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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	Performance and Finance Committee 22nd August 2018		Agenda Item	
Report Title	Report on the Implementation of the Annual Plan Quarter 1 2018/19			
Report Author	Nicola Johnson, Head of IMTP Development and Implementation			
Report Sponsor	Darren Griffiths, Assistant Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	The report provides the Board with a report on the implementation of the Annual Plan at the end of quarter 2018/19.			
Key Issues	<p>The report is a covering report for the detailed monitoring of the objectives and actions which were included in the Annual Plan 2018/19. 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 also indicates that the link between achievement of the actions and performance improvement is variable. More detail on this is explained in the full Health Board Performance Report.</p> <p>The report will be considered by the Performance and Finance Committee for assurance before the Health Board meeting in September. Once approved the report will be shared with Welsh Government for assurance purposes.</p>			
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
			✓	✓
Recommendations	<p>The Board is asked to: -</p> <ul style="list-style-type: none"> ENDORSE the Quarter 1 report on the implementation of the Annual Plan 2018/19; and, 			

	<ul style="list-style-type: none"> • APPROVE the assessment for sharing with Welsh Government.
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QUARTER 1 REPORT ON THE IMPLEMENTATION OF THE ANNUAL PLAN 2018/19

1.0 Introduction

The purpose of this report is to provide the Board with an update on the achievement of the objectives and actions set out within the Annual Plan 2018/19 as at the end of Quarter 1.

This report is not intended to be a reflection 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 a very brief commentary is provided on performance metrics as this provides important context to the implementation.

2.0 Background

The Annual Plan implementation monitoring report for Quarter 1 is attached at **Appendix A** for the Committee's consideration. **Appendix A** is the detailed internal monitoring return and the narrative explanation and summary commentary which follows in section 3.0, is now included for ease of reference in this covering paper.

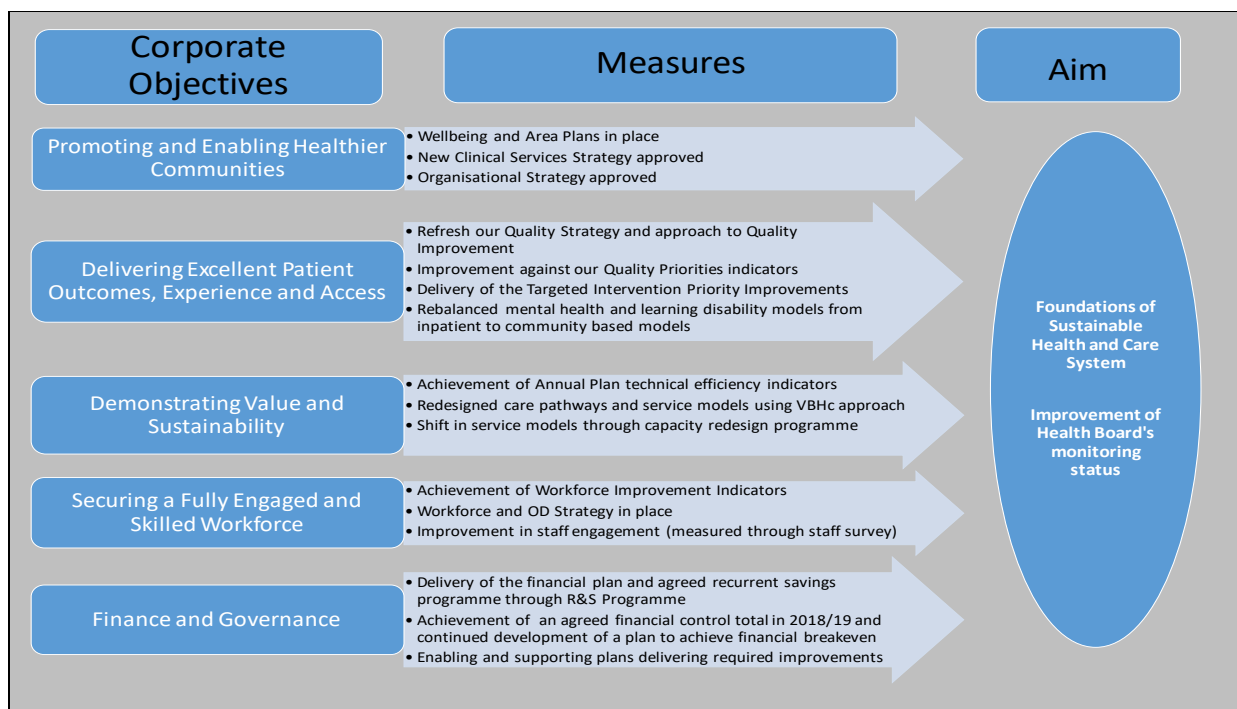
This report should be considered in tandem with the main Health Board performance report.

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.

3.1 Overall Assessment of Achievement of our Corporate Objectives

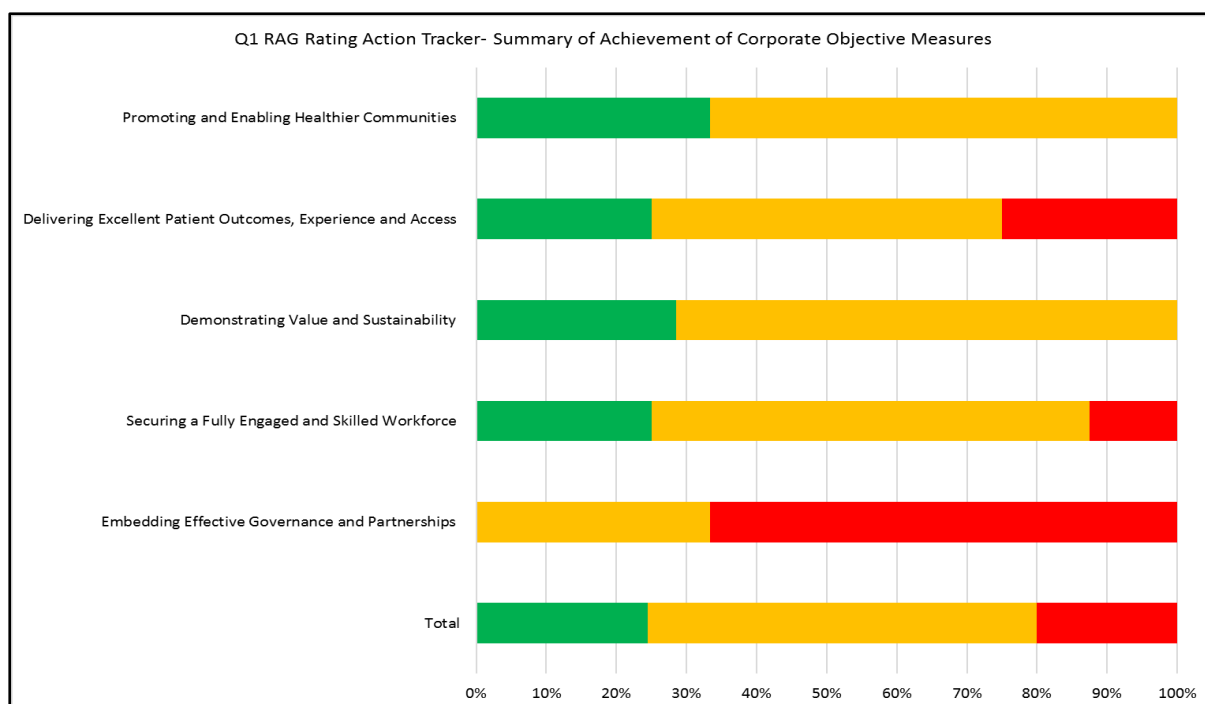
The Annual Plan 2018/19 outlined our Corporate Objectives to achieve our overall Aim of setting the foundation for future sustainability and improvement of our monitoring status. High-level measures were described to be able to monitor success in achieving the Objectives as shown in the diagram below.



A number of sub-measures are associated with the high-level measures (largely related to the NHS Wales Outcomes Measures for our targeted priority improvements and our Quality Priorities Indicators). In total there are 46 measures used to monitor achievement of the Corporate Objectives and these are marked in bold and have an 'M' prefix in the detailed Tracker. Performance is assessed on a Red/Amber/Green (RAG) system. The detailed monitoring report is structured by Corporate Objective and the heading of each Corporate Objective is colour coded 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

The overall summary of achievement of the Corporate Objectives is set out in the figure below.



The table below sets out the number of actions that we are taking to deliver each objective and the RAG position.

	Green	Amber	Red
Promoting and Enabling Healthier Communities	1	2	0
Delivering Excellent Patient Outcomes, Experience and Access	6	12	6
Demonstrating Value and Sustainability	2	5	0
Securing a Fully Engaged and Skilled Workforce	2	5	1
Embedding Effective Governance and Partnerships	0	1	2
Total	11	25	9

One measure related to the Quality Priority of improving surgical outcomes has not been rated as measures are in development.

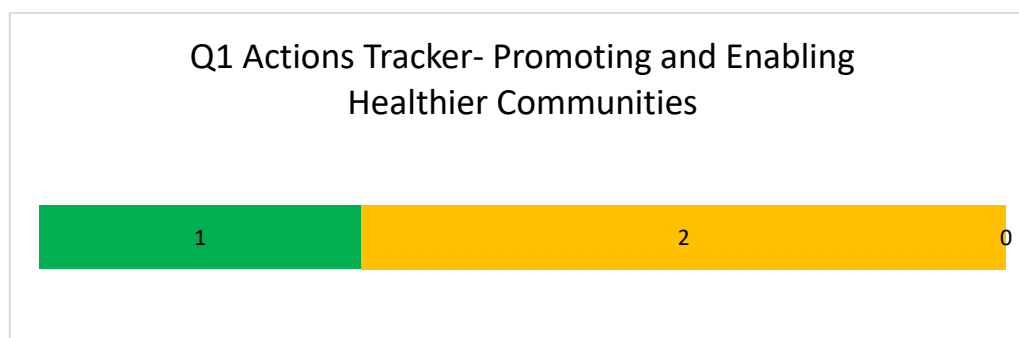
As a whole the Health Board is making progress towards achieving our Corporate Objectives with a quarter of the actions being on-track or achievement being complete. These include the Area Plan and Wellbeing Plans being approved, ongoing improvement in the number of falls and pressure ulcers and improvements in the number of patients waiting over 36-weeks. Our *c.difficile* and *e.coli* bacteraemias rates and some efficiency and workforce measures have also improved.

The off-track (Red) measures relate largely to the actions to achieve our Targeted Intervention priority trajectories for unscheduled care, planned care, Staph. aureus bacteraemias and finance, and remedial action plans are in place to improve this position. The impact on performance even where actions are on-track against these

key measures remains variable. The performance at the end of Quarter 1 is shown in detail in **Appendix A** and is aligned to the main Health Board performance report.

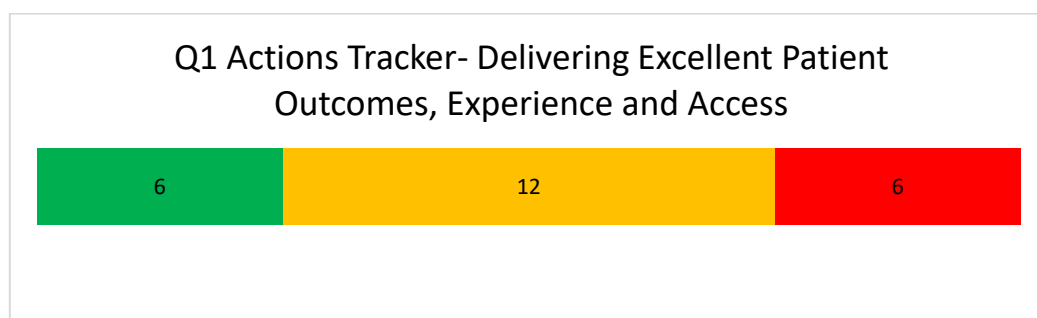
3.2 Summary of Achievements by Objective

Corporate Objective 1 - Promoting and Enabling Healthier Communities



Our Wellbeing and Area Plans are in place and our Clinical Services Plan and Organisational Strategy are in development.

Corporate Objective 2 - Delivering Excellent Patient Outcomes, Experience and Access



The refresh of the Quality Strategy is on hold pending the new Medical Director and Director of Nursing taking up post however good progress is being made against the 2018/19 Quality Priorities in the Annual Plan both in terms of the completion of the actions and achieving the measures that were set in the Plan. The measures for Improving Surgical Outcomes are in development. The Health Board has continued to reduce the number of pressure ulcers and falls reported and we achieved our improvement targets.

We are better than the national average regarding the response to red ambulance calls and we achieved our planned care trajectory for the number of patients waiting more than 36 weeks, as well as improvement in our rates of *c.difficile* and *e.coli* bacteraemias. The other actions to deliver our Targeted Intervention trajectories and to rebalance our mental health and learning disabilities services are ongoing but there is variable impact on performance.

Corporate Objective 3 - Demonstrating Value and Sustainability

Q1 Actions Tracker- Demonstrating Value and Sustainability



The Health Board is achieving the technical efficiency indicators set in the Annual Plan for theatre efficiency and outpatient referrals reduction. Other actions are ongoing, including the redesign of pathways using a Value-based Healthcare approach and shifting service models through our service remodelling programme.

Corporate Objective 4 - Securing a Fully Engaged and Skilled Workforce

Q1 Actions Tracker- Securing a Fully Engaged and Skilled Workforce



The development of the Workforce and Organisational Development Strategy is on hold pending the agreement of the overarching Organisational Strategy and Clinical Services Plan. Actions are on track to improve staff engagement and turnover has decreased over the last 12 months. All other actions regarding workforce indicators are ongoing.

Corporate Objective 5 - Embedding Effective Governance and Partnerships

Q1 Actions Tracker- Embedding Effective Governance and Partnerships

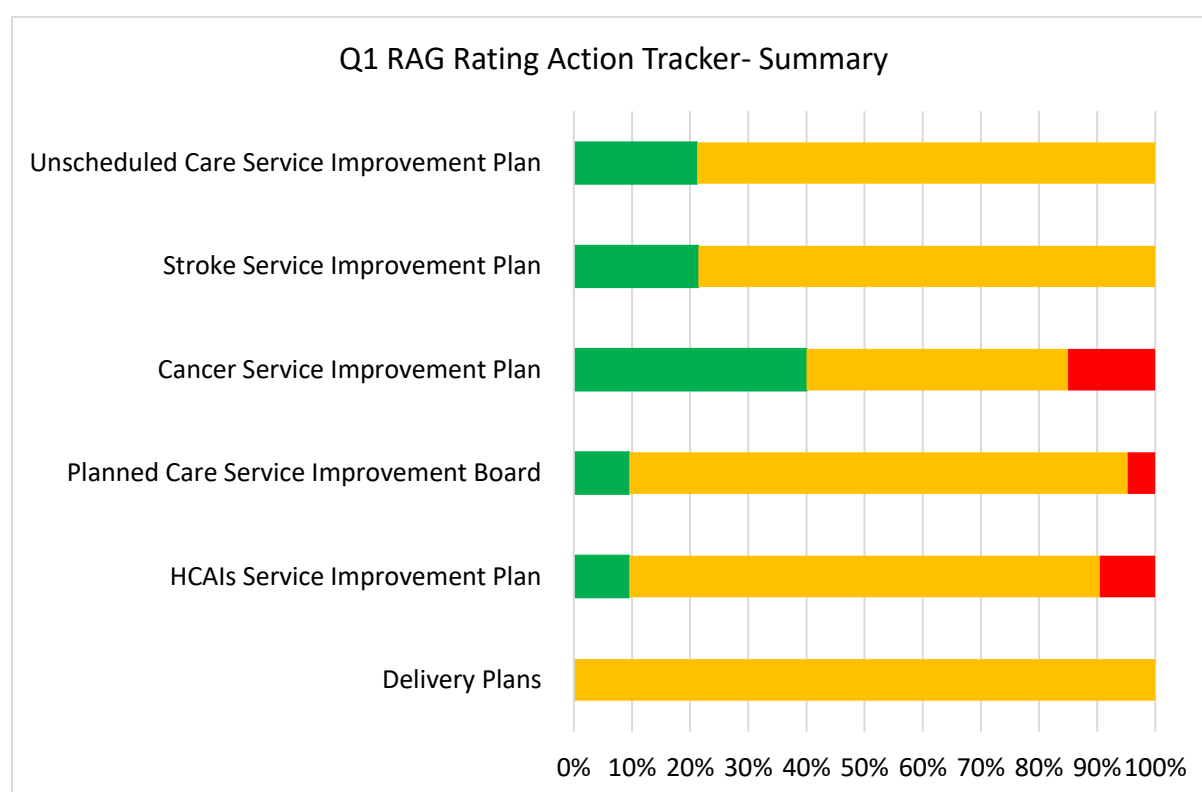


There is significant slippage in the delivery of the Health Board's agreed savings programme and delivery against the financial plan was off-track at the end of Quarter 1. We are taking remedial action including continuing to develop and fully implement our savings plans.

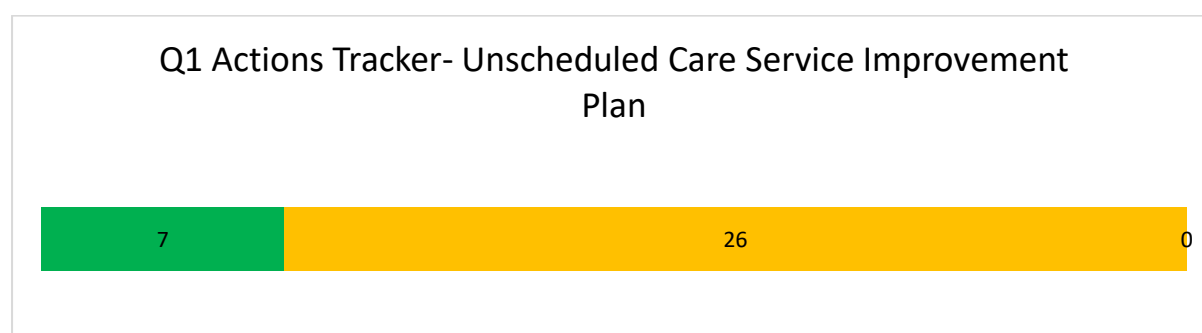
3.3 Summary of Achievements by Service Improvement Plan

The Annual Plan for 2018/19 was based on five Service Improvement Plans for our Targeted Intervention improvement areas. This year we are therefore monitoring delivery of these Service Improvement Plans as well as our Corporate Objectives. There are 139 detailed actions with an 'A' prefix in **Appendix A** across all of the Service Improvement Plans and the report on each plan will feed back into the Service Improvement Boards for remedial action to be taken where required.

The overall assessment of achievement of the actions in the Service Improvement Plans is shown below.

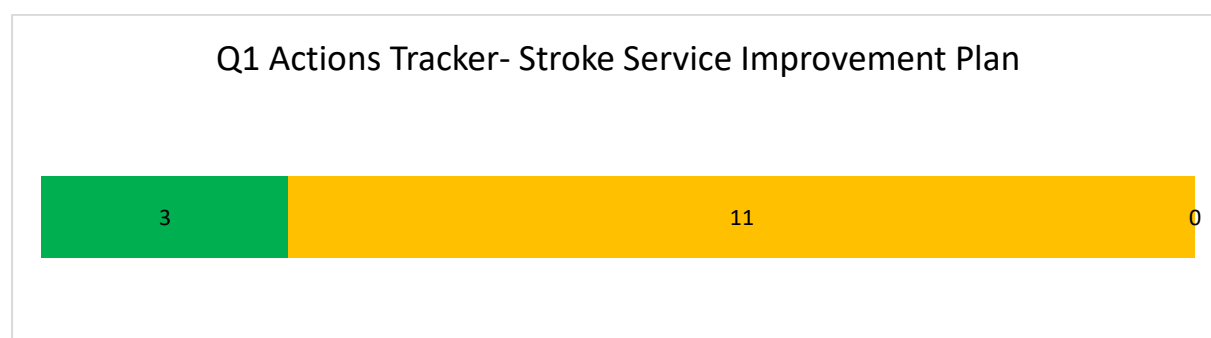


3.3.1 Unscheduled Care Service Improvement Plan



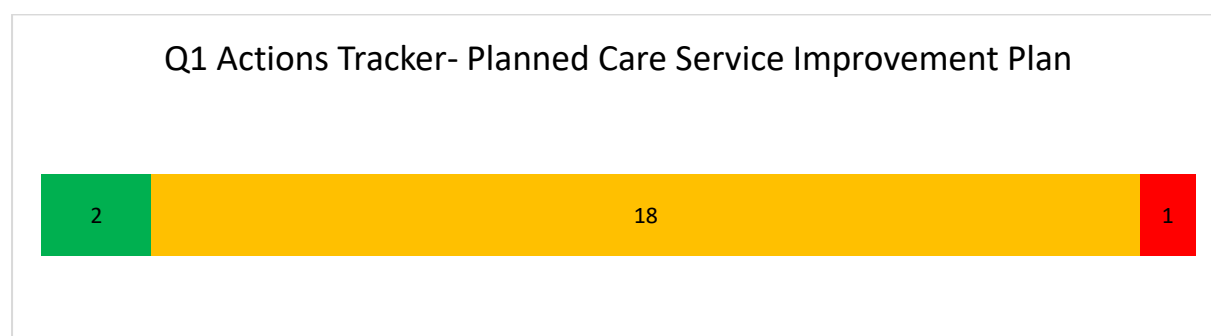
The Health Board is making good progress to improve the percentage of patients treated through ambulatory care models and to work with WAST to reduce the number of green and amber calls. We are also making progress with rolling out the SAFER flow bundle and Comprehensive Geriatric Assessment. We have also implemented new service models in our community hospitals, particularly at Gorseinon and are on-track to implement early supported discharge services for chronic obstructive pulmonary disease (COPD) patients and a proposal for ESD for stroke patients is also in development. The other prevention and service improvement actions are in progress.

3.3.2 Stroke Service Improvement Plan



Good progress has been made to improve health literacy and to roll out our Making Every Contact Count prevention methodologies. A second SpR has also been appointed at Morriston hospital to improve the 4-hour bundle. The remaining prevention and service improvement actions are in progress.

3.3.3 Planned Care Service Improvement Plan



Our detailed capacity plans have been agreed and are being monitored weekly. Long Term Agreements (LTAs) have also been signed within the Welsh Government deadline. The extension of the Planned Care programme to Oral-Maxillofacial Surgery, Gynaecology and Vascular surgery has not proceeded as the national programme rollout has been delayed. The remaining actions are in progress.

3.3.4 Cancer Service Improvement Plan

Q1 Actions Tracker- Cancer Service Improvement Plan



The Cancer Service Improvement Plan was the most detailed of the plans and there has been progress across the range of actions in the plan with 40% being rated as Green. This includes the expansion of the Rapid Diagnostic Centre model to 4 GP Clusters, aligning the breast cancer pathways across the Health Board and putting in place a one-stop diagnostic service for patients with post-menopausal bleeding. The Cancer Service Improvement Board has also focussed on the immediate performance issues including holding Support and Challenge Panels for 5 MDTs, putting remedial action plans in place and developing the Cancer Dashboard. Participation in the national Peer Review programme is also ongoing and audit and trial participation is improving. A Strategic Transformation Lead Nurse has been appointed with Macmillan funding.

Actions which are off-track relate to the appointment of a Cancer Quality Improvement Manager to work on regional models, patient engagement actions and an advance care planning project.

3.3.5 Healthcare Acquired Infections Improvement Plan

Q1 Actions Tracker- Healthcare Acquired Infections Improvement Plan



The preventative actions regarding the catheter passport and agreeing a policy on restricting antibiotic use have been achieved. A business case for a 7-day Infection Prevention and Control team has not been progressed and there is no information on the Water Keeps You Well prevention campaign. All other actions are progressing.

3.3.6 Delivery Plans

Q1 Actions Tracker- Delivery Plans

0

11

0

Progress has not been reported on the Heart Disease, Neurological Conditions and Critically Ill Delivery Plans. All of the other 11 Delivery Plans have been rated as in progress.

3.3.4 Performance at the end of Q1

Whilst this report is not intended to give a full assessment of performance at the year-end (this is the function of the Health Board Performance report within the Board papers), information on the Targeted Intervention performance position for the Health Board at the end of the Quarter is important in the overall context of the Plan.

The table below sets out the comparison in the key targeted intervention performance areas month on month in Quarter 1. This shows there has been improvement in stroke, planned care and infection control across the Quarter.

			Quarter 1		
			Apr-18	May-18	Jun-18
Unscheduled Care	4 hour A&E waits	Actual	75.6%	78.9%	81.0%
		Profile	83%	83%	83%
	12 hour A&E waits	Actual	737	624	476
		Profile	323	194	190
	1 hour ambulance handover	Actual	526	452	351
		Profile	256	126	152
Stroke	Direct admission within 4 hours	Actual	34.9%	37.5%	40.0%
		Profile	45%	45%	45%
	CT scan within 1 hour	Actual	41.4%	43.3%	51.3%
		Profile	40%	40%	40%
	Assessed by Stroke Specialist within 24 hours	Actual	83.9%	93.3%	88.2%
		Profile	75%	75%	75%
Thrombolysis door to needle within 45 minutes	Actual	0.0%	11.1%	37.5%	
	Profile	20%	25%	25%	
Planned care	Outpatients waiting more than 26 weeks	Actual	166	120	55
		Profile	249	200	150
	Treatment waits over 36 weeks	Actual	3,398	3,349	3,319
		Profile	3,457	3,356	3,325
	Diagnostic waits over 8 weeks	Actual	702	786	915
		Profile	0	0	0
Therapy waits over 14 weeks	Actual	0	1	0	
	Profile	0	0	0	
Cancer		Actual	92%	90%	95%

	NUSC patients starting treatment in 31 days	<i>Profile</i>	98%	98%	98%
	USC patients starting treatment in 62 days	<i>Actual</i>	77%	89%	83%
Healthcare Acquired Infections	Number of healthcare acquired C.difficile cases	<i>Profile</i>	83%	85%	89%
		<i>Actual</i>	26	18	15
	Number of healthcare acquired S.Aureus Bacteraemia cases	<i>Profile</i>	21	18	26
		<i>Actual</i>	14	21	19
	Number of healthcare acquired E.Coli Bacteraemia cases	<i>Profile</i>	13	18	13
		<i>Actual</i>	42	43	41
		<i>Profile</i>	45	39	40

4.0 Assurance and Governance

The report will be considered 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 1 report on the implementation of the Annual Plan 2018/19; and,
- APPROVE the assessment for sharing with Welsh Government.

Governance and Assurance										
Link to corporate objectives (please ✓)	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	
	✓		✓		✓		✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓	✓	✓	✓	✓	✓			
Quality, Safety and Patient Experience										
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.										
Financial Implications										
The Health Board is off-track with delivering the financial plan at the end of Quarter 1 and remedial action plans are in place.										
Legal Implications (including equality and diversity assessment)										
None										
Staffing Implications										
None										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
The monitoring report shows that we published our Area Plan and Wellbeing Plans in 2018/19.										
Report History		None								
Appendices		Appendix A – Quarter 1 Annual Plan 2018/19 Monitoring Report								