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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26th March 2020		Agenda Item	2.3
Report Title	Approval of the Annual Plan 2020/21			
Report Author	Maxine Evans, Head of IMTP Development and Implementation Nicola Johnson, Interim Assistant Director of Strategy Darren Griffiths, Interim Director of Finance & Performance Sharon Vickery, Assistant Director of Workforce			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy Darren Griffiths, Interim Director of Finance & Performance Hazel Robinson, Director of Workforce and OD			
Presented by	Siân Harrop-Griffiths, Director of Strategy Darren Griffiths, Interim Director of Finance & Performance Hazel Robinson, Director of Workforce and OD			
Freedom of Information	Open			
Purpose of the Report	This paper covers the Annual Plan 2020/21 which is set in the three-year context. The Board is asked to approve it as a record of the baseline and progress with planning at March 2020. Following discussion at the formal Board on 16 th March the Plan has been submitted to Welsh Government at the same time as to the Board (on 19 th March), due to the COVID-19 outbreak. The Health Board is currently operating on an emergency footing to provide emergency and urgent care during the outbreak and does not expect to be held accountable for delivery as set out in the Plan as the NHS Wales IMTP/Annual Plan process has been paused by Welsh Government.			
Key Issues	<p>The key areas included are the:</p> <ul style="list-style-type: none"> • narrative document and appendices which have been improved in response to the Bespoke Guidance and rapid assessment undertaken by Welsh Government; • financial plan and performance trajectories, • NHS Wales Planning Framework mandatory templates; • risks; and, • handling of submission in the light of the COVID-19 outbreak. 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Consider the financial plan, performance trajectories and NHS Wales Planning Framework mandatory templates for submission as the baseline position and record of progress with planning at March 2020; • Approve the Plan as a record of the baseline position and progress with planning at March 2020; • Note that the Plan has been submitted to Welsh Government on this basis due to the COVID-19 outbreak; and, • Confirm that the Health Board's expectation that it will not be held accountable for delivery as set out in the Plan due to the outbreak as the NHS Wales IMTP/Annual Plan process has been paused.
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DELIVERING AN ANNUAL PLAN IN A THREE YEAR CONTEXT 2020/21

1. INTRODUCTION

This paper covers the Annual Plan 2020/21 which is set in the three-year context. The Board is asked to approve it as a record of the baseline and progress with planning at March 2020.

2. BACKGROUND

In January Welsh Government confirmed their expectation of a detailed one year plan within a three year context, to be submitted at the end of March 2020. Three items of correspondence have since been received from Welsh Government with regard to the Plan:

- A letter from Andrew Goodall dated 24th February 2020;
- Bespoke Guidance to support the Health Board in the development of an Annual Plan; and,
- A rapid assessment of the draft Plan.

The letter from Andrew Goodall was received in response to the Accountable Officer letter sent in December setting out the reasons for changing the reported deficit position and acknowledging a further deterioration in the monitoring returns to a deficit of £16.3m. The letter set out concerns regarding the non-delivery of savings plans and a level of in-year costs and pressures that were not reflected in the organisation's Annual Plan 2019/20. The letter also states that the Health Board has significant opportunities for financial improvement as evidenced by KPMG and that a step change in pace and approach is required to support financial improvement.

Strong themes regarding the need to integrate the service, finance and workforce plans and to strengthen the plans for unscheduled care and planned care were clear from all of the correspondence. In addition, there was feedback that the Plan did not show a realistic assessment of the end of March performance and financial position and an expectation to undertake further work on the detailed financial plan. Welsh Government advised the risk and performance management sections needed to be improved and the Health Board should provide assurance regarding a Bed Plan and underlying demand and capacity assessment. All of these elements have been addressed in the final narrative document and supporting appendices.

Following discussion at the formal Board on 16th March the Plan has been submitted to Welsh Government at the same time as to the Board (on 19th March), due to the COVID-19 outbreak. The Health Board is currently operating on an emergency footing to provide emergency and urgent care during the outbreak and does not expect to be held accountable for delivery as set out in the Plan as the NHS Wales IMTP/Annual Plan process has been paused.

The Board is asked to approve the Plan, see Appendix A, as a baseline position and a record of progress with planning at March 2020, recognising that in "normal" times, the Board would have expected further confidence in delivery of key elements of the Plan, particularly Unscheduled Care, Planned Care and the Financial Plan.

3. PROGRESS UPDATE

The following sections highlight the work that has been undertaken to respond to the feedback.

3.1 Integrated Planning

Whilst we do not have an approved IMTP, we have followed the IMTP planning process which triangulates the service, workforce and finance planning requirements and throughout, joint work has been done to make sure these align at a Delivery Unit level. In addition, following the Board meeting in January 2020 further work was undertaken to ensure that the workforce implications of the plans are clearly understood and that delivery is feasible. Detailed work has been undertaken on the unscheduled care and planned care plans with clinical advice on the priorities and the availability of key trained staff. The plans have been viewed through a workforce lens as a key constraint and the performance impacts and financial plan have been modelled on the basis of the available staff providing true integration of these important elements, reflecting the realistic delivery of the broader Health Board ambition for system improvement.

In addition, further work has been done on an aggregate Health Board level to understand the workforce requirements in the context of the financial plan and to ensure plans are in place to recruit and retain key staff groups.

3.2 Narrative Document

- The Unscheduled Care, Planned Care and Finance sections have been reviewed and refined following feedback from the In Committee Board meeting on 16th March 2020.
- Annual Delivery Plans, referenced back to the key actions within the Whole System Plans and Unit Plans, have been included at the end of each section of the narrative document. The three-year Whole System Plans have also been strengthened. They will continue to be developed throughout the year through a programme of review and refresh to ensure they remain fit for purpose and support delivery of the Health Board's Enabling Objectives.
- Our revised Delivery Framework has been added following receipt of the KPMG reports.
- A section on Performance Management has been added.
- A section on Risks has been added which now clearly addresses the top 11 risks =>20 for the organisation which are recorded on the Health Board Risk Register. The risk of the COVID-19 pandemic to the delivery of the Plan has also been added.
- The Executive Summary, Progress in 2020/21 and Opportunities and Challenges pages have been updated to reflect a balanced view of where we are now.
- Examples of sustainable development principles have been added throughout the document.
- An operational Bed Plan for 2020/21 was shared with the Board on 16th March which will support integration between unscheduled care and planned care and the underpinning financial plan.
- Further extension of the sections on Regional Planning, WHSSC and EASC (e.g. Major Trauma and Thoracics)

- The NHS Wales Planning Framework mandatory templates, Appendix C, for service change, performance, workforce and finance have been finalised. The technical capital template will be finalised in w/c23rd March.
- Final refinement of finance, unscheduled care and planned care plan narratives has been undertaken following the Board meeting on 16th March 2020
- Demand/capacity planning for planned care has been undertaken on a specialty by specialty basis and underpins the performance trajectories. Our approach to system-wide demand/capacity planning and strategic bed modelling is being reviewed through the work on the Delivery Framework/Transformation Portfolio.
- Refinement of details in system plans to triangulate the availability of workforce, its timing in terms of recruitment and the subsequent impacts on performance and finance to ensure integration of the plan has been undertaken.

3.4 Capital

The capital plan is included in the Annual Plan document as outlined to the Board on 16th March.

3.5 Finance

A finance plan has been developed for 2020-2023. The key financial planning assumptions are set out in the bullets below.

- Financial analysis is based on the year on year incremental increase or decrease in income and expenditure.
- Welsh Government allocation for 2020-21 based on 2% general uplift to support in year pay and prices growth. Allocation also makes £10m additional funding recurrent.
- Welsh Government allocation assumes the move to the new Needs Based allocation will be fully implemented over a 5 year period although the process for this has yet to be determined.
- Using the unscheduled care and planned care actions, our bed plan is being further developed, aligned to the financial plan bed model across the three years which is based on our current position.
- There are unavoidable costs but alongside this are number of investment choices. Investment choices are kept within our demographic growth assumption.
- The cost improvement programme is being worked through linked to the KPMG work – the scale of savings is significant.
- The plan identifies ambitious but realistic savings requirements and new investment in 2020/21 is limited to two schemes in unscheduled care.
- A range of other service development plans has been developed, which the Health Board wishes to pursue, but will only action when other funding streams become available or business cases come forward which are sufficiently financially robust in terms of payback to be supported.

It has not been possible to develop a balanced 3 year financial plan and discussions are ongoing with Welsh Government through regular planning meetings to develop the position further.

3.6 Performance

The planning process requires Health Boards to set out performance trajectories for key areas within the Plan. As the plan has been refined, assessments have been made as to how the detailed component actions drive changes in performance. The performance trajectories are included in the Appendix B pack for the Plan.

The trajectories required are as follows:

Unscheduled Care

- 4 hour ED %
- Number of handovers over 1 hour
- Number of patients delayed over 12 hours
- Red call response times

Scheduled Care

- Number of patients waiting over 36 weeks – plan has been updated to reflect Welsh Government initial discussion. Cost being worked up in detail but will be finalised by 20th March 2020.
- Percentage of patients waiting under 26 weeks each month
- Patients waiting over 8 weeks for a diagnostic test
- Patients waiting over 14 weeks for a therapy intervention

Cancer

- Percentage of patients receiving treatment within 62 days when referred with an urgent suspicion of cancer
- Percentage of patients waiting receiving treatment within 31 days when referred without an urgent suspicion of cancer
- Improvement trajectory for the Single Cancer Pathway

Stroke

- Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
- Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time
- Percentage of stroke patients who receive a 6 month follow up assessment

There is no requirement to submit trajectories for healthcare acquired infections in the planning guidance but these have been included in the Appendix as this is a targeted intervention priority.

There is a specific challenge as to how the planned care position will recover over the next three years and how any recovery will be made to be affordable. Discussions with Welsh Government are ongoing in this respect and if support were to be forthcoming the Health Board could describe an improvement trajectory for 2020/21 based on the planning assumptions set out in the document.

The Draft Operational Bed Plan was shared with the Board on 16th March 2020. This shows the impact of reducing surge capacity but also the expected changes in bed capacity across all non-mental health sites across the year. Further work on a strategic

bed model linked to the existing Capita demand/capacity model which underpins the Clinical Services Plan will be progressed when the Health Board returns to business as usual after the outbreak.

3.7 Workforce

Welsh Government's rapid assessment commented that the Workforce Chapter was well written and reflected a fresh perspective. The feedback noted that the chapter contained all the right elements to support the delivery of a successful organisation. However, as mentioned previously Welsh Government felt the Health Board needed to be more realistic in relation to its recruitment and retention challenges together with any mitigating actions. Following on from this feedback our plans have been updated to reflect the risks that we face in relation to our recruitment challenges and the actions that we are taking to mitigate this risk. Workforce redesign is one of the mitigating factors to our recruitment challenges and our workforce chapter reflected strong narrative, detail and commitment to the primary care workforce and new roles, although Welsh Government felt the impact that they would make on service models was not clear. The narrative has been updated to reflect how the development of multi-disciplinary teams and new roles will allow our patients to get the right service the first time preventing admission to secondary care and delivering care closer to home.

The workforce plan's relationship with the Health Board's financial position permeated Welsh Government's feedback at that stage, and clearly some of their concern around finance and sustainability had been reflected in the feedback around the detail of the workforce plan.

At the most recent meeting with WG the amendments to the plan they reported had given them considerable assurance that the plans were more realistic and honest and they could see the connectivity between the different elements of the plan.

In terms of the development of the plan there has been close alignment between the three arms and a considerable amount of effort has gone into triangulating the workforce and finance elements. We will need to reflect on this factor further for next year.

The Workforce Chapter, the education commissioning figures plus all the workforce templates were considered at the Workforce and OD Committee in February. The Committee noted the complexity of the planning process and acknowledged the significant work that had been undertaken to deliver the plan.

Work has continued with colleagues to complete the Plan in light of the comments around its deliverability in the context of the financial and sustainability challenges facing the Health Board.

3.8 Submission

Following discussion at the Board on 16th March the Annual Plan 2020/21 has been submitted to Welsh Government as a record of the baseline and progress with planning at March 2020 at the same time as to the Board (on 19th March), due to the COVID-19 outbreak. The Health Board is operating on an emergency footing to protect the population during the outbreak and does not expect to be held accountable for delivery in 2020/21 as set out in the Plan as a letter was received from Welsh

Government on 18th March outlining that the NHS Wales IMTP/Annual Plan process has been paused.

4. GOVERNANCE AND RISK ISSUES

The COVID-19 outbreak will severely disrupt delivery of the Annual Plan 2020/21 and the health Board's response will take priority in order to protect the population.

The other risks to achieving the organisation's Enabling Objectives are clearly mapped through the Health Board's Risk Register. During the development of the Annual Plan the Health Board risks were reviewed to ensure that the Plan addresses the risks and supports the mitigating actions. A summary of the risks scored =>20 are included within the narrative document, mapped to the plans to address them.

5. FINANCIAL IMPLICATIONS

When the Health Board returns to business as usual the core financial objective is to develop an IMTP which delivers a sustainable breakeven position as soon as possible. However, this will continue to prove challenging in the context of persistent, difficult and pressurised operations in the current year, where the Health Board is reporting a year-end forecast overspend and which is having a particular impact on the organisation's underlying position. The Health Board has not been able to develop a balanced IMTP or Annual Plan.

6. RECOMMENDATION

Members are asked to:

- Consider the financial plan, performance trajectories and NHS Wales Planning Framework mandatory templates for submission as the baseline position and record of progress with planning at March 2020;
- Approve the Plan as a record of the baseline position and progress with planning at March 2020;
- Note that the Plan has been submitted to Welsh Government on this basis due to the COVID-19 outbreak; and,
- Confirm that the Health Board's expectation that it will not be held accountable for delivery as set out in the Plan due to the outbreak as the NHS Wales IMTP/Annual Plan process has been paused.

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		
<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		
A Quality Impact Assessment and Equality impact Assessment process will be part of the broader planning arrangements in 2019 to ensure that the IMTP is Quality and Equality impact assessed.		
Financial Implications		
Financial Planning will be fully integrated into the planning process for 2019, and aligned to key developments and enabling plans. The intention is to move into recurrent financial balance from the start of the IMTP, with a financially sustainable operating model.		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality impact Assessment process will be part of the broader planning arrangements in 2019 to ensure that the IMTP is Quality and Equality impact assessed. An approved medium term three year plan is a statutory duty for the Health Board.		
Staffing Implications		
The planning process for 2019 will include strengthened workforce planning including the involvement of the newly established Workforce and OD Forum.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The Clinical Services Plan and Annual Plan deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.</p> <ul style="list-style-type: none"> ○ Long Term – The proposed approach to the IMTP ensures alignment with the long term vision of the Health Board as set out in the Organizational Strategy. ○ Prevention – The development of the IMTP and the Planning Framework ensure risks and challenges and health needs (current and future) are considered enabling actions and plans to be preventative wherever possible. ○ Integration – Key to integrated planning is the link and alignment of actions across wellbeing objectives. ○ Collaboration – Central to the approach to developing an IMTP is the integrated approach across services, units and partner organizations. ○ Involvement – The IMTP development approach includes active involvement of partners. 		
Report History	This is a regular bi-monthly report to the Board on progress	
Appendices	Appendix A – The Plan Appendix B – Appendices Appendix C – NHS Wales Mandatory Templates.	

