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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>22 October 2019</b>	<b>Agenda Item</b>	<b>2.4</b>
<b>Report Title</b>	<b>Approval of the Annual Plan for submission to Welsh Government</b>		
<b>Report Author</b>	Val Whiting, Assistant Director of Finance Ffion Ansari, Head of IMTP Development and Implementation Nicola Johnson, Assistant Director of Strategy Darren Griffiths, Associate Director of Performance		
<b>Report Sponsor</b>	Tracy Myhill, Chief Executive		
<b>Presented by</b>	Nicola Johnson, Assistant Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	<p>This report sets out the plans to improve performance in unscheduled care and planned care in the second half of 2019/20 following discussion at Board on 26<sup>th</sup> September 2019.</p> <p>A draft version of this report was circulated to board members on 8<sup>th</sup> October 2019 and following feedback, changes were made to the Annual Plan to reflect the few minor issues identified.</p> <p>Following discussions at Financial Management Group the financial forecast will be discussed and agreed at the additional formal Board on 31<sup>st</sup> October and the plan will be revised and submitted following that meeting.</p>		
<b>Key Issues</b>	<p>The draft Annual Plan was submitted to Welsh Government following Board consideration on 31<sup>st</sup> January 2019.</p> <p>Welsh Government has provided positive feedback on good practice in terms of our approach to strategic planning and on core components of the draft Annual Plan, and some minor revisions were approved by the Board in May 2019 with regard to strengthening the reflection of our work on the Wellbeing of Future Generations Act.</p> <p>The September Health Board meeting considered the revised draft, which also included a revised finance chapter following the settlement of the Bridgend transfer issues.</p>		

	<p>The Board asked for the plans and performance trajectories for unscheduled care and planned care to be revisited in light of the service pressures experienced in the first half of 2019/20.</p> <p>The content of this report and its associated appendices have been updated following feedback received from Board members and this paper sets out the final revised plans and performance trajectories for unscheduled care and planned care. The current finance chapter reflects these.</p> <p>Following the additional Board meeting on 31<sup>st</sup> October, the Plan will be updated to reflect the agreed financial forecast and will be submitted to Welsh Government.</p>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• Endorse the final unscheduled care and planned care plans and trajectories that are included in the Annual Plan; and,</li> <li>• Note that the financial plan will be updated following the additional Board meeting in October and the plan will then be submitted to Welsh Government.</li> </ul>			

# APPROVAL OF THE ANNUAL PLAN FOR SUBMISSION TO WELSH GOVERNMENT

## 1. INTRODUCTION

This report sets out the planned actions to improve performance in unscheduled care and planned care in the second half of 2019/20.

The actions have been assessed to determine their impact on performance and trajectories have been developed to illustrate this. Any financial implications of these changes have also been taken into account in the financial plan. This report and its appendices reflect comments received from board members following the circulation of a draft version of this report on 8<sup>th</sup> October 2019.

The final unscheduled care and planned care plans and trajectories are now included in the Annual Plan for the Health Board for 2019/20. The finance chapter of the Annual Plan has been updated to reflect them.

However the financial plan will be finalised following the additional Board meeting in October.

## 2. BACKGROUND

The final draft Annual Plan was considered by the Board on 26<sup>th</sup> September 2019.

Following detailed discussion the Board requested that the plans and trajectories for unscheduled care and planned care be revisited by the Executive Team to reflect the service pressures which have emerged in the first half of 2019/20.

Set out below in this section of the report is a summary (more detail is available in the full action plans) of the actions planned to improve performance in these key areas. The corresponding adjustments to the performance trajectories for the year end are also included below. Given the current uncertainty in the planned care system a range has been provided.

The work to develop plans for the last six months of the year for unscheduled care and planned care has been reflected in updated chapters within the Annual Plan for unscheduled care, planned care and finance. Further, a revised Executive Summary and an updated template C (the performance trajectory template mandated in Welsh Government Guidance) is also included for completeness.

These changes have now been used to update the Annual Plan document which is included in the Appendices. However the financial plan will be updated following the additional Board meeting in October, and the final Plan will be submitted after that.

### 2.1 Unscheduled Care

A detailed consolidated action plan has been developed for unscheduled care and this is attached as **Appendix A** to this report. The plan includes a wide range of actions which address all parts of the unscheduled care system. A summary of the key themes within the plan is set out below with the detail available in **Appendix A**.

#### *Front door:*

- GPs in the Emergency Department, helping to triage (and turnaround where appropriate)
- GPs working with WAST on active demand in the community to direct to the right place
- Recruiting 4 extra Emergency Department (ED) consultants
- Hospital Ambulance Liaison Officer (HALO) – effective liaison between Welsh Ambulance Services Trust (WAST) and the ED Department

#### *Increasing hospital capacity*

- Ward 12 Singleton (fire damage) back in operation by end December 2019, ward 11 end of February 2020
- Reconfiguration of wards in Neath Port Talbot Hospital (NPTH) to allow Ward A to accommodate increased medical capacity
- Acute Medical Assessment Unit (AMAU) and Surgical Short Stay Unit (SSSU) remodelling at Morriston to reduce bed days consumed

#### *Optimum patients journeys*

- Increase capacity of Early Supported Discharge (ESD) team – caseload of 60 from Dec onwards (pathway 1 in H2H)
- Accelerate/expand condition specific ESD schemes (stroke, Chronic Obstructive Pulmonary Disease (COPD))
- Improved data and strengthened local processes (escalation, SAFER) to drive efficiencies
- Directing as much clinical time as possible to maintaining timely flow

#### *Increased capacity in social care*

- Overtime hours offered across NPT care workforce (expecting 100s of extra hours being delivered in next fortnight)
- Social care rostering being reviewed
- Domiciliary care functions being reviewed to considering alternative delivery options (third sector etc.) given constraints of current market

The table below sets out the total system impact in beds and bed equivalents expected when the full range of actions has been implemented.

<b>Initiative</b>	<b>Impact</b>	<b>By When</b>
Ward move in NPTH	6	December
Commission empty Ward NPTH (under discussion)	19	December
Ward 12 Singleton	30	December
Ward 11 Singleton	11	February
Ambulatory Care (AMAU & SSSU)	4 & 4 (BE)	December
H2H Pathway 1 (ESD across Health Board)	32 (BE)	December
ESD COPD	7 (BE)	February
ESD Stroke	10 (BE)	February
<b>Total Beds and Bed Equivalents</b>	<b>123</b>	

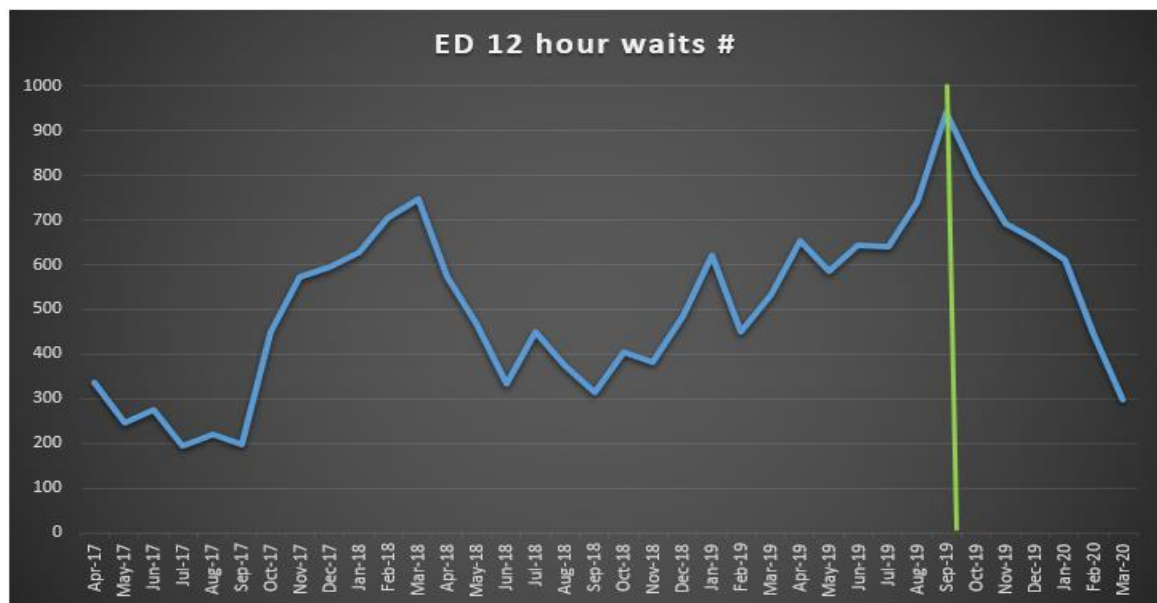
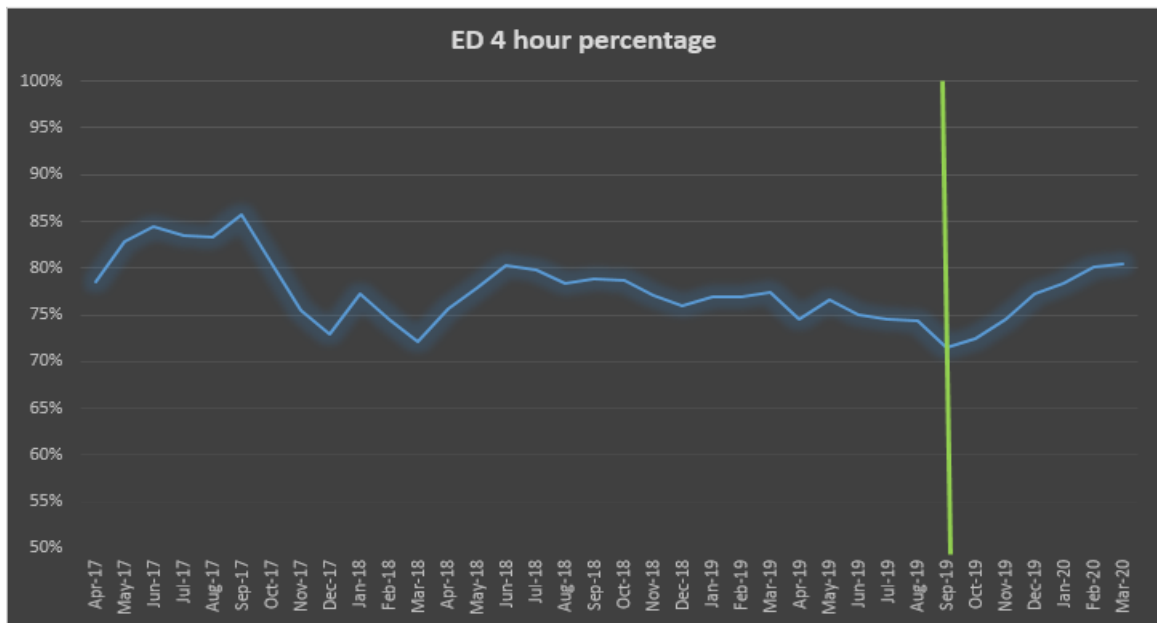
Under consideration – MAU NPTH	17	TBC
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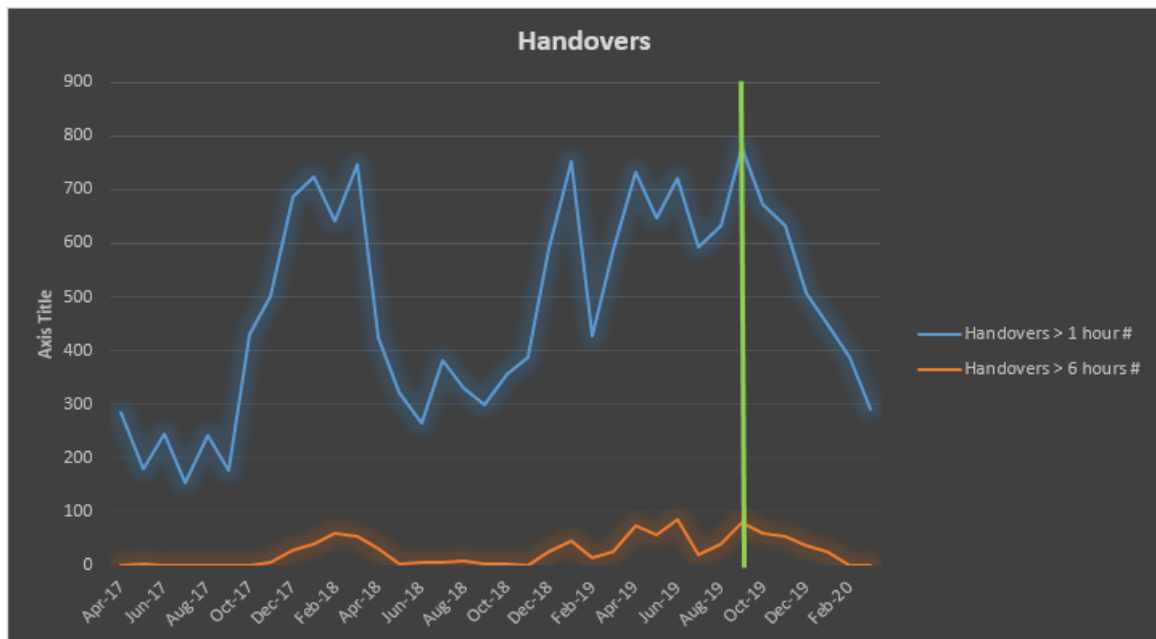
*Note: BE denotes Bed Equivalents*

**Appendix B** sets out the timeline for the action plan and shows when the impacts of the key actions are planned to support improvement in the quality, safety and performance levels of the service. The table below provides a high level assessment of the planned impacts of the implementation of these actions on 4 hour performance; however the impacts have also been mapped across 12 hour delays and 1hr and 6hr ambulance handover times. The latter being acknowledged as being an important measure to reduce to Nil within the scope of this plan.

Key actions (summary)	Planned performance improvement					
	Oct	Nov	Dec	Jan	Feb	Mar
Focus on process improvement (SAFER); maintenance of surge capacity; ramp up of ESD; Social care capacity increase	1.0%					
GP models for stack review and ED assessment; HALO in place; revised escalation process and further build of ESD		2.1%				
Ward capacity in Singleton Hospital and Neath Port Talbot Hospital increase; Hopsital2Home model in full; revise hot clinic model; sanctuary MH model in place in ED			2.7%			
OPAS and ICOP realignment; workforce redesign in ED				1.1%		
ED consultants commence (dependent on recruitment; COPD and Stroke ESD; Ward 11 Singleton (timeline under review)					1.8%	
All actions in place; some workforce redesign to be finalised						0.2%

The combined impact of the above actions is estimated to achieve 80.4% 4 hour performance by the end of March 2020. The charts which follow show the planned trajectories for each unscheduled care performance measure. The green vertical lines mark the validated actual September 2019 performance levels for the Health Board. The chart lines to the right of the green line are the proposed trajectories.





**Appendix D** sets out the revised Annual Plan unscheduled care chapter.

## 2.2 Planned Care

The planned care system has been adversely affected by three key issues: -

- Unscheduled care pressures
- Changes to taxation rules impacting on the Health Board's ability to flexibly deploy its consult workforce
- Pressure in ophthalmology services as a result of service rebalancing for clinical priority

Whilst the Health Board continues to implement its sustainability plan as set out in the draft Annual Plan, the three issues above have driven performance in the first six months of 2019/20 to be well outside expected levels with waiting times for 1<sup>st</sup> new outpatient and for treatment over 36 weeks above original planned trajectories.

As with unscheduled care a revised set of actions has been agreed across both outpatients and treatments to mitigate the deterioration in performance and to begin to recover the current levels of performance. Set out below is a summary of the actions planned for both of these areas. A detailed monitoring tool sits behind these actions with specialty level detailed included. A modelling demonstration was held with NHS Wales Delivery unit colleagues on 1<sup>st</sup> October 2019 to test the Health Board's forecasting assumptions and to provide scrutiny and challenge to our approach.

### *Outpatients*

- Implement oral medicine model – October
- Develop straight to test model for general surgery outpatients – work up in Q3
- Continue to support ophthalmology Gold Command capacity building for outpatients in particular

- Evaluate outsourcing of outpatient for orthopaedics and spinal cases ahead of 6th spinal surgeon starting in January 2020
- Complete recruitment of 4 key posts in gastroenterology (2 physicians' associates and 2 consultants). Bridging plan requires market test to insource outpatient capacity
- Longer term - support the CSP drive to new models for care which require less reliance on traditional outpatient models

#### *Treatment over 36 week patients*

- 1 locum agency anaesthetist in place – weekly rhythm of review to secure further cover
- Advertise for and recruit up to 8 locum consultant anaesthetists ahead of permanent recruitment of 10
- Ward W phased return bay by bay until full ward able to be protected. Links to unscheduled care plan
- NPT increased surgical bed capacity from 19 to 25 to accommodate surgical case mix change
- Range of targeted outsource options to treat longest waiting patients where patient acuity allows
- Package of cataract capacity to balance ophthalmology position - under review at present to accommodate second eye requirements
- Speciality by specialty cohort plan developed with more detailed individual solutions in each specialty area (pack circulated for information)

The impact of the above actions can be quantified with a high degree of certainty, but the variation in the timing of resolving the workforce issues around the taxation changes and the unscheduled care pressures reducing medical outliers into surgical beds are more difficult to predict. The table below sets out what the planned care year end range could be for patients waiting over 36 weeks.

	Do nothing	Planned	Developed	Working up
Cardiology	-	-	-	-
ENT	325	275	131	131
General Surgery	348	199	92	52
Oral/Maxillo Facial Surgery	282	272	133	95
Plastic Surgery	337	282	224	198
Spinal	469	429	387	357
Trauma & Orthopaedic	1,877	1,373	1,373	1,373
Urology	155	83	-	-
Gynaecology	258	258	158	158
Ophthalmology	1,278	211	211	0
Gastroenterology	1,145	-	-	-
<b>Total</b>	<b>6,475</b>	<b>3,383</b>	<b>2,710</b>	<b>2,365</b>

The table shows that a “do nothing” position would see waiting times increase to over 6,000 patients waiting over 36 weeks. This is not a real delivery point but an illustrative point to indicate the scale of pressure in the planned care system (the 1<sup>st</sup> April 2019 figure was 1,801). The Health Board has actions worked up and in



place to reduce this to 3,383 (planned column) and then we have further actions in varying stages of development to reduce this further giving a current possible range of between 3,383 and 2,365. The Board was previously advised of a range from 2,161 to 3,445 as a working figure at its September update.

On a weekly basis the planning and monitoring tool will be updated to recognise the reduction in the year end patient cohort and the impact of the planned actions. The Health Board recognises that the range presents a challenging position in terms of delivery and will continue to work on the planned care system to identify as many opportunities as possible to shift the entire range lower and reduce the scale of the range.

**Appendix E** sets out the revised Annual Plan planned care chapter.

### **3. GOVERNANCE AND RISK ISSUES**

A draft of this report was circulated to board members for comment on 8<sup>th</sup> October 2019. The report included an updated finance chapter as **Appendix F** along with the full revised template C document mandated as part of annual plan submissions (**Appendix G**).

Comments were received and changes were made to the documents based on these comments. Set out below are the changes made (in addition to adding the bed and bed equivalent table above to this report): -

- **Unscheduled Care Plan**
  - Action 4 updated to cross reference to WAST handover plan set out in Action 5.
  - No change to Gantt chart as the action cross referencing does not affect timing
- **Unscheduled Care Chapter**
  - Change to first paragraph of the chapter address comments regarding inpatient capacity.
  - Removed reference to achievements over the last two years.
  - Inserted bridging sentence before original action plan and table of enablers to make the clear the differentiation between original plan actions and additional plan actions. This sentence was also inserted in the planned care chapter to aid clarity
- **NHS Planning Framework Mandatory Template**
  - No changes made to template as trajectories have been discussed and signed off by Executive Team taking into consideration the impact of the unscheduled care consolidated action plan
  - Confirmed that infection control figures are cumulative.
- **Finance Chapter**
  - Three summary assessment paragraphs added at the end of the chapter to pull the section together

#### **4. FINANCIAL IMPLICATIONS**

The finance section of the Annual Plan has been redrafted to reflect the agreement of the handling of the Bridgend Boundary Change finances and to reflect the impacts of the refreshed action plans for unscheduled care and planned care set out above.

However following discussion at Financial Management Group, the financial plan will be discussed and approved at the additional Board session on 31<sup>st</sup> October. The final Annual Plan will be updated on this basis for submission to Welsh Government

#### **5. RECOMMENDATION**

Members are asked to:

- Endorse the final unscheduled care and planned care plans and trajectories that are included in the Annual Plan; and,
- Note that the financial plan will be updated following the additional Board meeting in October and the plan will then be submitted to Welsh Government.

Governance and Assurance		
<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"/>
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		
A Quality Impact Assessment and Equality Impact Assessment process was undertaken as part of the Annual Planning process.		
Financial Implications		
The progress on completing the Health Board's financial plan is described in the paper. The Financial Plan is predicated on achieving a core savings requirement of £22m, as well as identifying further actions to offset the financial risk associated with retained costs. It also assumes funding support of £10m from Welsh Government.		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality impact Assessment process was undertaken as part of the Delivery Unit Planning process. The Health Board is unable to meet its statutory duty to have an approved integrated three year plan in 2019/20.		
Staffing Implications		
The Delivery Unit Plans will be delivered in line with workforce plans.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> <li>• <b>Long Term</b> – The Annual Plan has been developed in line with the longer term ambitions, aims and objectives of the Organizational Strategy.</li> <li>• <b>Prevention</b> – The plan was developed in consideration of a review of population health and wellbeing needs.</li> <li>• <b>Integration</b> – The unit plans were developed with ongoing collaboration and discussion.</li> <li>• <b>Collaboration</b> - The unit plans were developed with ongoing collaboration and discussion.</li> <li>• <b>Involvement</b> – Delivery of plans will, where appropriate involve partners and stakeholders.</li> </ul>		

<b>Report History</b>	<p>The Board approved a draft Annual Plan in January 2019 noting that the financial section was not finalised due to the Bridgend boundary change.</p> <p>Regular updates on progress have been received by the Board since, with a revised plan with the financial detail included agreed in September 2019 subject to the unscheduled care/planned care action plans (and performance trajectories) being circulated and agreed via Chair's action.</p>
<b>Appendices</b>	<p><b>Appendix A</b> – Unscheduled Care Action Plan  <b>Appendix B</b> – Unscheduled Care Action Plan Timeline  <b>Appendix C</b> – Executive Summary for Annual Plan  <b>Appendix D</b> – Final unscheduled care chapter  <b>Appendix E</b> – Final planned care chapter  <b>Appendix F</b> – Final Finance Chapter  <b>Appendix G</b> – Final Template C</p>