



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	29th March 2022		Agenda Item	4.1
Report Title	Annual Plan 21/22 Delivery: Quarter 3 Progress Report			
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	This paper provides the reported status against the priorities (actions agreed) for Q3 delivery as set out in the Annual Plan 21/22.			
Key Issues	<p>The Annual Plan 21/22 submitted to Welsh Government on 30th June 2021, sets out a series of goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's priorities for 2021/22.</p> <p>This paper provides a high-level summary of the position at the end of quarter 3, reflecting the breadth of work that has been undertaken across the individual plans. Where priorities are reported as off-track, mitigating actions have been highlighted.</p> <p>During Q3, a focus on outcomes has been a key priority. A business intelligence dashboard has been developed to monitor outcome measures, as outlined the Annual Plan priorities, which will report on performance as well as inform planning activities for future quarters.</p> <p>It has been agreed that delivery of the Annual Plan 21/22 will be monitored and reported to Management Board with a quarterly report to the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, followed by the Board.</p>			
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 actions planned for Q3 and priorities for Q4, • NOTE the areas of programme level achievements, • APPROVE the mitigations against actions which are off-track, and • APPROVE the key risks to delivery. 			

ANNUAL PLAN 21/22 DELIVERY: QUARTER 3 PROGRESS REPORT

1. INTRODUCTION

This paper provides the reported status against the priorities (actions agreed) for quarter 3 (Q3) delivery, as set out in the Annual Plan 21/22.

2. BACKGROUND

The Annual Plan 21/22 submitted to Welsh Government in June 2021, sets out a series of goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's priorities for 2021/22, as follows:

Table 1

Annual Plan 21/22 Drivers	Executive Lead
Responding to COVID-19	Director of Public Health
Re-designing Urgent and Emergency Care services	Chief Operating Officer
Recovering our Planned Care position	Chief Operating Officer
Prevention and reducing health inequalities	Director of Public Health
Improving patient quality and safety	Director of Nursing and Patient Experience
Improving cancer and palliative care	Executive Medical Director
Improving maternity, children, and young people services	Director of Nursing and Patient Experience
Improving our primary, community and therapy services	Chief Operating Officer
Improving our mental health and learning disability services	Chief Operating Officer
Improving staff experience, workforce, and leadership	Director of Workforce and OD
Increasing our digital capabilities	Director of Digital
Improving finance and performance	Director of Finance

Annual Plan delivery is being driven through programme boards, and service groups:

- Urgent and Emergency Care Programme Board,
- Planned Care Recovery Programme Board,
- Cancer through the Neath Port Talbot and Singleton Service Group,
- Maternity, Children and Young People through the Neath Port Talbot and Singleton Service Group,
- Quality and Safety Governance Group,
- Primary, Community, and Therapies Service Group,
- Mental Health and Learning Disabilities Service Group,
- Workforce Delivery Group, and
- Digital Leadership Group.

Service Groups are accountable for the delivery of plans within their areas to deliver their Annual Plan. The programme boards provide system wide planning, assurance and risk management. Monitoring of delivery is supported by the Transformation Portfolio Office (TPO).

This paper provides a high-level summary of the position against Q3 priorities (actions agreed). Where progress is off-track, mitigating responses have been highlighted. Where baseline metrics and data definitions are available, progress against these measurable outcomes have been reported for quarter 4 (Q4).

3. PROGRESS UPDATE

3.1 Mid-year review of goals, methods, and outcomes

In December 2021, a mid-year review of the Annual Plan delivery was undertaken, with requests for changes to the goals, methods, and outcomes submitted to the Executive team, and a Health Board development session for approval.

The review reported the following:

- A significant majority of the actions set out in the 2021/22 Annual Plan are being delivered,
- The outcomes to enable impact to be determined will be finalised at the end of Q3,
- Certain Goals need to be reviewed to determine whether planning assumptions need to change for remainder of financial year,
- Reasons for slippage in delivery primarily relate to:
 - COVID and the impact of third wave,
 - Workforce pressures – particularly in social care and independent sector,
 - Complexity of capital requirements – across the breadth of the Plan,
 - Scale of public engagement required for Older People’s Mental Health Services and Changing for the Future.

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 the required 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 feeding 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 2 below summarises the requests for change set out within the mid-year review:

Table 2: Revisions to goals, methods, and outcomes

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

Priority Programme	Executive Lead	Revised Methods	Revised Outcomes	Service Changes
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 Eytayo	0	0	0

This report monitors progress against the revised methods and outcomes as outlined in the mid-year review, approved at Board in January 2022.

3.2 Programme status

The Health Board's Annual Plan sets out the goals, methods and outcomes to be delivered and achieved in 2021/22.

Table 3 below provides an overview of the status of delivery methods for each programme. Further detail can be found in the Annual Plan Tracker, in Appendix 1.

Table 3: Delivery methods

Programme	Methods			
	No. of Methods	Red (Off-track to deliver by due date)	Amber (Monitoring)	Green (On-track)
Prevention, and Reducing Health Inequalities	0	0	3	0
Responding to COVID-19	11	1	3	7
Urgent and Emergency Care	20	1	7	12
Planned Care Recovery	15	1	5	9
Improving Cancer and Palliative Care	11	0	0	11
Improving Maternity, Children, and Young People	12	0	3	9
Improving Primary, Community, and Therapy Services	4	0	0	4
Improving Mental Health and Learning Disabilities Services	8	0	0	8
Improving Quality and Safety	14	4	5	5
Workforce and Leadership	32	4	15	13
Q3 Totals:	130	11	41	75

Within each programme, projects have been commissioned to deliver the key methods through actions. Table 4 provides an overview of each programme and the status of the actions for delivery in Q3:

Table 4: Actions

Programme	Q3 actions				
	No. of Actions	Red (Off-track to deliver by due date)	Amber (Monitoring)	Green (On-track)	Blue (Completed)
Prevention, and Reducing Health Inequalities	0	0	0	0	0
Responding to COVID-19	7	0	0	0	7
Urgent and Emergency Care	38	8	5	5	20
Planned Care Recovery	48	6	7	17	18
Improving Cancer and Palliative Care	20	5	0	5	10
Improving Maternity, Children, and Young People	19	4	0	12	3
Improving Primary, Community, and Therapy Services	26	2	2	11	11
Improving Mental Health and Learning Disabilities Services	19	8	0	4	7
Improving Quality and Safety	19	10	0	1	8
Workforce and Leadership	71	13	0	18	40
Digital Transformation	61	20	0	29	12
Q3 Totals:	286	68	9	97	109
Q2 Totals:	230	22	16	136	56

39% of actions are completed. A further **34%** are on-track for delivery in Q4 and **24%** are currently off-track but with mitigating actions in place to deliver in Q4.

A summary of off-track actions, and the mitigations in place to bring delivery in-line for Q4 is available in Appendix 2.

3.3 Outcome measurement

During Q3, the Data Intelligence Working Group developed a business intelligence dashboard to monitor outcomes, as outlined the Annual Plan priorities.

Tables 5-9 summarise the key outcomes across the portfolio.

Table 5: Responding to COVID-19

Goal	Outcome measure		Oct	Nov	Dec
Fully vaccinate the entire adult population, fully vaccinating over 300,000 people	All eligible adults in Swansea Bay offered a vaccine	Target 100%	100%	100%	100%
		Baseline 0%			
	Eligible adults who have not received any vaccine <5%	Target <5%	20.3%	20.0%	19.8%
		Baseline 0%			
	70% of those aged 12-15 years old received two doses	Target 70%	27.1%	46.9%	54.6%
		Baseline 0%			
	70% of those aged 16-17 years old received two doses	Target 70%	78.3%	80.0%	81.7%
		Baseline 0%			
	90% of immunosuppressed received a third dose	Target 90%	42.8%	72.9%	87.4%
		Baseline 0%			
	90% of care home residents received a booster vaccine	Target 90%	69.5%	69.5%	69.5%
		Baseline 0%			
	80% of eligible adults received a booster vaccine	Target 80%	20.9%	47.0%	88.5%
		Baseline 0%			

Table 6: Urgent and Emergency Care

Goal	Outcome measure		Oct	Nov	Dec
Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital;	Diversion of a minimum of an additional 6 patients a day from the Emergency Department into the acute hub	Target 6	10	8.4	6.8
		Baseline 0			
	Total estimated bed day reduction equates to admission avoidance.	Target 500	676	673	643
		Baseline 590			

Goal	Outcome measure		Oct	Nov	Dec
Implement an integrated Medicine for Older People pathway across SBU	Increase in patients discharged from the assessment unit.	Target Increase	75	67	60
		Baseline 63			
	Reduced LOS for those subsequently admitted.	Target Reduction	10.3	12.17	10.57
		Baseline 8.41			
Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway	95% of patients receive a routine specialist assessment within 6 weeks	Target 95%	90.9%	86.7%	100.0%
		Baseline 10%			
	Average days waited for patients to receive an urgent specialist assessment	Target 14	16	18	12
		Baseline 105			
	Less than 7% of acute admissions with primary diagnosis of HF within 1 month of referral to HF Hub	Target 7%	0.0%	0.0%	1.8%
		Baseline 11%			
	Less than 19% in acute admissions with primary diagnosis of HF within 6 month of referral to HF Hub	Target 19%	2.0%	3.8%	3.5%
		Baseline 28%			
	100% of patients seen within 1 week after diagnosis for education and start of treatment	Target 100%	16.7%	0.0%	0.0%
		Baseline 0%			
	100% of patients seen within 2 weeks of discharge from hospital for HF admission	Target 100%	13.0%	9.1%	27.3%
		Baseline 0%			
	Reduce Average LoS within the community nursing team	Target 16 weeks	14.20	17.80	13.30
		Baseline 48 weeks			
	100% of patients are discharged to primary care when patient is stable	Target 100%	100.0%	100.0%	100.0%
		Baseline 0%			
	Halve the average length of stay (LoS) for patients admitted with Heart Failure (primary diagnosis)	Target <9 days	2	7	5
		Baseline X			

Table 7: Planned Care Recovery

Goal	Outcome measure		Oct	Nov	Dec
Implement structured advice and guidance to reduce referral demand and face to face attendances where appropriate	Total number of Outpatient referrals received from GPs	Baseline 12,706	11,866	13,467	11,183
	Percentage of Outpatient referrals returned	Target 20%	2,274 (12%)	2,468 (12%)	2,007 (11%)
		Baseline 12%			
	Connection rate of advice and guidance calls	Target 70%	59%	76%	71%
		Baseline 61%			
	Reduce follow ups waiting over 100% by 55%	Target 13,200	33,121	30,946	28,705
		Baseline 29,334			
	Reduce total follow ups waiting by 55%	Target -55%	+4.9%	+5.7%	+5.9%
		Baseline 124,782			
	Maximising access to diagnostics services	Eliminate >8 week waits for MRI	Target 0	283	204
Baseline 246					
Reduce CT waits to <6 weeks		Target <172	37	13	43
		Baseline 172			
Reduce NOUS waits to <6 weeks		Target <369	424	431	413
		Baseline 369			
Reduce urgent Endoscopy waits <8 weeks		Target 33	1,296	1,511	1,928
		Baseline 1,136			
Reduce average routine Endoscopy wait (weeks)		Target <8 weeks	24	23	22
		Baseline 2.9			

Table 8: Cancer and Palliative Care

Goal	Outcome measure		Oct	Nov	Dec
Improve Care of patients through effective planning, earlier diagnosis and prehab	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target 12-month improvement	61.9%	63.4%	45% (Preliminary data)
		Baseline 61%			

Table 9: Quality and Safety Priorities

Goal	Outcome measure		Oct	Nov	Dec
Infection Prevention and Control – Reduction of Healthcare Acquired Infections	% staff received IPC training	Target >95%	81.3%	82.0%	82.2%
		Baseline X			
	Reduce rates in Staph Aureus infection	Target 9	18	4	9
		Baseline 12			
	Reduce rates in C-Diff infection	Target 15	15	20	12
		Baseline 20			
Falls Prevention	10% annual reduction in injurious falls	Target -10%	240	213	208
		Baseline 176			

3.4 Priorities for Q4

In addition to implementing the mitigating responses for actions which are off-track, and completing actions which are on-track, there are a number of new actions planned to complete in Q4. Table 10 summarises the number of actions due for completion in Q4, including new actions and off-track actions from previous quarters.

Table 10

Programme	Actions due	Enabling actions from Q3
Responding to COVID-19	3	0
Urgent and Emergency Care	21	11
Planned Care Recovery	34	6
Improving Cancer and Palliative Care	10	6
Improving Maternity, Children, and Young People	20	4
Improving Primary, Community, and Therapy Services	15	1
Improving Mental Health and Learning Disabilities Services	12	11
Improving Quality and Safety	11	29
Workforce and Leadership	33	11
Digital Transformation	50	19
	209	98

Detailed updates for each programme, including actions planned for Q3 and Q4, completed actions, risks and corrective actions is shared with Programme Boards, monthly, and the Management Board, quarterly.

4. 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 bi-monthly. 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.

4.1 Key risks to delivery

There are number of key risks to delivery of the programmes within the portfolio, which can be found below:

Table 11: Portfolio risk register

Description	Mitigation	Trend	Control	Current Score	EOY Score
Capacity in social care, resulting in rationing of care to critical clients alters the baselined level of clinically optimised patients.	<ul style="list-style-type: none"> Programme plans within the Urgent and Emergency Care programme have been baselined in-line with the new configuration, and demand and capacity being re-modelled. Transitional care home beds have been procured to step down from an acute inpatient bed. The System Reset programme is evaluating lessons learned around changes required to address the high number of clinically optimised patients, and facilitate discharge by introducing cross-group working, and tighter working with local authority partners. COO to review discharge policy and processes. Impact of Virtual Wards roll out and palliative care to be understood against the Annual Plan. Requirement to staff more ED ambulant patients to SDEC and expand SDEC capacity PCT Group will establish a recovery plan in March 2022 for HomeFirst to recover funded capacity levels. 	Up	Up	20	20
Plans do not become operationalised	<ul style="list-style-type: none"> Detailed delivery plans at operational level developed 	Up	Up	12	20

Description	Mitigation	Trend	Control	Current Score	EOY Score
	<ul style="list-style-type: none"> • Clarity on model for benefits realisation to support delivery of outcomes and outputs • New performance management approach to include escalation framework • Project outcomes and benefits are monitored alongside delivery, and reported to Programme Boards monthly; timely corrective action is applied where necessary. • Longer term funding for improvement projects in Primary, Community, and Therapies is not confirmed as being available via the West Glamorgan Regional Partnership Board. Where funding is not available in 2022/23, improvement projects may not be operationalised and deliver expected benefits. • Revised recovery plans for cancer waits has been established, and improved accountability for waiting list performance. • Deep dives and action plans in six specialties to increase waiting list delivery. 				
Availability of workforce to support service changes and capacity increases	<ul style="list-style-type: none"> • Maximise use of digital resources • Workforce redesign e.g., physicians associates • Insourcing expertise where appropriate • Wellbeing and resilience of staff offer to support staff remain in work is a key deliverable within the Workforce and Leadership programme. • The option of up-skilling staff through qualifications to help meet the requirements of key posts is a priority within the Workforce and Leadership programme, to support Annual Plan delivery. • Strengthening of recruitment campaigns e.g. COTE posts • Where recruitment is proving difficult, programme leads have applied corrective action and re-baselined plans accordingly. • A recruitment tracker has been developed by the Transformation Portfolio Office to manage recruitment and onboarding of key posts aligned with critical paths. A recruitment pipeline view allows programme leads to view and manage bottlenecks and be 	Up	Up	12	20

Description	Mitigation	Trend	Control	Current Score	EOY Score
	alerted where off-track recruitment is impacting upon the critical path.				
Where clinical leadership availability or capacity is limited, delivery is hindered	<ul style="list-style-type: none"> Enhanced visibility of Service Medical/Dental and Nurse Directors in context of plan development and delivery Programme Boards have been established with clear clinical leadership in place to support Service Delivery Groups with programme delivery. All programmes and projects have clear clinical leadership built into governance structures. Build on effective approaches to clinical engagement and leadership as evidenced in Clinical Reference Group (CRG) approaches: <ul style="list-style-type: none"> Cluster lead now member of Management Board to increase primary care voice Broaden clinical leadership to all professions, not just medical Targeted OD support for clinical leaders Include resource in resource plan to backfill clinical time Use of clinical senate to engage across groups 	No change	No change	12	12
Culture and mindset shift required	<ul style="list-style-type: none"> Agenda and decisions are more consistently framed around alignment with Annual Plan so a consistent narrative emerging Integrated Planning Group engages with key stakeholders across Service Delivery Groups on plan development, as well as plan delivery. Increased capacity and capability to support communications and engagement. 'Changing for the Future' campaign to engage with public and staff on changes outlined in the Annual Plan. Transformation Portfolio Office is supporting embedding best practice project and programme management methodologies via the Service Delivery Groups and programme teams, while supporting delivery and monitoring of the Annual Plan projects. 	No change	Up	12	12

Description	Mitigation	Trend	Control	Current Score	EOY Score
	<ul style="list-style-type: none"> Review of performance framework being undertaken and effectiveness of its application. We are working to deliver a reduction in Cancer waits, and IPC. 				
Methods and enabling actions will not deliver the desired outcomes	<ul style="list-style-type: none"> A clear focus on monitoring outcomes through metrics, and identifying metric owners, has been a priority during Q2 and Q3. The Data Intelligence Working Group, led by the Deputy Chief Operating Officer, have developed a mechanism for reporting outcome measures and critical success factors against the methods and actions within the plan, and where necessary employ corrective action. The work on monitoring out outcomes is a key focus in the development of our Recovery and Sustainability Plan, and the delivery of our Annual Plan projects. 	Down	Down	12	10

5. 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. Delivery against the financial savings element of the plan is covered in the finance report.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the actions planned for Q3 and priorities for Q4,
- **NOTE** the areas of programme level achievements,
- **APPROVE** the mitigations against actions which are off-track, and
- **APPROVE** the key risks to delivery.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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		
The paper reflects the impact of Quality, Safety and Patient Experience through the performance against the Q2 priorities and their delivery in July – September 2021.		
Financial Implications		
There are no direct financial implications from this paper.		
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 is included in the paper and tracker.		
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 Management Board on the delivery of Annual Plan 21/22 priorities and outcomes:</p> <ul style="list-style-type: none"> ● Annual Plan Delivery Q1 ● Annual Plan Delivery Q2 ● Annual Plan Delivery Q3 ● Mid-year review of Annual Plan GMOs 	
Appendices	<p>Appendix 1 – Annual Plan 21/22 Tracker</p> <p>Appendix 2 – Off-track actions and mitigations</p>	