

Hywel Dda Recovery Plan 2021/22

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Extraordinary Board
24th June 2021



Journey so far

Key dates:

- Board Seminar Sessions – December 2020; February 2021; June 2021
- In-Committee Board – January 2021
- 25th March 2021 – Draft plan considered by Board
- 30th March 2021 - Draft plan submitted to Welsh Government (WG)
- 20th April 2021– Initial generic feedback letters received by all Health Boards from Andrew Goodall
 - Included a request for initial bids against £100m recovery monies
- 29th April 2021– Initial UHB specific feedback via meeting with WG planning team
- 20th May 2021– Detailed UHB specific feedback letter received from Simon Dean
- 24th May 2021– Detailed UHB specific meeting with WG; debrief meeting with WG planning team
- 2nd and 9th June 2021 – presentations to Executive Team, and approval of content

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- 30th June 2021– Final Board approved Plan must be submitted to WG

Feedback and main areas of focus

Feedback has been consistent:

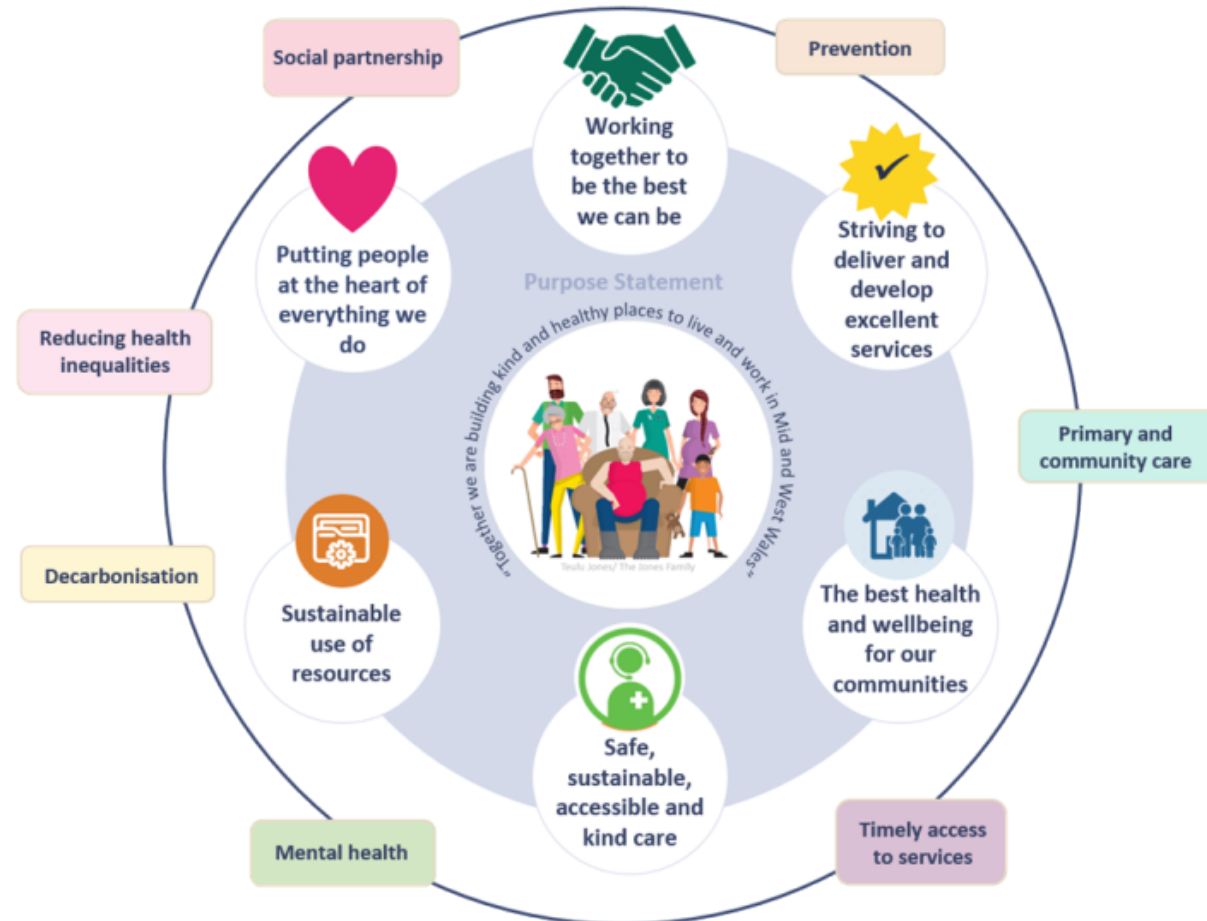
- Better triangulation of activity; workforce; and finance required
- Clearer alignment to NHS Planning Framework and Ministerial Priorities required More detail on our recovery plans especially planned care required; how do we support Urgent and Emergency Care; how do we continue to support our response to COVID-19; and main risks
- Clearer timelines and tangible deliverables required
- Revision of our Minimum Dataset (MDS); financial plans and workforce intent required
- Plan is strong on strategic intent. Sections on primary and community care; Mental Health and Learning Disabilities (MHLD); regional; foundation economy and decarbonisation complimented. However, WG found the document to be overly long.

Therefore these areas of requirement are those we have been focusing on, through:

- Revisions of the main Annual Plan; MDS and technical documents
- Production of a summary document to address the comment on the length of the document

Key elements of the Plan

Hywel Dda University Health Board's Statement of Purpose, Strategic Objectives and priorities to support the annual plan



What are the fundamental changes since March 2021

- Continual updating to make sure content is up-to-date
- Planned Care recovery plan including our response to the initial £100m of WG recovery funding; revised trajectories; outsourcing
- Primary and Urgent Emergency Care
- Financial Plan
- Workforce Plan
- A Regional Collaboration for Health (ARCH) Governance
- Discover report
- Updated Governance structures including reporting
- Inclusion of more deliverables and milestones drawn from individual Planning Objective 'Plans on a Page'
 - Each Planning Objective has a table focusing on key outcomes / deliverables / milestones
 - Synopsis document provides an overview diagram showing key deliverables

Plan on a Page

Plan Headings	WG Priorities	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Rest, recovery and recuperation of staff	Workforce	• Publish results of engagement with staff to discover how we support their recovery	✓			
		• Multi Disciplinary training and support for staff groups to 'grow our own' workforce		✓		
		• Comprehensive development programme of existing and new leadership training and coaching, and training needs analysis of future leaders (for succession planning)				✓
		• Design a training programme to build excellent customer service				✓
		• Co-design with staff every element of our HR offer to embody our values				✓
Recovery across the whole system: • Urgent and Emergency Care • Primary and Community Care • Mental Health • Planned Care recovery • National and Regional Partnerships	Recovery out of COVID	• Create an integrated 24/7 single point of contact for urgent clinical assessment and patient 'streaming'				✓
	Primary and community care	• Develop an integrated community model aligned to our localities		✓		
		• Support Primary Care to work through the contract reform process and support 4 key priorities: quality and safety, workforce, access to services, and cluster working.				✓
	Mental health	• Hibernation of remaining Field Hospitals		✓		
		• Deliver vaccinations to whole of adult eligible population		✓		
	Timely access to care	• Twice-weekly LFD testing of asymptomatic patient-facing staff and students	✓			
		• Develop implementation plans for remaining elements of Transforming Mental Health and Learning Disabilities programme	✓			
	National and Regional	• 111 'Single point of contact' triage (for Tiers 1 and 2) piloted		✓		
		• Maximise our operating theatre capacity		✓		
		• Increase local capacity and usage of independent sector – cataracts				✓
		• Establishing cataracts lists at Amman Valley and Singleton				✓
		• Increase use of 'seen on symptom' and patient initiated follow-ups				✓
		• Increase cancer surgical and diagnostic capacity during recovery phase				✓
		• Pursue solutions to increase capacity in diagnostics				✓
		• Roll out the contact and response service for patients on waiting lists				✓
Building for our future: • Transformation Steering Group (TSG) • Social Model for Health and Wellbeing • Programme Business Case and infrastructure • Green Health and decarbonisation • Social partnerships	Prevention	• Relaunch of TSG: to debate and refine new Planning Objectives for Board consideration	✓			
	Reducing Health Inequalities	• Requests from Board to TSG via operation of refreshed Board Assurance Framework				✓
		• 'Discover' report on the Social Model for Health and Wellbeing published				✓
	Green health and decarbonisation	• Co-produce working model for Social Model for Health and Wellbeing and process agreed for generating new planning objectives				✓
		• Discover impact of pandemic on BAME communities via community outreach team				✓
		• Travel and transport workstream to support the Programme Business Case further developed				✓

Plan on a Page

Plan Headings	WG Priorities	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Building our capability: <ul style="list-style-type: none"> Strategic Enabling Group Improving together Clinical Effectiveness Research and Development Value and prudent Healthcare Digital Engagement and Communication 	Research and Development	• Relaunch of SEG: build capabilities of organisation to deliver agreed Planning Objectives	✓			
		• Develop and launch the Quality Management System framework		✓		
		• Test approach and framework with selected teams	✓			
		• Facilitate portfolio studies and other high quality research and innovation				✓
	New technologies and ways of working	• Invest in team/ infrastructure to support safe and effective research and innovation				✓
		• Deliver fully approved Clinical Effectiveness strategy, with underpinning processes and systems to support				✓
		• Deliver second and third cohorts of 'Bringing Value to Life' Education Programme			✓	
		• Improve use of Dashboards to provide enhanced analytics platform which can identify variation, both in care and delivery, improving patient safety				✓
Workforce and Finance: <ul style="list-style-type: none"> Our workforce plan Our finance plan 	Workforce and Finance	• A comprehensive attraction plan to recruit and develop local workforce				✓
		• A comprehensive workforce plan which supports workforce modernisation				✓
		• Deliver £16m of recurrent savings based on opportunities for technical and allocative efficiencies across the Health Board's budgets		✓		
		• Develop a roadmap to financial sustainability		✓		
How we will deliver - our governance arrangements: <ul style="list-style-type: none"> Board Assurance Framework and review of committee structures 	Risks	• Board Assurance Framework realigned to our new strategic objectives and the delivery of the planning objectives	✓			
		• Assurance committees reconfigured to align with Strategic and Planning Objectives		✓		
Statutory Duties <ul style="list-style-type: none"> Welsh language, Equalities, Wellbeing of Future Generations, Socio-economic 	Reducing Health Inequalities	• Work with partners to refresh our Wellbeing Assessments				✓
		• Continue delivering our Strategic Equality Objectives for 2020/24				✓
		• Support the recovery of communities as a major employer and contributor to the Foundation Economy				✓

Activity – key messages

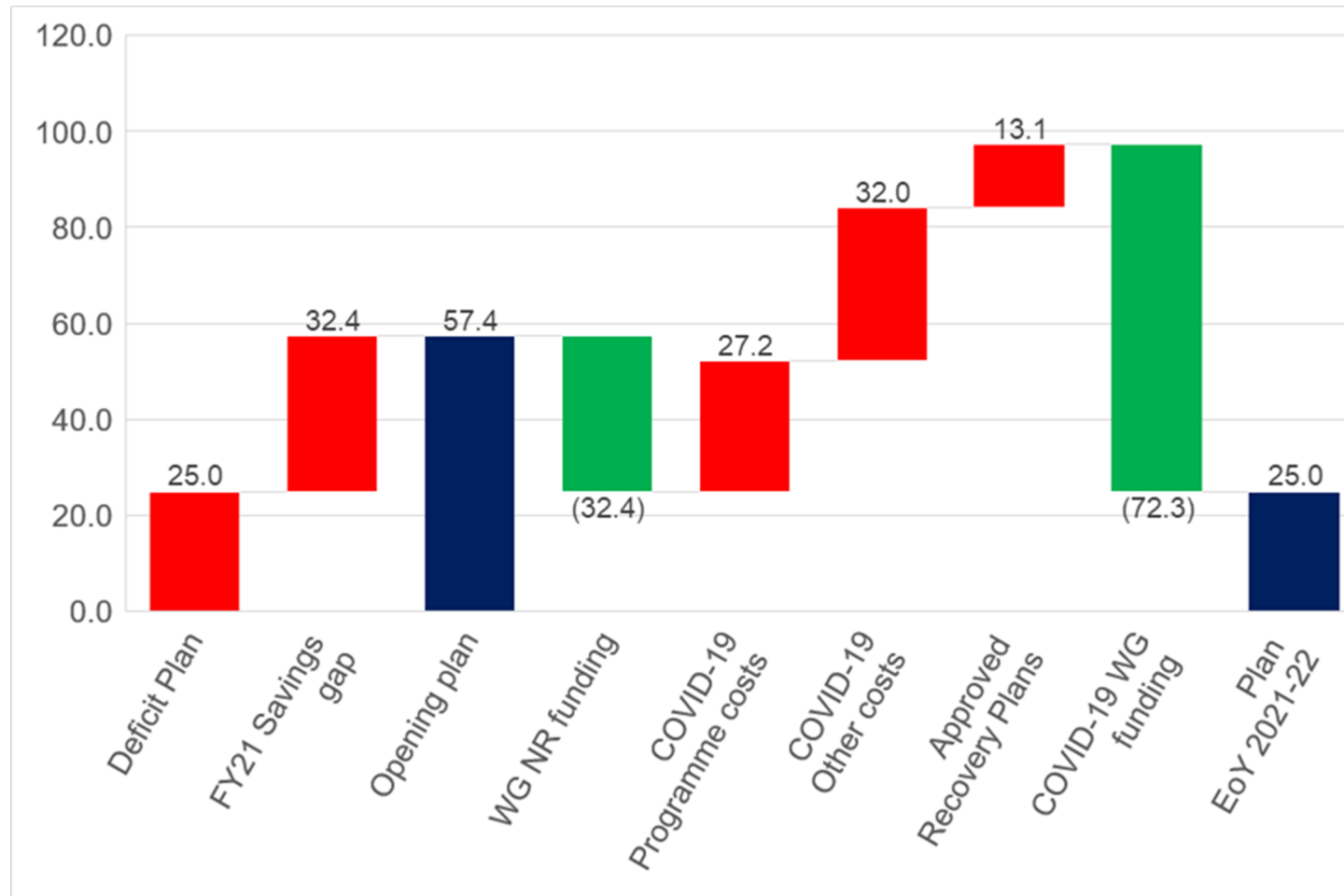
- Internal elective activity will increase during June and July and then level off
- No further increases until the demountables are in place and/or Infection Prevention and Control (IP&C) measures change (note: theatre capacity currently being used to support social distancing)
- Independent sector will supplement our internal capacity
- Longer term, presumption is recovery plan will include:
 - Demountables
 - Independent sector (potentially decreasing reliance over time)
 - Regional plans (including cataracts)
- Green site / reconfiguration to be assessed during the rest of 2021/22 to address orthopaedics and sustainability

Financial feedback

March Draft Interim Financial Plan to deliver deficit of £57.4m, after savings of £16.1m (6-month COVID-19 scenario)
June proposed Financial Plan to deliver deficit of £25.0m, however reliant on non-recurrent WG funding (12-month COVID-19 scenario)

Feedback	Theme	
Need improved triangulation between activity, workforce and finances	Clarity and Quality	<ul style="list-style-type: none"> COVID-19 and Core activity assumptions modelled for Bronze, Silver and ET ('best' to 'reasonable worst') Informs bed capacity assumptions in Acute, Community, Field Hospital and Surge facilities Finite Workforce supply will mean holistic Workforce and Financial position remain materially similar Workforce gap analysis will inform clear articulation of risks to delivering significant additional capacity
Significant variation in local planning assumptions across Wales	All-Wales position	<ul style="list-style-type: none"> COVID-19 will continue to impact the Health Board's operational and financial position until March 2022: <ul style="list-style-type: none"> A full 12 months for all programme expenditure (being PPE, Testing, Tracing, COVID-19 mass vaccination programme, Enhanced Cleaning Standards, Social Care, Urgent Primary Care) <u>Up to</u> 12 months for other expenditure (inc. Extended Flu vaccinations, Field Hospital/Surge capacity);
FY22 savings gaps assumed to be WG COVID-19 funded; FY21 gap increases underlying deficit	Savings	<ul style="list-style-type: none"> WG non-recurrent funding confirmed to address FY21 savings gap of £32.4m, subject to validation by FDU In our Plan, WG funding cannot be assumed to mitigate non-delivery of the FY22 savings requirement Accelerated development of detailed plans for recurrent schemes underway, in line with the 'Roadmap to service and financial sustainability'. Non-delivery would result in recurrent pressure for FY23 onwards
No confirmed WG COVID-19 funding assumed; six-months funding assumed in Month 1 returns	COVID-19 funding	<ul style="list-style-type: none"> Clarity over WG funding to be assumed for all additional costs resulting from COVID-19 to March 2022 Risk to our Plan if WG were unable to secure the additional funding to allow allocation on to Health Boards
Expenditure plans and WG funding excluded due to timing of confirmation	Recovery	<ul style="list-style-type: none"> Approved Recovery Plans of £11.3m will be included in the June submission, with confirmed funding Mental Health Recovery funding of £1.8m have been confirmed and expenditure plans developed, both the expenditure and funding are included in the June submission Continuation of transforming access to USC draft Plans and anticipated funding will be included in the June submission, with a risk that the funding is unlikely to be confirmed at that stage

Proposed Financial Plan 2021/22: June submission



* Above currently excludes the Continuation of transforming access to Unscheduled and Emergency Care draft Plans and unconfirmed anticipated funding

Workforce

Key workforce issues

- Elements that we need to critically review from workforce planning perspective as part of immediate planning for the long term:
- Workforce needs for the social model of health and associated programme business case
- Increasing age profile of our workforce in totality with specific groups facing significant issues
- Implications of absence (COVID-19 related and the impact on workforce availability).

To summarise risks:

- Known scale of gap in scenarios and availability of workforce that can be activated to respond with agility to new COVID-19 pressures
- Resilience within workforce to respond to further prolonged and significant pressures without appropriate rest and recuperation
- Reduction in workforce availability due to retirement linked to pension changes/legal challenges
- Sustained levels of turnover with limited retention of workers across all professional groups.

Mitigations to reduce risk

- Initiating strategies to stabilise our workforce, and to allow flexibility
- Careful planning of services and corresponding workforce requirements, assessing potential risks to access and availability of required skilled workforce and the timescales needed to activate plans and align workforce/finances.
- The organisation will plan for COVID-19 related activity for the whole of 2021/22 but will plan its resources both financial and workforce on a quarterly basis. The first 6 months is planned to September 2021.
- Resourcing and training plans based on the most plausible scenario we perceive our workforce will face building in the possible and associated challenges to generate agile responses i.e., contractual flexibility or extensions, responsive resourcing solutions, enhanced digital learning solutions.
- Working with Partners and generating a system-based response to workforce challenges: Health Education and Improvement Wales (HEIW), University partners, Military supporters, ARCH & Mid & West Wales HB partnerships, Primary Care, Local Authority and wider public sector bodies and the Third Sector and the Regional Workforce Programme Board.

Key considerations – what are the next steps in delivering our recovery

- Testing the market for further commissioning opportunities
- Development of Primary Care proposals for all contractor groups
- Awaiting outcome of our Outpatient transformation bids
- Expansion of our regional programme with Swansea Bay, including for cataracts. This includes revised recovery programme (through ARCH)

Beyond the 2021/22 Annual Plan – Next Steps

- Until we hear differently, we need to assume that WG are likely to require us to submit a 3 year Integrated Medium Term Plan (IMTP) (2022-25) by the end of December 2021, to do this we are going to need:
 - To develop a new planning cycle over the next few weeks, to take on-board the lessons of the development of the 2021/22 plan
 - To consider our planning resources to support the breadth of work required
 - To prioritise key areas of work around our Planning Objectives e.g. financial sustainability; MHLD; children and young peoples services
 - To consider how our on-going recovery from COVID-19 will continue to be supported in planned care but also across the whole system (primary and community care; MHLD, prevention and health inequalities)
 - The emergence of new / re-enforcement of existing Ministerial priorities.
- **The aim is to develop an approvable IMTP – this means the plan will need to set out how we will deliver service sustainability for our population (to include financial balance over the lifecycle of the plan).**

Questions?

Thank you