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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>20 August 2019</b>	<b>Agenda Item</b>	<b>2.2</b>	
<b>Report Title</b>	<b>Annual Plan 2019/20 - Updated Performance Trajectories for Unscheduled Care and Planned Care Position Update</b>			
<b>Report Author</b>	Nicola Johnson, Interim Assistant Director of Strategy Darren Griffiths, Associate Director of Performance			
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy,			
<b>Presented by</b>	Darren Griffiths, Associate Director of Performance			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	This paper describes the updated performance trajectories for Unscheduled Care and sets out the current position in respect of Planned Care in preparation for the sign-off of the Annual Plan by the Board for submission to the Welsh Government.			
<b>Key Issues</b>	<p>The key issues addressed in this paper include:</p> <ul style="list-style-type: none"> <li>• The draft Annual Plan 2019/20 was submitted to Welsh Government in January 2019 and the performance trajectories were accepted by Welsh Government.</li> <li>• The final Annual Plan 2019/20 has not been submitted to Welsh Government due to the financial issues related to the Bridgend transfer, which are likely to be resolved by the end of August.</li> <li>• In the meantime, the assumptions around the unscheduled care trajectories have changed and new, unforeseen, pressures have emerged in planned care (along with extra resource being made available from Welsh Government).</li> <li>• This paper provides updated unscheduled care trajectories for approval by the Performance and Finance Committee which will be submitted with the final Plan for approval by the Board in September along with an update on the current discussions underway in respect of planned care.</li> </ul>			
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to:			

	<ul style="list-style-type: none"> <li>• Note that the assumptions underpinning the unscheduled care performance trajectories for the Annual Plan 2019/20 have changed;</li> <li>• Note the current position in respect of planned care</li> <li>• Assure the revised trajectories for submission to the Board for approval as part of the final Annual Plan.</li> </ul>
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# **ANNUAL PLAN 2019/20 - UPDATED PERFORMANCE TRAJECTORIES FOR UNSCHEDULED CARE AND PLANNED CARE POSITION UPDATE**

## **1. INTRODUCTION**

This paper outlines the updated performance trajectories for the unscheduled care along with an update on current discussions around planned care to be submitted with the final Annual Plan 2019/20 for approval to the Board in September.

## **2. BACKGROUND**

The original performance trajectories for the Annual Plan 2019/20 were assured by the Performance and Finance Committee in January 2019. The Plan was approved by the Board at the January 2019 meeting, and was received by Welsh Government as a draft. The performance trajectories in the draft Plan were agreed by Welsh Government by letter.

The Plan has however remained in draft status whilst a resolution has been sought on the financial issues relating to the Bridgend transfer. A conclusion is expected to be reached on the financial plan by the end of August and the final Plan will then be submitted to the Board for submission to Welsh Government in early September.

In the meantime, the planning assumptions around the unscheduled care and planned care trajectories have changed and this paper provides updated trajectories for unscheduled care for approval by the Performance and Finance Committee which will be submitted with the final Plan for approval by the Board. The paper also updates the Performance and Finance Committee on the planned care position as a result of the allocation of additional funding to the Health Board by Welsh Government along with the emerging pressures seen in the planned care system since the development of the initial trajectories.

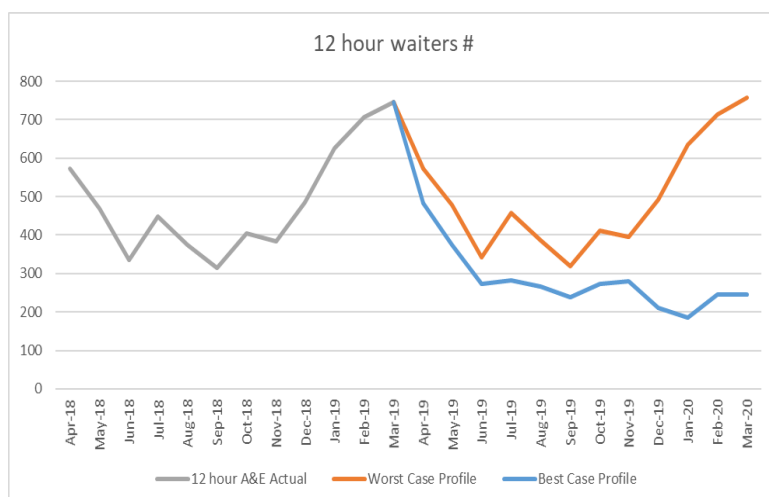
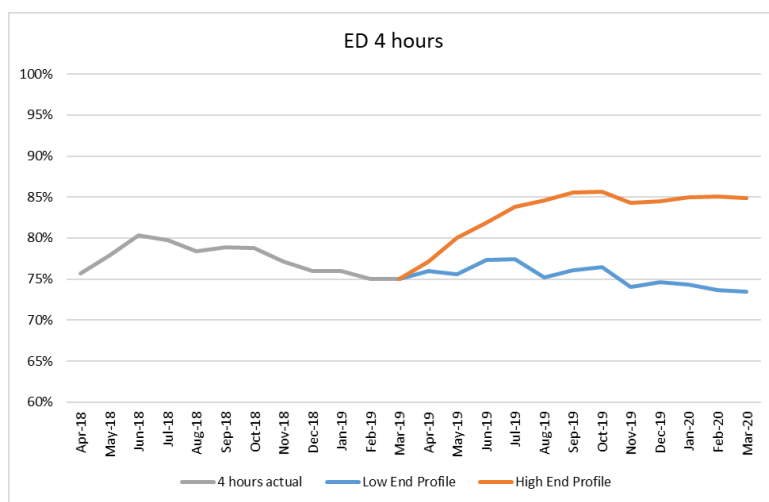
## **3. UPDATE**

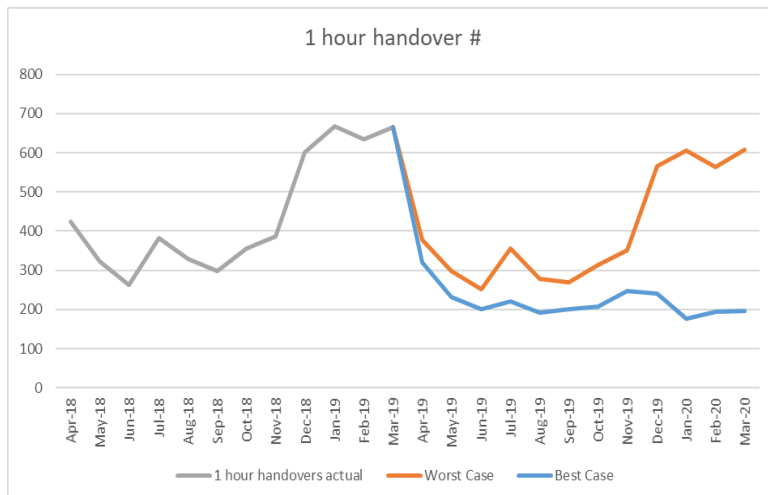
### **3.1 Unscheduled Care**

The unscheduled care trajectory has been updated because the planning assumption made in the draft Annual Plan regarding the Hospital 2 Home scheme has changed. At the time of the Plan's submission, the Regional Partnership Board (RPB) intended to submit a Transformation Fund Bid for a Hospital 2 Home service, which based on evidence, would improve flow through the Health Board's inpatient capacity. The Bid was submitted in March, with a financial value of £7m. No formal feedback from the Transformation Fund Panel has been received but the eventual informal feedback was to resubmit the Bid for a much lower value of £2m.

The Hospital 2 Home project implementation group continued to plan for the introduction of the service in the interim and it has become evident that there are opportunities for redesign and capacity improvement in existing community and discharge services which will contribute to the implementation of the service. The RPB also reserved £900k of Integrated Care Fund monies for the implementation of the scheme. A revised Transformation Bid has been submitted for £2.1m and a response is awaited. The project is still on-track for delivery in December although there may be some phasing required, depending on the success of the revised Bid.

The modelling assumptions regarding the unscheduled care trajectory were based on the implementation of Hospital 2 Home in December, with a lead in time for impact (due to the Christmas period). The new scheme was therefore modelled into the target improvements from February 2020 onwards. The modelling was undertaken with advice from Morriston colleagues on the impact of delays in transfer to beds on the front door performance. Based on current advice, around half of the original pump-priming monies may be available, and the planning suggests that there are considerable opportunities for redesign in existing services. On this basis, the trajectories have been revised to reflect approximately two-thirds of the original improvement in February and March (see graphs below).





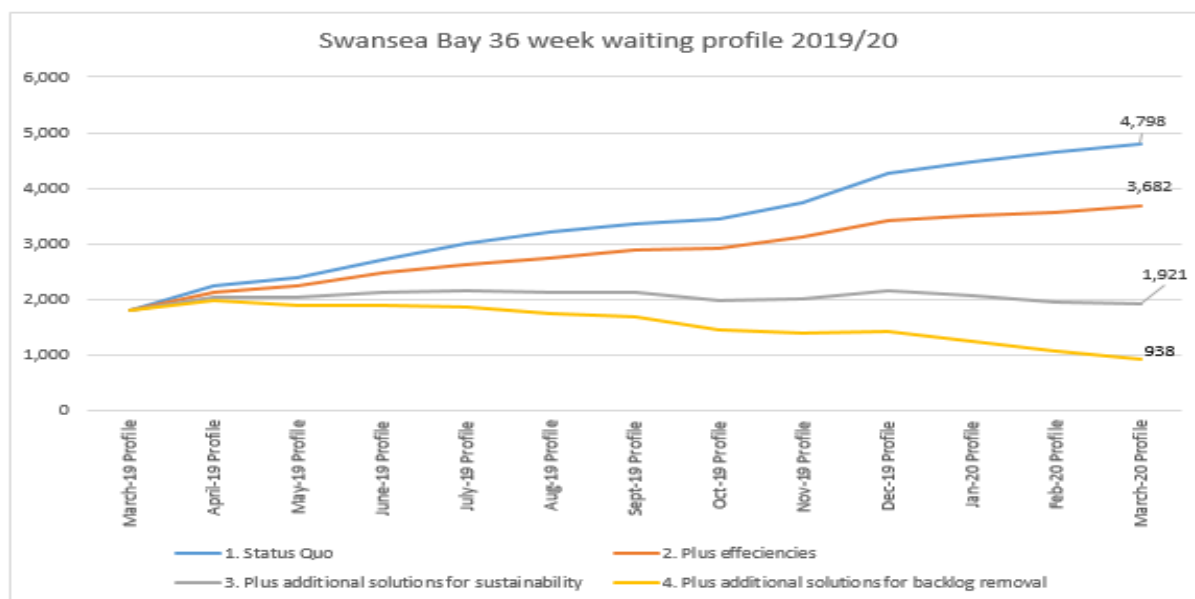
For clarity, the high end profile is the revised profile for the Emergency Department 4 hour percentage. For the number of 12 hour waits and the number of 1 hour handovers it is the blue, best case profile which is the revised profile for these measures.

### 3.2 Planned Care

The first four months of 2019/20 have been extremely challenging for planned care delivery. The impact of unscheduled care pressures on bed availability for elective care in particular has reduced the amount of elective work undertaken between April and July. In addition, changes to HRMC taxation rules have had a significant impact on the Health Board's ability to flexibly deploy surgeon and anaesthetist time to carrying out additional work, backfill work and in some cases cover core capacity at times of workforce pressure.

In addition to these emergent pressures, the Health Board has been allocated additional resource of £6.5m to assist with the reduction of long waiting patient volumes.

The chart below sets out the revised trajectory which reflects the delivery ambition of the Health Board since the agreement of the additional funds from Welsh Government. The bottom, gold line reflects the impact that the additional funds were planned to have on backlog reduction underpinned by the Health Board's clear plan to develop a sustainable surgical baseline in 2019/20.



The chart shows that the revised projection for the numbers of patients waiting over 36 weeks is 938. This is the current agreed trajectory with Welsh Government.

As a result of the impact of unscheduled care pressures and the impact of the HMRC rule changes, the Health Board is currently outside of profile having recently submitted a position of 2,690 patients waiting over 36 weeks at the end of July. A meeting has been held with the Deputy Chief Executive of NHS Wales to describe these pressures and the impacts these are having on the Health Board's ability to deliver the profile. At this stage a revised profile has not been agreed. However, the Health Board has been asked to provide a detailed revised year end forecast along with a detailed account of the impacts of the two issues described above. An initial high level analysis suggests that in the four month period April to July 2019 the Health Board lost around 280 more cases to unscheduled care pressures when compared to the same period last year and that the impact of the HMRC changes on workforce flexibility could be in the region of 420 cases. This detailed analysis is currently underway to provide the response to Welsh Government and will be discussed at the Targeted Intervention meeting on Friday 23<sup>rd</sup> August 2019.

At this stage there is no agreed change in trajectory for planned care and the line to 938 above remains the trajectory. Discussion will take place over the next four weeks to develop options for the year end position taking into consideration the impacts set out above.

## 4. GOVERNANCE AND RISK ISSUES

### 4.1 Unscheduled Care

The risks and mitigating actions are as follows:

- The revised Transformation Fund Bid may not be successful. Mitigating Action: The phasing of the improvement may be slower and more extensive redesign of existing services will be required to ensure that current services are not destabilised during implementation.

- The RPB may not agree the required changes in time for the delivery of the service in December. Mitigating Action: There is a full-time programme manager, Executive Lead, management Lead and Senior Planning Lead in place for this change and it has been agreed as a priority for the RPB. At present, the project plan is on track.
- The USC trajectory performance is considerably off-track against trajectory. Mitigating Action: The Committee has been fully briefed on the reasons for the pressure in the unscheduled care system and the resulting performance issues. These will continue to be managed with urgency and the implementation of Hospital2Home is an action in the Health Board's USC Plan.

## **4.2 Planned Care**

The risks and mitigating actions are as follows:

- No immediate or short term solution to the lack of workforce flexibility arising from the changes in taxation rules. Mitigating Action: considering flexible workforce solution involving non consultant grades, clinicians currently in the early stages of their careers less affected by the taxation changes and commissioning of external workforce and/or capacity to fill gaps
- No long term solution to the lack of workforce flexibility. Mitigating action: recruitment and retention profiling to develop a specific speciality by specialty clinical workforce plan. demand management will also need to be considered
- Risk of clawback of Welsh Government funds allocated. Mitigating action: currently developing a revised year end projection and engaging with Welsh Government early to explain the factors affecting the Health Board's performance.

## **5. FINANCIAL IMPLICATIONS**

A revised Hospital 2 Home Transformation Fund Bid has been submitted to Welsh Government for around £2.1m. The RPB has also reserved £900k of ICF funding to fund the scheme. There are also opportunities to redesign existing services to implement the scheme.

£6.5m of additional backlog removal funds has been allocated to the Health Board based on the currently delivery profile. Failure to meet the agreed profile, or negotiate a revised profile based on acceptance that some of the pressures being experienced are national pressures and were unforeseeable at the time of producing the profiles, could result in clawback of the resource.

## **6. RECOMMENDATIONS**

Members are asked to:

- Note that the assumptions underpinning the unscheduled care and planned care performance trajectories for the Annual Plan 2019/20;
- Assure the revised trajectories for submission to the Board for approval as part of the final Annual Plan;
- Note the ongoing discussion in respect of planned care.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<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>		
(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"/>
<b>Quality, Safety and Patient Experience</b>		
Access to timely unscheduled care and planned care is a key indicator of quality, safety and patient experience.		
<b>Financial Implications</b>		
A revised Hospital 2 Home Transformation Fund Bid has been submitted and the RPB has reserved some monies for the ICF fund to support the implementation of the scheme.		
Possible clawback if agreed trajectories are not met.		
<b>Legal Implications (including equality and diversity assessment)</b>		
The development of an integrated medium term plan is a statutory duty. The approval of the health Board's Annual Plan is an enabler for the development of an approvable IMTP.		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Services which are fit for purpose for older people will improve the long term sustainability of the health and care system in Swansea and Neath Port Talbot. The planning for Hospital 2 Home has been undertaken using the WBFGA Five Ways of Working.		
<b>Report History</b>		
<b>Appendices</b>	<b>Appendices</b> None	