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Hywel Dda University Health Board Annual Plan 2023/24

Updates required on the 2023/24 Annual Plan as requested by Welsh Government





- 2023/24 Annual Plan was submitted to WG on 31st March 2023
- Letter received from WG (Judith Paget) on 21st April noting the Plan was currently ‘not supportable or acceptable’
- A follow-up meeting was held with WG on 31st May to understand what is required prior to a revision date of 31st March – noting that there is no expectation to resubmit the Plan, reconsideration and re-submission of (all) Ministerial Priority templates is required
- At the meeting on 31st May, we re-iterated the premise to our Plan, which remains in place, i.e.:
 - The core philosophy of the plan is one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
 - The majority of plans are based upon existing resources (workforce and funding), with the nursing workforce stabilisation plan (1A – Recruitment plan) the main exception to this
 - Our plan is based only on our allocation and does not assume additional national funding
 - The plan and organisational priorities are focused on delivery of the Ministerial Priorities
 - The plan is a continuation of the organisation’s journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework
 - A more focused plan, so fewer planning objectives (23 rather than >60), and more ambitious
 - The basis of Year 1 Stabilisation is the Ministerial Priorities and our priority Planning Objectives
- The revisions to the templates and any other supporting documentation will be taken through the formal Executive Team meeting on 24th May



Following the scrutiny session on 3rd May, WG wrote to the Health Board confirming the details that must be included in the supplementary information required:

- The requirements from the scrutiny session are set out below. Health boards must **resubmit the relevant Ministerial templates to provide assurance and clarity** including the following detail:
 - baseline activity/position for each template;
 - milestones for each quarter to represent a significant step towards delivering the Ministerial priority;
 - milestones supported by tangible and measurable actions which clearly support delivery.
 - outcomes for patients and the organisation articulated; and
 - risks associated with delivery should be clearly articulated and mitigating actions described.
- **Health boards must provide a paper** which outlines any major changes that have taken place between 31 March and 31 May that amends your organisation's plan. Consideration must also be given to the local and national choices that could be made. For clarity from a financial perspective, organisations are expected to reduce the risk in existing plans, improve the financial deficit projected, and outline quantified options and choices to make further improvement from that position.
- **Updated financial returns** are required including Month 1 return as usual (15 May) and updated MDS financial sections that reflect the changes identified as part of the overall review of plans (31 May). The Financial Planning & Delivery team of the NHS Executive will also provide specific feedback on the financial plans.
- **An updated MDS will be required** where any material changes have been made to plans.



The summary below provides general feedback on the templates submitted but also specific feedback on HDUHB Templates:

General Feedback :

- The templates had been reviewed by WG colleagues including Policy Leads who fed back to the overall feedback provided to Health Boards.
- The templates were process driven and did not provide assurance around ability to deliver , the “So What “ question was not answered. What is the impact of our actions.
- Templates don't reflect the narrative document, they are not aligned.
- Pace of delivery was difficult to assess around urgency of actions.

Specific Feedback for HDUHB :

- General Feedback – Concern that some templates may not reflect the narrative document and potentially are not aligned (across finance, workforce). Ensure there is an alignment with what is being said in the MDS
- Noted that the ministerial priority templates need to provide confidence in delivery and presently the majority do not set out to achieve the ministerial priorities.
- Minister is focusing on the templates rather than the narrative in the document – so make sure we include what's in the narrative in the templates
- Focus on the ‘impactful actions’ rather than ‘processy’ actions

Ministerial Templates - Feedback from WG



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Individual Template feedback:

DTOC	Primary Care	UEC	Planned Care	Cancer	MH & LD
<ul style="list-style-type: none"> • Need to increase the level of detail and actions provided. Need for assurance around deliverability • The 50% target in reduction of transfers? How is this achieved? Detail required on actions • MDS does not align with template figures 50% reduction? • The increase in Workforce does not correspond with the financial position. Achievability? • Need to triangulate Finance and the assurances around delivery – How will we deliver the narrative plan –clear actions and milestones. 	<ul style="list-style-type: none"> • Very light on detail • Need Milestones and Actions • Too focused on contract monitoring - this is the critical element – what are we doing about increasing access irrespective of the contract negotiations • Include actions that will improve access to GMS services • Review the requirements set out in the Planning Framework • Community Services Templates provided extra detail which was welcomed 	<ul style="list-style-type: none"> • No milestones • SDEC needs more detail to provide assurance around delivery • Ambulance handover – more detail required – milestones and actions • Detail needed around the 6 Goals and how funding is being used • Need clear Milestones , Actions and Outcomes (Impact) 	<ul style="list-style-type: none"> • We need to complete the templates for all elements including Regional Diagnostics • Advice from WG to check proposed revised trajectories with Jeremy Griffith prior to resubmission. • Need to confirm when 52 and 104 week outpatient targets will be eradicated 	<ul style="list-style-type: none"> • Need to confirm the % shown on the template is it 70% or 75% (which one is correct) • Explanation needed around this statement “Reflected in individual plan”. Can the action be delivered within core funding or not? Needs to link to the financial position to provide assurance around delivery. 	<ul style="list-style-type: none"> • Viewed as a good template but may need to refer to the policy lead to confirm if additional work needed. Review to make sure it is accurate.

- The MDS will need to be reviewed/resubmitted if there are material changes to the financial position
- The templates should be used as a day to day planning tool and a way of monitoring risk , it is not a tick box exercise and templates should include Impactful actions. WG need to have a clear understanding of how actions will be delivered and more importantly their impact.
- **Letters following the session last week to come out this week, and will focus on the ministerial templates; review of our financial plan; choices.**
- **Expectation remains that the revision will be expected to be received by WG by 31st May**



- 1. Review the current templates:** The first step is to review the current templates and identify the areas that need to be revised to align with the Welsh Government's expectations. This review should involve all stakeholders involved in the original planning process.
- 2. Establish a Core Response Team:** A core response team should be established to oversee the revision of the templates. This team should include representatives from all the departments involved in the planning process.
- 3. Define SMART deliverables:** The core response team should define SMART (specific, measurable, achievable, relevant, and time-bound) deliverables for each priority area. These deliverables should be aligned with the Welsh Government's expectations (ministerial templates) and should be broken down into milestones to be achieved by specific dates.
- 4. Assign responsibilities:** The core response team should assign responsibilities for each deliverable to ensure that everyone involved knows what they are responsible for and what is expected of them.
- 5. Establish monitoring and reporting mechanisms:** The planning team should establish mechanisms for monitoring progress and reporting on performance against the SMART deliverables.
- 6. Identify cost reduction opportunities:** The planning team should identify opportunities for cost reduction and acceleration of plans wherever possible to address the financial deficit. Are there any opportunities to accelerate delivery and reduce in-year cost pressures?
- 7. Seek feedback:** The revised templates should be shared with stakeholders, including the Welsh Government, for feedback and input. This feedback should be incorporated into the final version of the templates. There is clear recognition of the challenging timescales, therefore, updated templates and any other significant revisions to be shared at **Formal Executive Team on the 24th May**. Thus allowing 1 week for any final revisions and/or points of clarity.



One of the key themes within the WG response to the Annual Plan is the need for greater clarity on both the Milestones and how the Health Board will accelerate performance and manage cost reduction in parallel. The below is the suggested approach to adopted within any revised Ministerial Templates aligned to SMART methodology:

- 1. Define SMART objectives:** The core response team should define SMART objectives for the revised plan. These objectives should be specific, measurable, achievable, relevant, and time-bound. This approach would be consistent with the expectations around greater clarity on the actions (in each quarter) the Health Board is undertaking.
- 2. Identify Key Performance Indicators (KPIs):** The team should identify KPIs that are aligned with the SMART objectives. These KPIs should be measurable and provide a clear indication of progress towards achieving the objectives. Therefore, breaking this down into each quarter with clear actions and all relevant interdependencies is a key expectation from WG. As an example, if we recruit 3 WTEs what benefits are expected in relation to performance, finance etc.
- 3. Break down objectives into smaller goals:** Wherever possible the milestones should break down the objectives into smaller goals that are specific, measurable, achievable, relevant, and time-bound. This will help ensure that the team stays focused on achieving the objectives and can measure progress towards achieving them. WG are requesting that we breakdown the Milestones in as far as is reasonably possible; in order to provide maximum clarity around the delivery of the ministerial priorities.
- 4. Baseline and Trajectory** Gather historical data on patient admissions, discharges, occupancy rates, patient acuity levels, length of stay, and other relevant variables. Comprehensive data analysis will reveal patterns and trends, which will provide the basis for the trajectories



5. **Capacity** - Evaluate the current capacity of the organisation in terms of beds, staff, facilities, and equipment. List any constraints, inefficiencies or bottlenecks that may limit the ability to meet future current demand. Explain the proposed approach to address the identified capacity gaps. These may include:
 - Optimising existing resources through best practices and efficient workflows
 - Implementing technology solutions to enhance productivity and reduce errors
 - Expanding or modifying the physical space, staffing levels, or equipment
 - Collaborating with other Health Boards or organisations to share capacity
 - Exploring alternative care delivery models (e.g., telemedicine, outpatient services)

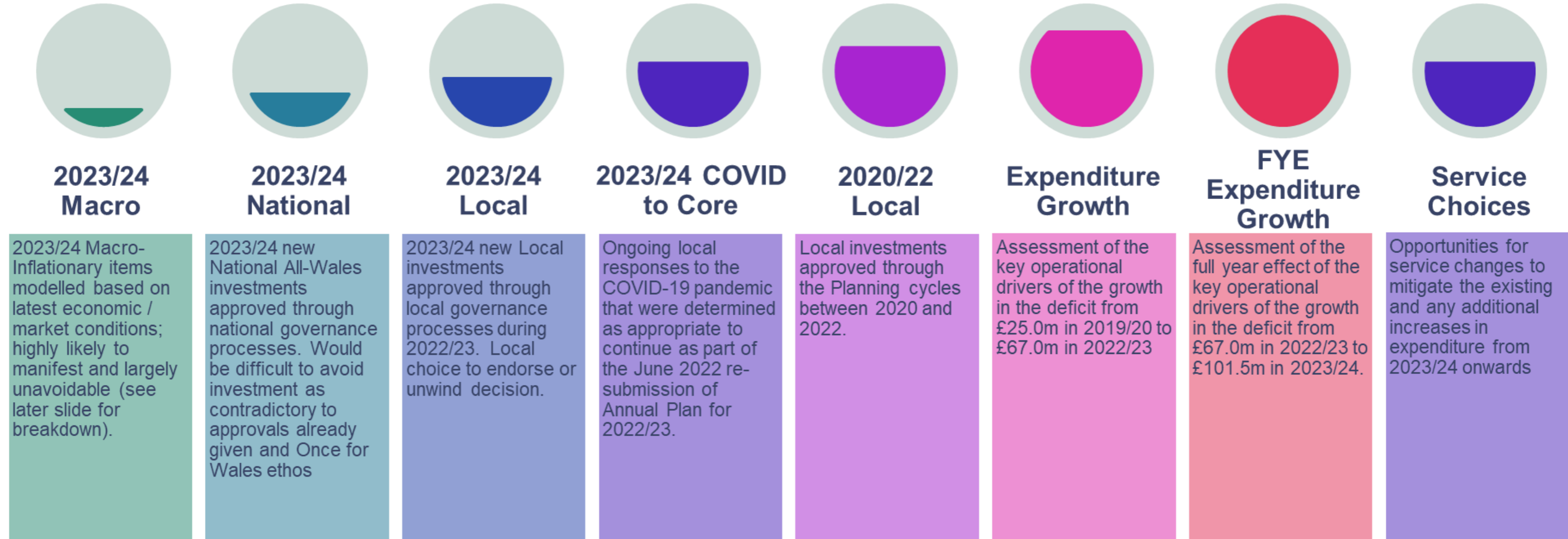
6. **Acceleration of Delivery** – Finally, recognising the Annual Plan is focused on 23/24. What is needed to achieve and sustain the ministerial priorities? This needs to be in the context of a sustainable solution which balances and utilises all resources. A consideration of whether there is an opportunity to further de-risk the plan

Financial plan: reminder of the approach



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← Choices in delivery and options for local, regional and national improvement →



Opportunities approach

- Summarises the scale of opportunity from cost variation
- Provides detailed breakdowns of variation at an HRG level

Choices from Benchmarking

- Presents the analysis from benchmarking the Health Board against others in NHS Wales
- Summarises key choice questions for discussion as a result of the analysis

Indicative high-cost pathways

- Provides an analysis to establish which pathways consumed the most resource across the various strands of care to identify emerging themes and patterns

Corporate Choices

- Assesses the Choices available in Corporate functions based on a scoring matrix based on Strategic objectives

Directorate Choices

- Directorate performance from a Finance perspective split into 3 categories, suggesting choices the Health Board could make to reduce expenditure
- Based on Operational Driver analysis of current financial year

Previous and Pending Investments

- Summarises the local investments made during the Financial Planning cycles between 2020/21 and 2022/23 in addition to the Local and National investment choices proposed for next year's Plan 2023/24



- Budgets have been allocated to the Executive Team, and the accountability process is in train. This has been a complex process to undertake given the significant step change in delegated budgets.
- On savings, the most recent data available (as of 19 May) remains in a position where insufficient assurance can be provided over the delivery of £19.5m:
 1. £11.6m have been identified, of which £1.6m is currently green and £7.2m is amber
 2. However, at this stage only have assurance that £4.1m will likely deliver.
- Given this, and operational financial pressures seen in unscheduled care (mainly staffing) and cancer (mainly drugs driven by activity), at this stage, there is a significant risk of a financial position for the year which would exceed our plan by c£20m. However, it is too early in the year to recognise this as a formal forecast given the opportunities we have to address the issues driving the challenge.
- Following the month 1 financial position, mitigating actions are being sought to the financial position.
- Returns are expected by Friday 26 May.
- Given the scale of the risks, it is not expected that these returns will allow us to de-risk the plan at this stage. However, following receipt, Executive Team will need to review the options presented.

Ratification and Assurance prior to WG Submission



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Due to the timing between the WG feedback and re-submission of the Annual Plan Templates and supporting information, the process below is intended to ensure there is robust Board scrutiny through Chairs Actions ahead of any re-submission to Welsh Government:

Documentation and circulation

- The revised templates should be documented clearly, highlighting the changes made from the previous version.
- The supplementary paper should be circulated to all relevant stakeholders, including the Chair and Independent Members, in advance of the scheduled ratification meeting.

Review and analysis

- The supplementary paper will set out any material changes to the original Annual Plan which will include but are not limited to: the organisation's strategic and planning objectives, financial position and Ministerial Priorities (inclusive of revisions to any trajectories) and any external factors that have changed since the submission of the plan.

Chair's action meeting

- Schedule a meeting where all relevant parties, including the Chair and Independent Members, come together to discuss the revised submission.
- During the meeting, there will be an opportunity for Chair and each Independent Member to share their observations, concerns, or questions, to ensure open and clear responses are received to provide the requisite assurance.
- The Director of Planning and Strategy and other Executive Directors whose areas of Corporate Responsibility have changed since the original submission of the Annual Plan (31st March 2023) should be present to address any queries or provide clarifications on the resubmitted plan.

Ratification and decision-making

- Pursuant to the steps above; the Chair and Independent Members should collectively evaluate the resubmitted annual plan, taking into account the feedback received and the discussions held.
- The decision/ratification will have 3 potential outcomes, namely; approving the resubmitted plan as is, requesting further revisions or information, or rejecting the plan outright. The decision will then be shared and ratified at the Public Board meeting on the 27th July 2023.