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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25/11/2021	Agenda Item	2.1
Report Title	Annual Plan 21/22 Delivery: Quarter 2 Progress Report		
Report Author	Rich Brown, Head of Transformation Portfolio Ruth Tovey, Head of Strategic Planning		
Report Sponsor	Deb Lewis, Deputy Chief Operating Officer Karen Stapleton, Assistant Director of Strategy		
Presented by	Inese Robotham, Chief Operating Officer Siân 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 Q2 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 2, 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>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), followed by the Board.</p> <p>A further review of the GMOs, and possible changes to planning assumptions for the remainder of the year, is currently being undertaken and will be discussed with the Board in December.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<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 Q2 and priorities for Q3, • 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 2 PROGRESS REPORT

1. INTRODUCTION

This paper provides the reported status against the priorities (actions agreed) for Q2 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	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 Delivery Groups:

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

Delivery is supported by the Transformation Portfolio Office (TPO) who develop project plans and registers, using the PMO Toolkit to manage delivery, monitor progress, and report accordingly.

Management Board received the first report on Annual Plan delivery for Quarter 1 (Q1) in July, and requested future reports focus on outcomes and delivery, and clear mitigations against actions which were off-track.

This paper provides a high-level summary of the position against Q2 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 Q2. Work is currently underway to develop an improved approach to outcome measures reporting, via the Planning Intelligence Working Group, and this will be in place to report on outcomes for all programmes from Q3.

3. PROGRESS UPDATE

3.1 Achieving our goals

Key achievements from the Annual Plan delivery for Q2 are highlighted, below:

RESPONDING TO COVID-19 <ul style="list-style-type: none"> ✓ The Health Board's vaccination programme has delivered over 500,000 individual doses and has offered every eligible adult a first appointment and completed over 95% of second doses. ✓ Over 1,000 residents of older people care homes received a booster vaccine throughout September. 	URGENT AND EMERGENCY CARE <ul style="list-style-type: none"> ✓ Capacity and demand modelling completed with Lightfoot. ✓ Re-location of the Acute GP Unit from Singleton Hospital to Morriston Hospital ✓ Clinically Optimised Patients dashboard implemented in Morriston Hospital, with a view to implement in all acute sites from early Q3. ✓ Virtual wards digital solution and key performance indicators approved.
PLANNED CARE RECOVERY <ul style="list-style-type: none"> ✓ A structured advice and guidance system has been implemented in priority outpatient services, reducing referrals being received from Primary Care by 17%. ✓ Funding has been received to fund the new build modular theatres for orthopaedics and spinal surgery at Neath Port Talbot Hospital, and part-funding received for ophthalmology surgery at Singleton Hospital ✓ Hospital electronic prescribing and medicines administration enables better quality and improved safety through the removal of almost all paper medication charts in Singleton Hospital and Neath Port Talbot Hospital, resulting in 214 nursing hours saved in Neath Port Talbot Hospital in Q2. 	CANCER AND PALLIATIVE CARE <ul style="list-style-type: none"> ✓ SWWCC Regional Group established in Q2 with work underway to develop SWWCCC Transformation Programme Business Case by end Q4, setting out the suite of investment cases required to progress over the next 3-5 years (aligned to our R&S Plan) ✓ Business case for specialist palliative care approved to improve timely and quality access to end of life care at the front door and aligned to virtual wards. Recruitment to posts underway in Q2. ✓ Breast RT hypofractionation fully in place from Q2, enabling released capacity for 226 patients. Introducing 5 fractions for breast radiotherapy and releasing capacity in the summer of 2020, resulted in a 30% increase in patients treated within WG performance standards of 21 days.

Further detail on programme-level milestones is available in the Annual Plan Tracker document, in Appendix 1.

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. As part of a mid-year review on the delivery of the plan, work is underway throughout Q3 to assess the slippage from the baselined plan,

and re-baseline the delivery timeline, and outcomes, for 2021/22 and what milestones and outcomes will feed into the Health Board's Integrated Medium-Term Plan.

Table 2 provides an overview of each programme and the status of the actions for delivery in Q2. 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 Q3.

Table 2

Programme	Q2				Q3
	No. of Actions	Red (Off-track to deliver by due date)	Amber (Monitoring)	Green (On-track, or completed)	No. of new actions
Responding to COVID-19	17	0	0	17	3
Urgent and Emergency Care	49	3	11	35	4
Planned Care Recovery	22	0	2	20	4
Improving Cancer and Palliative Care	20	0	0	20	9
Improving Maternity, Children, and Young People	20	4	0	16	4
Improving Quality and Safety	22	5	0	17	0
Improving Primary, Community, and Therapy Services	17	1	0	16	1
Improving Mental Health and Learning Disabilities Services	19	1	2	16	3
Workforce and Leadership	21	0	1	20	0
Digital capability	23	8	0	15	0
	230	22	16	192	28

83% of actions are completed or on-track, and **10%** are off-track with mitigating actions in place to deliver in Q3. The following sections highlight the details of off-track actions.

3.2.1 Responding to COVID-19

The delivery profile for the vaccination programme has been refined since the development of the goals, methods, and outcomes for the Annual Plan, with a greater focus on local delivery via local vaccination centres. While the numbers of people being vaccinated by the mobile vaccination unit has not reached the original target of 800 people per month, the unit is instead being deployed as part of the vaccine equity action plan, in addition to local vaccination centres.

All priorities are completed or on-track to deliver by due date.

3.2.2 Urgent and Emergency Care

Table 3

Action	Due	Status	Mitigating response
Acute Medical Services Re-design			
Workforce recruited	31/08/2021	Off-track	<ul style="list-style-type: none"> • Critical recruitment underway, with recruitment tracker in place to support with appointment to key posts. • Failed to appoint to Const. Geriatrician posts - contingency agreed. • Home First posts – failure to appoint and scarcity of in-house resource. Benefits delivery at risk.
Step Up Step Down			
Sign off Orthogeriatrics business case Around wider MDT	31/07/21	Off-track	<ul style="list-style-type: none"> • Model being re-scoped in early Q3.
Agree Orthogeriatrics clinical model	31/08/21	Off-track	<ul style="list-style-type: none"> • Shift from a primary-based care model into a community model.

The original programme plans for Urgent and Emergency Care is being re-baselined to reflect delays in the delivery of the Acute Medical Services Re-design element of the Programme. This has resulted in the capital works programme commencing from the end of Q3 and completing in mid-2022. This change to the delivery timeline will be reflected in the report on actions for Q3 and will be part of the review of planning assumptions to be considered in December.

3.2.3 Planned Care

Table 4

Action	Due	Status	Mitigating response
Outpatients Modernisation			
Implement Consultant Connect in priority specialties	30/09/2021	Monitor	<ul style="list-style-type: none"> • Implementation in Cardiology and General Surgery has been delayed, with engagement underway with service management, to complete in Q3.
Validate follow up waiting lists in priority specialties	30/09/2021	Monitor	<ul style="list-style-type: none"> • Letter drafted from Executive Medical Director and Deputy COO to all specialties • Reviewing all waits over 100% where appointments were due by March 2020, in all specialties, to move up to 20% referrals to a 'see on symptom' pathway, or discharge where appropriate.

Action	Due	Status	Mitigating response
Re-balancing Surgical Services			
Sign off proposed solution for modular theatres	30/09/2021	Monitor	<ul style="list-style-type: none"> Funding has only been received in part; to fund one Ophthalmology theatre at the Singleton Hospital site. Options being explored to use slippage and existing estate to move surgical services to Singleton.
Diagnostics Recovery			
Develop recovery plans	31/10/2021	Monitor	<ul style="list-style-type: none"> Recovery plans aligned with GMOs to be performance managed through Diagnostics Recovery Group

3.2.4 Cancer and Palliative Care

All priorities are completed or on-track to deliver by due date.

3.2.5 Maternity, Children and Young People

Table 5

Action	Due	Status	Mitigating response
Deliver improvements to Urgent and Emergency Care for Children & Young People			
Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) Development of an appropriate adolescent facility Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility	01/10/2021	Off-track	<ul style="list-style-type: none"> Reinstate discussions regarding developing adolescent/day surgery facility on Dyfed Ward, Morriston Hospital Work delayed due to ongoing pressures on Morriston site and Dyfed ward used for adult surge, also due to expected Paediatric RSV increased incidence expected between Sept 21 - March 2022, recognised nationally, this work may need to be deferred post March 2022 - to be discussed at Service Group and then HB level, development of Childrens unit to be discussed as part of R&S framework
Safe and Sustainable Maternity Services			
Implement a central monitoring system to safely monitor baby wellbeing in labour	30/09/2021	Off-track	<ul style="list-style-type: none"> Dedicated fetal monitoring midwife continues to carry out training to staff on fetal monitoring. Progress is being made with Finance made on securing capital funding for central monitoring system, with a view to place an order with the preferred supplier in Q3, and delivery expected by the end of Q4.

3.2.6 Quality and Safety

Table 6

Action	Due	Status	Mitigating response
Suicide Prevention			
Recruitment of key personnel to support delivery	31/10/2021	Off-track	<ul style="list-style-type: none"> Confirmation of resource Development of job description Advertisement and recruitment Commencement of post Intranet article to raise awareness

3.2.7 Primary Care, Community and Therapies

Table 7

Action	Due	Status	Mitigating response
Social Referral/Community Engagement	31/03/2022	Monitor	<ul style="list-style-type: none"> Feasibility studies received from Neath Port Talbot Council for Voluntary Service, and currently under review within the Primary, Community, and Therapies Delivery Group.

3.2.8 Mental Health & Learning Disabilities

Table 8

Action	Due	Status	Mitigating response
Learning Disabilities Re-design			
Commence operation of repurposed acute inpatient unit for repatriation and reassessment of a new operational pol	12/07/2021	Off-track	<ul style="list-style-type: none"> The repatriation unit has started to take patients, still recruiting to some of the support posts
Transforming Mental Health Services			
Engage external experts for supporting inpatient service model development with partner agencies and key stakeholders.	31/07/2021	Monitor	
Confirmation of Community Learning Disabilities Team core function and community pathway in line with the work following the Coupland review.	30/09/2021	Monitor	

3.2.9 Workforce and Leadership

Table 9

Action	Due	Status	Mitigating response
Workforce efficiencies			
Determine the medical establishments	31/12/2021	Monitor	<ul style="list-style-type: none"> Work is underway with Finance to agree a suitable approach to determining the medical establishment. Work is underway with the Morriston Delivery Group to determine the approach by the end of Q3, with a view to implement in all other Delivery Groups in Q4 onward.

3.2.10 Digital

Table 10

Action	Due	Status	Mitigating response
SIGNAL			
Development v3 phase 1 complete.	31/12/2021	Off-track	<ul style="list-style-type: none"> Development was scheduled to be completed by end of August – this has been delayed until November 15th.
User acceptance testing including sign off.	30/01/2022	Off-track	<ul style="list-style-type: none"> Testing environment will now be available from November 15th and not August as initially planned. Testing and sign-off expected by the end of December.
Electronic prescribing (HEPMA)			
Evaluate the implementation of HEPMA at Neath Port Talbot and Singleton Hospitals including benefits realisation.	31/08/2021	Off-track	<ul style="list-style-type: none"> Evaluation due to complete in October 2021
Theatre Operating Management System			
Electronic pre-assessment information to be made available in Single Digital Health Record (WCP).	30/06/2021	Off-track	<ul style="list-style-type: none"> Due in October 2021
Welsh Nursing Care Record (WNCR)			
New software release to be tested and deployed	30/09/2021	Off-track	<ul style="list-style-type: none"> Implementation due in Q3
Welsh Clinical Portal			
Support regional diagnostic services: Endoscopy reports to be made available in WCP within the Single Digital Health Record (WCP)	30/09/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.
Implement pathology phlebotomy module to	31/12/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.

Action	Due	Status	Mitigating response
support pathology test requesting (WCP)			
Pilot Results Notifications enabling paper reporting to be switched for selected [blood sciences] pathology reports [Rheumatology and Dermatology Singleton] including evaluation	31/07/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.

3.3 Outcome measurement

Tables 11-13 below details the benefit outcomes metrics have been developed to measure the changes delivered in Q2 across the COVID-19 response, Urgent and Emergency Care, and Planned Care Recovery programmes. Further work is being undertaken to establish baselines and outcome metrics across the other programmes and these will be reported on in Q3.

Table 11

Goal	Outcome measure		Jul	Aug	Sep
Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2	Three MVCs established, with local delivery points established according to population need, fully vaccinating 200,000 people classed as the most clinically vulnerable under JCVI guidance.	Baseline 56,487	278,533	285,299	287,251
		Target 200,000			
	A mobile vaccination unit deployed, vaccinating 800 people per month.	Baseline 578	564	277	367
		Target 800			

Table 12

Goal	Outcome measure		Jul	Aug	Sep
Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway.	95% of heart failure patients receive an urgent specialist assessment within 6 weeks	Baseline 10%	76.5%	100%	Data not yet available
		Target 95%			
	Reduce Average LoS within the community nursing team	Baseline 48 weeks	16.6	13.2	Data not yet available
		Target 16 weeks			
	100% of patients are discharged to primary care when patient is stable	Baseline 10%	100%	100%	100%
		Target 95%			

Table 13

Goal	Outcome measure		Jul	Aug	Sep
Implement a structured advice and guidance system to reduce referral demand and face to face attendances where appropriate	New Outpatient GP referrals	Base 20,301	-15.89%	-17.05%	-15.66%
		Target -20%			
	New Outpatient waits <36 weeks	Base	32,993	33,850	32,993
		Target <25,000			

3.4 Priorities for Q3

Detailed updates for each programme, including actions planned for Q3, completed actions, risks and corrective actions, are available in the programme highlight reports, in Appendix 2.

There may be changes to these actions depending on the outcome of the review of planning assumptions currently underway. Any changes that do occur will be reflected in an updated programme plan.

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 receive highlight reports on improvement projects and manage by exception. Reports cover priorities for current and next period, delivering on outcomes, key risks and issues, corrective action, and decisions required.

Programme-level risks can be found in the highlight reports in Appendix 2.

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 14

Description	Mitigation	Current Score
Capacity in social care, alters the baselined level of clinically	<ul style="list-style-type: none"> Programme plans within the Urgent and Emergency Care programme are being baselined in line with the new configuration, and demand and capacity being re-modelled. A task and finish group, chaired by the Interim 	20

Description	Mitigation	Current Score
optimised patients.	<p>Director of Operations, has been established to focus on the definition and management of clinically optimised patients.</p> <ul style="list-style-type: none"> • Joint recruitment of additional Health Care Support Workers to support community services. • Commissioning up to 100 additional care home beds in the region. 	
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 will continue into Q3. Colleagues from Strategy, the Transformation Portfolio Office, Digital Intelligence, and Performance, will develop a mechanism for reporting outcome measures and critical success factors against the methods and actions within the plan, and where necessary employ corrective action. 	20
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 • Build on effective approaches to clinical engagement and leadership as evidenced in Clinical Reference Group (CRG) approaches • 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 	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 • Annual Plan focus in Leadership Touchpoint May, September and October 2021 • Embed quarterly engagement group building on engagement to AP development and AP execution sessions • 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 	12
Plans do not become operationalised	<ul style="list-style-type: none"> • Accountability & delegation letters to confirm expectations • Detailed delivery plans at operational level developed • Clarity on model for benefits realisation to support delivery of outcomes and outputs • New performance management approach to include escalation framework 	12
Availability of workforce to support service changes and capacity increases	<ul style="list-style-type: none"> • Maximise use of digital • Workforce redesign e.g., physicians associates and technician roles • Insourcing expertise where appropriate • Wellbeing and resilience of staff offer to support staff remain in work • Strengthening of recruitment campaigns e.g., COTE posts 	12

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 Q2 and priorities for Q3,
- **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 (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		
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	This is the second report to Board on the delivery of Annual Plan 21/22 priorities and outcomes	
Appendices	Appendix 1 – Annual Plan 21/22 Tracker Appendix 2 – Portfolio Highlight Reports	