



<b>Meeting Date</b>	<b>25 February 2020</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Report on the Implementation of the Annual Plan 2019/20- Quarter 3</b>		
<b>Report Author</b>	Maxine Evans, 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 Performance and Finance Committee with a report on the implementation of the Annual Plan at the end of quarter 3 2019/20.		
<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 2019/20 which is included at <b>Appendix 1</b>. These support the delivery of the Health Board's Enabling Objectives which were laid out in the Plan and the achievement of the actions for each Objective is shown.</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 (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>The Committee is asked to: -</p> <ul style="list-style-type: none"> <li>• ENDORSE the Quarter 3 report on the implementation of the Annual Plan 2019/20 for approval by the Board; and,</li> <li>• NOTE it will be submitted to Welsh Government for assurance purposes.</li> </ul>		

# QUARTER 2 REPORT ON THE IMPLEMENTATION OF THE ANNUAL PLAN 2019/20

## 1. INTRODUCTION

The purpose of this paper is to provide the Committee with a report on the achievement of the Health Board’s Enabling Objectives and actions set out within the Annual Plan 2019/20, 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. BACKGROUND

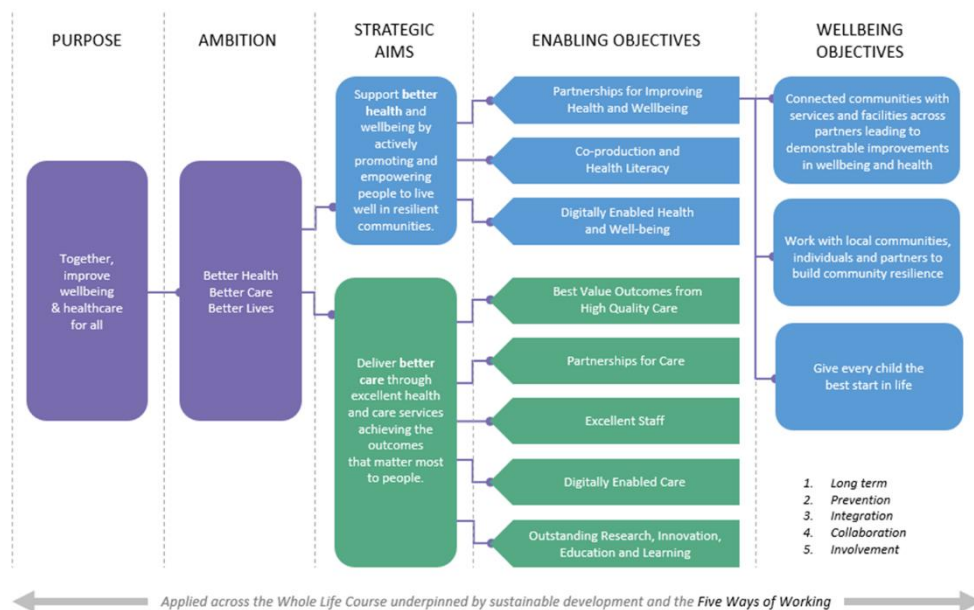
The Annual Plan implementation monitoring report for Quarter 3 is attached at **Appendix 1** for the Committee’s consideration. **Appendix 1** is the detailed internal monitoring return and the narrative explanation and summary commentary is included for ease of reference in this covering paper. This report should be considered in tandem with the main Health Board performance report.

### 2.1 Assessment

The assessment looks at delivery of actions against these objectives with the objective to provide High Quality Outcomes from High Quality Care further assessed by key service areas; Primary and Community Care, Unscheduled Care and Stroke, Planned Care, Cancer, Mental Health and Learning Disabilities, Women and Children and Young People, Older People and, Quality, Safety and Patient Experience.

#### 2.1.1 Overall Assessment of Achievement of our Enabling Objectives and Key Service Areas

The Annual Plan 2019/20 outlined our Enabling Objectives to achieve our overall Strategic Aims to deliver our Organisational Strategy of Better Health, Better Care, Better Lives as described in the diagram below.



The detailed monitoring report is structured to report on the delivery against the Enabling Objectives using colour-coded headings for each Enabling Objective as follows:

Partnerships for Improving Health and Wellbeing
Co-production and Health Literacy
Digitally Enabled Health and Wellbeing
Best Value Outcomes from High Quality Care
Partnerships for Care
Excellent Staff
Digitally Enabled Care
Outstanding Research, Innovation, Education and Learning

There is also an additional group of Corporate actions which do not fit neatly within the above Enabling Objectives. These are labelled as below:

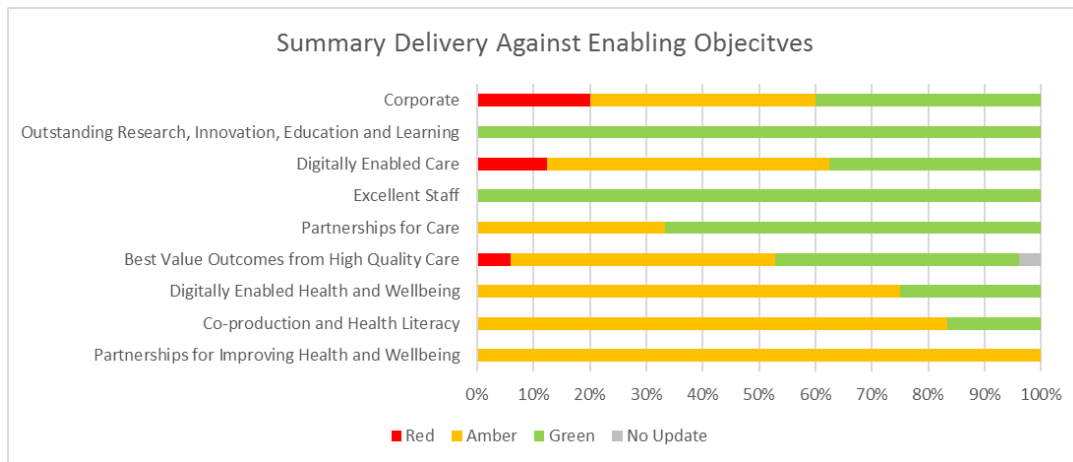
Corporate
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Performance is assessed on a Red/Amber/Green (RAG) system. As defined below. The report is developed on an exception basis with comments requested when delivery is not on track e.g. rated Red.

<b>R</b>	Milestone not Complete & will impact on future milestones
<b>A</b>	Milestone not Complete but will be back on track by next Quarter
<b>G</b>	Milestone Complete

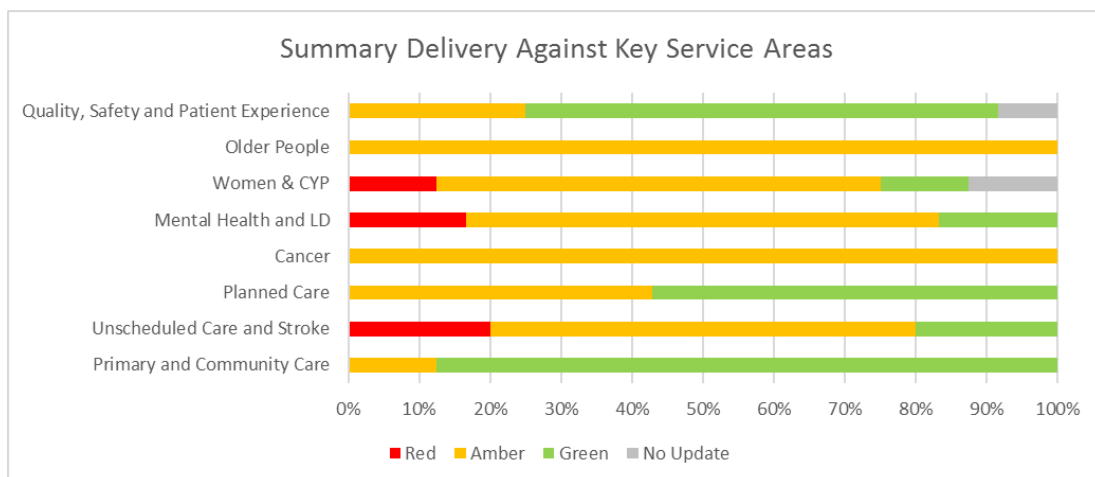
The overall summary of achievement of the key performance indicators against the Enabling Objectives at the end of Quarter 3 is set out in the table and figure below.

Enabling Objective	Number of Actions	Number of Q3 Milestones	Red	Amber	Green	No Update
Partnerships for Improving Health and Wellbeing	6	3	0	3	0	0
Co-production and Health Literacy	8	6	0	5	1	0
Digitally Enabled Health and Wellbeing	4	4	0	3	1	0
Best Value Outcomes from High Quality Care	59	51	3	24	22	2
Partnerships for Care	8	3	0	1	2	0
Excellent Staff	4	4	0	0	4	0
Digitally Enabled Care	16	16	2	8	6	0
Outstanding Research, Innovation, Education and Learning	4	1	0	0	1	0
Corporate	5	5	1	2	2	0
<b>Total</b>	<b>114</b>	<b>93</b>	<b>6</b>	<b>46</b>	<b>39</b>	<b>2</b>



The 59 actions within the Enabling Objective of Best Value Outcomes from High Quality Care are further broken down into 51 milestones for the key services areas. The summary of achievements against these at the end of Quarter 3 are as set out in the table and figure below.

Key Service Area	Red	Amber	Green	No Update
Primary and Community Care	0	1	7	0
Unscheduled Care and Stroke	1	3	1	0
Planned Care	0	3	4	0
Cancer	0	3	0	0
Mental Health and LD	1	4	1	0
Women & CYP	1	5	1	1
Older People	0	2	0	0
Quality, Safety and Patient Experience	0	3	8	1
<b>Total</b>	<b>3</b>	<b>24</b>	<b>22</b>	<b>2</b>

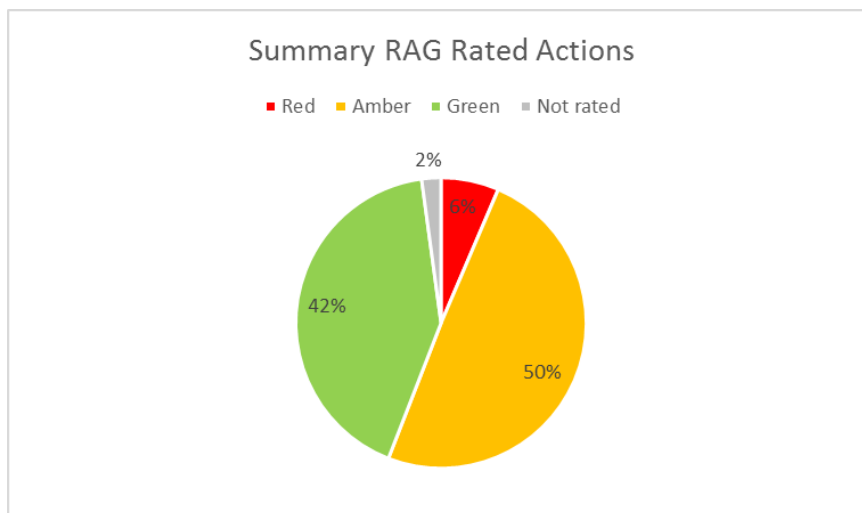


The two charts show that there is good and improved progress with delivering our Annual Plan, with a few off-track (Red) actions. Delivery against the Key Service Areas is also good with very few off-track (Red) Actions and fewer off track actions than in Q2. Only two Enabling Objectives have any Off-track actions; Best Value Outcomes from High Quality Care and Digitally Enabled Care. There is also an off-track action in the corporate area.

### 2.1.2 Detailed Assessment of Achievement of Plans

The monitoring shows that at the end of Quarter 3 there were 93 actions with expected milestones to be delivered, 80 (86%) of these were either completed or will be on-track by Q4 and only 6 were off-track (6%). There were 7 actions which were not rated at the end of Quarter 3. This is due to an update not being available at the time of writing this report, an update not provided or the actions or milestone needing to be clarified. These are being followed up as a matter of urgency.

RAG Rating	Number of Actions	%
Red	6	6%
Amber	46	49%
Green	39	42%
Not rated	2	2%
<b>Total</b>	<b>93</b>	<b>100%</b>



The next sections describe the off-track actions and the commentary on non-delivery, improvement actions and any necessary revised milestones.

### 2.1.3 Actions Which Are Off-Track

A summary of our actions which off-track are shown below.

Enabling Objective	Off-track Actions
Best Value Outcomes from High Quality Care	<p><b>Unscheduled Care &amp; Stroke:</b>  <u>Action:</u> Medical Bed Capacity.</p> <p>The Q3 milestone to implement Older People Assessment Centre (OPAS) plus (funding dependent) has been rated as Red. Funding has not been secured however the Care of the Elderly COTE team is working as part of the Health Board's Older People Clinical Redesign Group (CRG) to develop an integrated approach to frailty.</p>

Enabling Objective	Off-track Actions
	<p><b>Mental Health &amp; LD:</b>  <u>Action:</u> Interim solution to re-provide Psychiatric Intensive Care Unit.</p> <p>The Q3 milestone to develop plans for an interim solution incorporating engagement has been rated Red. PICU provision will continue to be provided by CTMUHB from POWH. The long term solution to be delivered through a capital project to re-provide adult acute inpatient facilities. Therefore this action will now be closed.</p> <p><b>Women and Children and Young People:</b>  <u>Action:</u> Agile working and technology enhancements in Child Health Development.</p> <p>The Q3 milestone linked to sourcing alternative accommodation to Central Clinic. The solution to locate a Porta-cabin on the Singleton site has been rated Red as this is no longer an option. Alternative accommodation is being scoped, still on the Singleton site.</p>
Digitally Enabled Care	<p><u>Action:</u> Enable staff to be more effective through providing fully mobile enabled intranet platform.</p> <p>The Q3 milestone to develop a project plan has been rated Red. It is now on hold due to capacity constraints and evaluation of Office 365 functionality is required.</p> <p><u>Action:</u> Deliver paper light outpatient clinics through implementation of Electronic Outpatient Documentation.</p> <p>The Q3 milestone to define resources in line with requirements has been rated Red. Engagement with the National Programme has taken place and the digital plans are now being aligned with the Outpatient Modernisation agenda.</p>
Corporate	<p><b>Financial Delivery:</b>  <u>Action:</u> Delivery of Financial savings through delivery of the underlying deficit, management of cost pressures and delivery of high value opportunities.</p> <p>The Q3 milestone to undertake an assessment of targeted actions required to achieve delivery of Financial plan has been rated Red. However, monitoring of targeted actions and identification of further opportunities to support delivery of the forecast £12.3m deficit is well underway.</p>

## 2.1.4 Actions Which Are On-Track

A summary of some key actions which are on target or on-track are shown below.

Enabling Objective	On-track Actions
<p style="text-align: center;"><b>Partnerships for Improving Health and Wellbeing</b></p>	<p><u>Action:</u> Agree multi-sectorial Suicide and Self Harm Prevention action plans.</p> <p>The Q3 milestone for RPB approval of the Action Plan has been rated Amber. This action is sitting with the Multi-Agency Group (MAG). A draft set of priorities across Agencies, including SBUHB has been set by the MAG. The MAG reports to Swansea and NPT PSBs and this will be presented to them. A workshop will be run in early March (Quarter 4) to set actions against the priorities for 2020.</p>
<p style="text-align: center;"><b>Co-production and Health Literacy</b></p>	<p><u>Action:</u> Improve levels of Physical Activity through Exercise and Lifestyle Programme and Pulmonary Rehabilitation courses</p> <p>The Q3 milestone has been rated Amber. A business case for Heath Board rollout of the Exercise and Lifestyle programme including potential expansion commencing April 2020 was approved by the Investments Benefit Group (IBG).</p>
<p style="text-align: center;"><b>Digitally Enabled Health and Wellbeing</b></p>	<p><u>Action:</u> Workforce Mobilisation: Mobilising the workforce with digital technology through the national Mobilisation Policy.</p> <p>The Q3 milestone to funding from WG in October has been rated as Green. Procurement and roll out of devices to support mobile working in Morriston and NPTH is underway.</p>
<p style="text-align: center;"><b>Best Value Outcomes from High Quality Care</b></p>	<p><b>Primary &amp; Community Care</b></p> <p><u>Action:</u> Roll out the Whole System Approach to Clustered, Integrated Health and Social Care System across all 8 Clusters (Funding dependent) including the further development of Cluster Plans and implementation of pace setter projects in line with cluster priorities.</p> <p>The Q3 milestone for the implementation via Whole System Cluster Transformation programme has been rated as Green. Workshops and shadow leadership groups were held in Q3 and all four clusters are prepared for initiation on the programme.</p>

Enabling Objective	On-track Actions
	<p><b>Unscheduled Care &amp; Stroke</b>  <u>Action:</u> Reduce patient risk through reduction in avoidable delays and prolonged hospital stay through Implementing the NHS Wales Delivery Unit complex discharge audit recommendations and Right Care Right Place review recommendations.</p>
	<p>The Q3 milestone to monitor impact and improvement has been rated Amber. The Good Hospital Care scheme has been in place since November 2019 to re-inforce the message of embedding good practice for flow i.e. SAFER, EDD and Board rounds.</p>
	<p><b>Planned Care</b>  <u>Action:</u> Increased use of Optometry / Non-Medical services to monitor and refer patients following appropriate guidelines.</p>
	<p>The Q3 milestone to finalise manpower plan for ophthalmology / clinical nursing team has been rated as Green. The Ophthalmic Diagnostic and Treatment Centre (ODTC) is in place.</p>
	<p><b>Mental Health &amp; Learning Disability</b>  <u>Action:</u> Implementation of the Adult Mental Health Strategic framework.</p>
<p>The Q3 milestone to have work streams established and a phased delivery of service models planned and to review Third sector mental health provision to inform the commissioning plan has been rated as Green. Projects have been established with leads identified. Two of the 3 project managers are appointed to support the programme along with admin support, the 3<sup>rd</sup> post is being re-advertised. Review of third sector MH provision has been rolled forward to Q4 to fit timelines of Voluntary sector framework procurement.</p>	
<p><b>Women and Children and Young People</b>  <u>Action:</u> Children's Strategy Board to ensure delivery of the children's plan closely linked to the work of the Western Bay Regional Partnership Board.</p>	
<p>The Q3 milestone for the ongoing completion and monitoring of the work plan has been rated as Amber. Key priorities have been agreed: Emergency Paediatric pathway Morriston; children with complex needs; public health obesity; emotional health &amp; wellbeing; transition. Workstreams are being confirmed.</p>	



Enabling Objective	On-track Actions
	<p><b>Older People</b>  <u>Action:</u> Draft Transformation Fund Bid for Hospital2Home (H2H) service including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams &amp; Single Point of Access.</p> <p>The Q3 milestone to prepare implementation has been rated as Amber. The service was launched on 10th December 2019 and to date NPT have facilitated 18 discharges on Pathway 2. Early Supported Discharge (ESD) continue to facilitate Pathway 1 for NPT residents. Swansea have facilitated 70 people via H2H pathways 1 and 2.</p> <p><b>Quality, Safety &amp; Patient Experience</b>  <u>Action:</u> Develop, implement and monitor compliance with guidelines for antibiotic prescriptions without available guidelines for prescribers and to support restricted use of Co-amoxiclav in secondary and primary care settings.</p> <p>The Q3 milestone to develop Primary Care Antimicrobial Guidelines which support the restricted use of Co-amoxiclav has been rated as Green. Primary care guidelines have been reviewed and co-amoxiclav removed where ever appropriate.</p>
Partnerships for Care	<p><u>Action:</u> If funding is agreed, expand Tertiary Cardiology capacity based on commissioning third catheter laboratory at Morriston hospital.</p> <p>The Q3 milestone to phase in additional activity as recruitment progresses has been rated as Green. All expanded tertiary sessions are now in place and delivering. Planning for third catheter lab replacement is to commence during Q4.</p>
Excellent Staff	<p><u>Action:</u> Workforce Efficiency through effective rostering and a sustainable digital way of working.</p> <p>The Q3 milestone to develop a digital workforce vision for the Health Board and a business investment case has been rated as Green. Morriston, Singleton &amp; NPT have been completed. Mental Health are currently in consultation regarding their shift patterns and scoping work for PCCS has begun and a plan will be developed.</p>

Enabling Objective	On-track Actions
Digitally Enabled Care	<p><u>Action:</u> Empower Clinicians through making all test results available nationally via the Welsh Results Reports Service (WRRS) and uploading records to the Welsh Care Records Service (WCRS).</p> <p>The Q3 milestone to go live with additional diagnostic information and clinical documentation in WCP has been rated as Green with 7m radiology reports now being made available.</p>
Outstanding Research, Innovation, Education and Learning	<p><u>Action:</u> Quality and Value.</p> <p>The Q3 milestone to deliver against plans, with crossover / expansion of work streams has been rated Green. Projects are under way aligned to organisational priorities.</p>
Corporate	<p><u>Action:</u> Development of the Board Assurance Framework.</p> <p>The Q3 milestone for implementation of required action plans monitored through the Risk Management Group has been rated as Amber. The Health Board Risk Register has been considered by the Board in November 2019. Regular updates on progress against the risks will be reviewed by Health Board Committees. The draft Board Assurance Framework has been reviewed by the Audit Committee and the Executive Board and an update will be provided to the Health Board in January 2020.</p>

### 2.1.5 Delivery Unit Plans

Delivery Units have in line with the Annual Plan 2019/20, developed Delivery Unit Plans to detail the actions they will undertake to deliver the organisation's Annual Plan. Each Unit was tasked to assess their delivery at the end of Quarter One and this assessment was used to inform their Quarter 3 Unit Performance Reviews. Dashboard summaries have been developed to support this review and these are included as **Appendix 2** to this report for reference.

### 2.1.6 Plan Delivery for Quarter 4

Delivery Units have been asked to review all amber and red milestones. This review will seek to test the actions to recover the delivery position of actions and to review the Q4 milestones.

## 3. Governance and Risk Issues

The report is considered regularly by the Performance and Finance Committee on behalf of the Board, as agreed during the development of the Annual Plan for 2019/20.

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.

#### **4. Financial Implications**

There are no direct financial implications from this paper.

#### **5. Recommendation**

The Committee is asked to:

- ENDORSE the Quarter 3 report on the implementation of the Annual Plan 2019/20 for approval by the Board; and,
- NOTE it will be submitted to Welsh Government for assurance purposes.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	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"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>	
<b>Health and Care Standards</b>		
<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"/>
<b>Quality, Safety and Patient Experience</b>		
The report details the Quality, Safety and Patient Experience delivery against plan for 2019/20.		
<b>Financial Implications</b>		
Financial delivery against plan is included in the report and tracker.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Projects and actions detailed within the Tracker are considered on their own merit through the development of the Annual Plan.		
<b>Staffing Implications</b>		
Staffing and workforce performance against plan is included in the report and tracker.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>The Annual Plan deliver support the Health Board in its delivery of our Wellbeing Objectives</p> <ul style="list-style-type: none"> <li>○ <b>Long Term</b> – The Annual Plan sits within the broader strategic context of the Health Board’s Organisational Strategy</li> <li>○ <b>Prevention</b> – The Annual Plan includes actions to address prevention and health improvement.</li> <li>○ <b>Integration</b> – The Annual Plan covers the breadth of the Health Board’s responsibilities and actions are cross unit.</li> <li>○ <b>Collaboration</b> – Actions within the Annual Plan are in many instances reliant on cross organizational delivery.</li> <li>○ <b>Involvement</b> – The Annual Plan was developed through engagement with partners.</li> </ul>		
<b>Report History</b>	N/A	
<b>Appendices</b>	<b>Appendices</b> <ul style="list-style-type: none"> <li>• Appendix 1 – detailed Annual Plan Monitoring Tracker</li> <li>• Appendix 2 – Delivery Unit Plan Quarter 3 Dashboards</li> </ul>	

