validation of the lists with a planned expectation that this exercise will eradicate c6000 erroneous entries through Quarter Four.</li> </ul>	
	Improvement Plan Actions		
	<p>Baseline audit of PVC incidence in Delivery Units.</p> <p>Reinvigorate STOP campaign.</p> <p>Adhere to best practice guidance for insertion, maintenance and removal of PVC's.</p>	<ul style="list-style-type: none"> <li>• Information on PVC incidence were collected in pilot wards at Morriston; this is rolling out to other Delivery Units using PDSA improvement methodologies.</li> <li>• The Use of bundles is monitored via Care Metric, the Quarter Three average compliance was as follows: <ul style="list-style-type: none"> <li>○ PVC insertion bundle - 76%</li> <li>○ PVC maintenance bundle - 88%.</li> </ul> </li> <li>• Delivery Units will ensure clinical staff adhere to the use of PVC bundles.</li> </ul>	Q4
Demonstrating Value and Sustainability	N/A	N/A	
Securing a Fully Engaged and Skilled Workforce	Reduce sickness absence	<ul style="list-style-type: none"> <li>• The 12 month rolling performance to the end of November 2018 is 5.93% and represents an overall decline in performance of 0.16% since the beginning of 2018/19. Whilst long term sickness rates continue to be a challenge there has been some improvement in the last two months and the current performance for November 2018 is 3.97% and is an improvement of 0.35% compared to reported levels at the same period last year. Absence due to anxiety /stress/depression remains the highest reason for absence and accounts for approximately a third of all absence.</li> <li>• Key actions to improve performance include: <ul style="list-style-type: none"> <li>○ Implementation of new all Wales Managing Attendance policy.</li> <li>○ Commence training sessions for managers regarding the new all Wales Managing Attendance policy.</li> </ul> </li> </ul>	Q4

Corporate Objective	Off-Track Actions	Improvement Actions	Revised Milestone
		<ul style="list-style-type: none"> <li>○ Development of a full training plan to support implementation of the new Attendance policy.</li> <li>○ Outputs of a best practise case study conducted in three areas of good sickness performance have been shared with DU's and learnings are to be implemented via local sickness improvement plans all Units.</li> <li>○ Development of a pilot within a selected area in order to address high absence some of which will apply learning from the above best practise case study.</li> <li>○ Occupational Health improvement plan complete and being implemented – this includes increasing capacity for management referrals in occupational health using AHP workforce and scanning of 35 000 staff records to enable efficiency savings related to e-records and e-systems.</li> <li>○ Continue Flu vaccination programme which to date has seen 45% of frontline staff vaccinated as 17/11/18.</li> <li>○ Continue delivery of Mental Health awareness sessions to managers. To date 16 sessions have been delivered to 132 managers.</li> <li>○ Continue further delivery of Work related stress risk assessment training for managers. To date 24 sessions have been delivered to 210 managers in total</li> <li>○ Currently developing new Attendance Audit for ABMU in line with New MAAW Policy.</li> <li>○ Currently developing new Cultural Audit for ABMU to measure the culture of each department.</li> <li>○ Development of a pilot focusing on early communication and support to aid early RTW for Short Term Absences.</li> <li>○ Strategically align Health &amp; Wellbeing plans with Attendance Management work stream.</li> <li>○ Testing of Absence Data.</li> <li>○ Development of a pilot within Facilities to test and exploit the benefits of using ESR Manager Self-Serve in managing absence more effectively.</li> </ul>	
	<p>Develop a business case for consideration by IBG for a 7 day Infection Control Service, that reflects the Delivery Unit structures and</p>	<p>The case has been delayed pending the appointment of the new Assistant Director of Nursing for Infection Prevention and Control, who took up post in November. The post holder will advise if this action remains valid in Q4 as she assesses the Health Board's capacity to address the infection control issues.</p>	<p>Q4</p>

Corporate Objective	Off-Track Actions	Improvement Actions	Revised Milestone
	provides a sustainable workforce to support work streams of the HCAI Collaborative Drivers.		
Embedding Effective Governance and Partnerships	Agree joint outsourcing package and implement commissioning of the activity agreed LTA in place for both organisations as a commissioner.	<ul style="list-style-type: none"> <li>The outsourcing programme was not delivered fully in Quarter Three due to the inability of the main Provider to fulfil its contractual obligation. The contract was retracted and coverage for the full capacity lost in Quarter Three and planned capacity for Quarter Four has been secured across multiple providers, mitigating any risk of sole reliance on a single point of delivery. Outsourcing in line with the new contracts is well underway and will continue to the end of March 2019.</li> </ul>	Q4
	Delivery of the financial plan and agreed recurrent savings programme through the R&S Programme	<ul style="list-style-type: none"> <li>Delivery has been managed through work streams aligned with the Recovery and Sustainability Programme.</li> <li>The month nine tracker indicates that most areas are not delivering against the plans.</li> <li>Mitigating actions have been agreed to support the achievement of control total</li> <li>A six month review of actions was completed in October and further key actions identified for year end</li> <li>A new workstream has been established to bring together all of the elements of medical workforce actions including a detailed review of junior doctor and ED rota's; implementation of locum on duty and e-job planning and other actions</li> <li>Units have been asked to identify mitigating actions to offset non delivery of savings and these are being managed through regular Performance, Quality and Finance meetings.</li> </ul>	Q4

#### 4.0 Assurance and Governance

The report will be considered regularly on behalf of the Board by the Performance and Finance Committee, as agreed during the development of the Annual Plan for 2018/19 before consideration by the Board.

Welsh Government requires each Health Board to forward the Board report on the quarterly reporting of progress of Annual Plan/IMTP implementation for assurance purposes and this document will be shared with Welsh Government for this purpose.

## **5.0 Recommendations**

The Board is asked to:

- ENDORSE the Quarter 3 report on the implementation of the Annual Plan 2018/19; and,
- NOTE it will be submitted to Welsh Government for assurance purposes.

<b>Governance and Assurance</b>											
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships		
	✓		✓		✓		✓		✓		
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources				
	✓	✓	✓	✓	✓	✓	✓				
<b>Quality, Safety and Patient Experience</b>											
The report outlines the good progress that was made in Quarter 1 2018/19 with delivering improvement against the Quality Priorities agreed in the Annual Plan 2018/19.											
<b>Financial Implications</b>											
The Health Board is off-track with delivering the financial plan at the end of Quarter 1 and remedial action plans are in place.											
<b>Legal Implications (including equality and diversity assessment)</b>											
None											
<b>Staffing Implications</b>											
None											
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>											
The monitoring report shows that we published our Area Plan and Wellbeing Plans in 2018/19.											
<b>Report History</b>		<b>None</b>									
<b>Appendices</b>		Appendix A – Quarter 1 Annual Plan 2018/19 Monitoring Report									

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