



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Annual Plan 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development and Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Deputy Director of Strategic Planning and Commissioning Daniel Warm, Head of Planning Andrew Spratt, Deputy Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board (HDdUHB) setting out the milestones and actions we are taking in the next one to three years. It is based on the health needs of our population, responds to the Welsh Government’s Planning Framework and Ministerial priorities, and sets out the steps we will take to deliver our clinical strategy, “A Healthier Mid and West Wales”.

The development of the Plan for the period 2023/24 – 2025/26 has begun and this paper provides the Board with an update on our approach.

Cefndir / Background

The submission of a three-year IMTP to Welsh Government (WG) is a statutory obligation. For an IMTP to be approvable, it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not had an approvable Plan to date.

Given the current financial position of HDdUHB, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current IMTP cycle and, as such, an annual plan within a three-year context will be submitted instead. The inability to submit an IMTP will require the organisation to submit an accountable officer letter to WG to confirm this (by 28th February 2023).

Asesiad / Assessment

In developing our Plan for 2023/24 – 2025/26, there are a number of important factors to take into consideration:

Targeted Intervention

As has previously been noted to Board, as an organisation we are in 'targeted intervention' for planning and finance and, as such, this must be taken as a starting point for the building of our Plan.

Finance

HDdUHB was provided with its allocation letter for the year 2023/24 on 22nd December 2022.

The key headline implications from the allocation letter are summarised below:

- It is expected that HDdUHB should, as a minimum, deliver a financial outturn no worse than that of 2021/22, which was £25.0m.
- Allocation uplift in line with that set out in the 2022/23 allocation letter related to year 2, c.1.5% uplift, £12.8m, but no further additionality.
- All Agenda for Change and Medical & Dental pay awards assumed to be fully funded by WG.
- Exceptional Real Living Wage (impact on continuing care packages) assumed to be funded by WG.
- Exceptional Utilities and Inflationary increases are to be built into the Health Board's Core Plan; therefore, no further funding will be made available.
- £7.2m has been provided to support the Health Board's sustainable vaccination service and testing and tracing, with 2023/24 being a transition year and it being likely to be the last year of a separate COVID Response Budget.
- There will be no COVID-19 Transitional or other funding made available in 2023/24, with all remaining COVID-19 responses to be consumed into Core Plans, if appropriate for continuation.
- The HDdUHB's Recovery funding has been reduced from £21.7m (current) to £15.4m (2023/24), with the difference being held by WG to fund national and regional approaches.
- It is expected that all Health Boards will deliver a minimum savings plan of 2.5% of their allocated budget, c.£24m for HDdUHB.

An indicative draft financial plan, building in the above assumptions, the current run rates and the macro-economic inflationary cost modelling, would leave the Health Board with a significant deficit of c.£118.0m, before delivering savings plans. The Health Board's Opportunities Framework and Drivers of Waste have been shared with budget holders throughout 2022/23 and articulates c.£77m of opportunities. However, the current assurance over transformation and efficiency plans is low. At this stage, there are several modelling assumptions within the indicative outlook, and these are subject to further validation.

During Quarter 4, all directorates are expected, through their Executive Leads, to develop improvement programmes for their services with trajectories for performance indicators, milestones, and financial impacts, to enhance efficiency for staff and patients, and therefore deliver financial savings. The Planning function will be clearly setting out the process, principles and deadlines for the organisation to respond to, and from this, financial plans can then be finalised in harmony with Workforce requirements.

With the significant draft deficit, it is expected that large scale change will be required, and this will need to be clearly set out within the principles and clear direction given to service leads from their Executive Team leads. The Executive Team has agreed that, given the scale of the challenge, it will not be possible to submit a financially balanced IMTP, and that we will be submitting an Annual Plan to WG.

In summary, the financial plan will be indicative of the current run rate, less the anticipated impact of the Programmes of Work and wider Transformation schemes. Therefore, it is envisaged that as each programme delivers the identified benefits realisation, this will support the financial reduction within the run rate.

Strategic and Planning Objectives

As Board noted in November 2022, we are continuing to undertake an exercise to consider how groups of Planning Objectives may be brought together in order to describe their combined impact. This would not move away from the Planning Objectives being described under their respective Strategic Objectives, rather it would provide an opportunity for us to describe more clearly what the impact/outcome is expected to be as a result of that set of Planning Objectives.

WG expectations and timelines

Each year WG issues guidance through the NHS Wales Planning Framework which aims to provide NHS Wales organisations with the scope of what needs to be included in our plan. This was released on 28th November 2022, and is included as an appendix to this paper.

All final, Board approved plans must be submitted to Welsh Government by 31st March 2023. If an organisation is unable to submit a balanced IMTP to Welsh Government, then an Accountable Officer Letter must be submitted by 28th February 2023 and a detailed annual plan set in a three-year context must be submitted by 31st March 2023.

Templates

WG has noted that there is often a lack of consistency between the plans produced and submitted by Health Boards. To help address this, WG is requesting that a series of standardised templates be completed as part of the plans, the areas of consideration and the template are included as Annex 1.

Process for the development of the Plan

- Use Wednesday Executive Team sessions through January and February 2023 to agree plans for 2023/24 key deliverables:
 - Senior Responsible Officers and Executive leads to present plans, trajectories, risks etc
 - Planning team to support
- Set out timeline and process for savings plans
- Develop outline roadmap - services, finance, workforce
- Use this information to populate the Ministerial priorities template
- Use this information to also populate the Minimum Dataset - yet to be released but likely to be similar to versions required for previous plans

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the ongoing process in the development of a Plan for 2023/26.
- **APPROVE** the submission of an accountability letter to Welsh Government to confirm that a financially balanced plan will not be submitted to Welsh Government.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Discussions with Independent Members Operational Planning and Delivery Programme meetings

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated three year plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated three year plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated three year plan for the period 2022/25
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above

Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Annex 1: Ministerial priorities templates

• **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

• **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

• **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
- Is accessible at key times evidenced by the emergency care demand profile in of each hospital site
- Is direct access and bypasses Emergency depts
- Delivers a service for at least medical and surgical same day care
- Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Health boards must honour commitments that have been made to reduce handover waits

• **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary

• **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

• **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE BLANK

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation’s plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)
Key focus should be on delivering	<i>Replicate each specific priority area featured above.</i>
Baseline	<i>Describe the baseline as of April 2023 from which you will be working</i>
Quarter 1:	
- Milestones	
- Actions	
Quarter 2:	
- Milestones	
- Actions	
Quarter 3:	
- Milestones	
- Actions	
Quarter4:	
- Milestones	
- Actions	
Risks	
Outcomes	
Alignment with workforce plans	
Alignment with Financial plans	
OPTIONAL	
Digital / Technology Opportunities	



Eich cyf/Your ref
Ein cyf/Our ref MA/EM/2888/22

All NHS Chairs

28 November 2022

Dear Colleagues

NHS Planning Framework 2023-2026

I am writing to set out the NHS Planning Framework requirements. Organisations should read this letter as my formal statutory Directions, as part of my duties under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. Powers arising from the 2006 Act ensure Local Health Boards and Trusts must prepare a plan which sets out its strategy for securing that it complies with its 'break even' duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people. Plans are also developed by the SHAs and national hosted bodies. The plans you develop are central to your organisations, your patients, your workforce and your communities.

We have all been through difficult times in recent years, through our work, with our families and friends or individually. The ongoing impact of the pandemic is not to be underestimated and I am grateful to everyone, across health and social care, who have often gone above and beyond to care for our loved ones.

The challenges we face this year with relentless pressure of demand has been compounded by a number of external factors, including the consequences of Brexit, the cost-of-living crisis and the war in Ukraine, that are all impacting our health and social care system. The prospects of an extremely volatile planning environment over the coming period means that planning arrangements need to be more targeted to the challenges we face.

I appreciate that means difficult decisions for NHS organisations and I have agreed with the Chief Executive of NHS Wales, Judith Paget, that a template of priority areas should form the basis of service plans. This streamlined approach to the NHS Planning Framework will set out the broad requirements that will underpin your plans and that includes the importance of quality, safety, prevention and good health outcomes at the heart of NHS services.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

It is crucial that, alongside the usual core health services, it is understood that the NHS will need to focus on a smaller number of priorities over the coming year so that resources and capacity can be used to make a difference to patients. We must continue to focus on population health and prevention as the route to better health and wellbeing and to sustainability in the longer term, but as the outcomes for these areas are less immediate, they are not in my template but will remain in view as we seek to rebalance the system. Reducing inequity and improving the quality, safety and experience of those in need of health services must always be a driving force in service planning, including ensuring that areas such as maternity services remain embedded within the quality and safety ethos.

As we know Covid-19 remains a threat to our communities across Wales, and protecting the most vulnerable people from further waves, through vaccination, is an important prevention that must continue to be implemented. We need to view this through a transformation lens, with the sustainability of services in mind, and that's why implementation of the National Immunisation Framework, which sets our strategy for the future of vaccination services, is so important.

Delivering efficiently, effectively, and optimising service delivery is how the improvements must be embedded in the DNA of NHS in Wales. The National Clinical Framework, supported by the principles of value-based healthcare, sets the vision for strategic and local development of NHS clinical services and is supported by the emerging Quality Statements, including cross cutting areas such as for women's health. It is important that NHS bodies can demonstrate where the six domains of quality and specific attributes are applied for specific clinical services and throughout their wider planning. Organisations will be aware that the Duty of Quality and Duty of Candour come into effect in April 2023 and will be preparing for this.

My discussions with you as Chairs will echo these expectations and I know that Judith will want to have similar conversations with Chief Executives, and I look forward to hearing about the progress that is being made.

Priorities

The priorities are summarised below and more detail has already been set out in the various programme and policy expectations, and the attached template sets out the areas of focus and detail needed in plans. The priority areas are primarily directed at local health boards and wider NHS bodies should consider how their plans contribute and support their delivery. I have asked the Chief Executive of NHS Wales to set out separately the operational and governance requirements. The template sets out the areas that I want NHS plans to focus on for year one, this should cut down significantly on the work that you usually put into your IMTPs but I recognise there are a range of universal care and services that will also be delivered as part of your broader three-year plans, and while they are not specifically mentioned I know these are part of core service delivery. **In all priorities quality, safety and good clinical outcomes will also need to be captured when assessing delivery and performance.**

- **Developing a closer relationship with local government in order to tackle the issue of delayed transfer of care**, is important to work towards delivering the objectives set out in A Healthier Wales. Organisations will be aware that work is ongoing jointly across health and social care to introduce our **Pathways of Care Reporting** framework for delayed transfers of care (DTOCs) in 2023. Health boards will be expected to utilise this to monitor the progress of safe and timely discharges of patients in their areas. All organisations must deliver of care closer to home and in our communities. The focus should be on doing the right things to support the ageing population, to ensure they receive the care they need at home.

- **Primary and Community Care** must focus on improved access across general practice, dentistry, optometry and pharmacy. This will include independent prescribing and more self-referral to a wider range of community based allied health professionals, including rehabilitation, mental health and audiology will provide more options for patients. There must be alignment between IMTPs, Pan Cluster planning and RPB Area Plans.
- **Urgent and Emergency Care** must focus on implementing a 7-day service for Same Day Emergency Care and implement 111 'press 2' for mental health by January 2023. These will sit alongside the delivery of all six goals as set out in the handbook including improving ambulance patient handover. This will ensure no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician. Health boards must honour commitments that have been made to reduce patient handover waits.
- **Planned Care and Recovery** is being led by the National Recovery Programme which will set specific requirements for local health boards and must be included in the submitted template. Meeting these requirements must be a priority for health boards. Regional diagnostic centres and treatment centres should be at the forefront of organisations' plans as their vision for future delivery. Plans must include actions to move services, workforce and funding from hospitals into the community so increasingly people only access services from a hospital when this is the right thing for them. Plans must demonstrate how organisations will deliver a significant increase in the numbers of patients who undertake pre-habilitation. **Diagnostics** services improvements must result in a reduction in numbers of people waiting for diagnostic tests to pre-pandemic levels as a minimum, including for mental health diagnosis.
- **Cancer** services must work to enact the quality statement on cancer and ensure there is a reduction in the backlog of patients waiting too long on their cancer pathway. Hitting the required targets must be a priority for health boards.
- **Mental Health and CAMH Services** must integrate improvements across all age services and provide equity and parity between physical and mental health services. Local Health boards must plan to expand tier 0/1 support to provide easy access to population level support for lower-level mental health issues, improve services across Children and Adolescent Mental Health Services (CAMHS), Adults and Older Adult Services and implement 111 press 2 for urgent mental health support. Reconfiguring eating disorder services to target earlier intervention and ensure a maximum of a four week wait for routine access to eating disorder services is required. Improving memory assessment services to obtain a timely diagnosis and treatment should be included in the template. Improved access to full range of all age mental health and wellbeing services, particularly for children and young people, boosting prevention support for adults and children and de-medicalise the approach to mental health services where appropriate.

Core Supporting Functions

Digital, innovation, technology and transformation must underpin your plans to deliver optimum care and services for patients. Innovation infrastructure and activity should be aligned to research and education, as distinguishing characters of University Health Boards. Working with others, particularly universities and industry partners, must be a key part of NHS Wales' approach to innovation.

Workforce and wellbeing and the development of core workforce planning is crucial to have deliverable plans. It is important that plans focus on ways to deploy the existing and future workforce to best effect, including enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and advanced practice models, enabling people to develop their careers and work at the top of their license. Plans should be clear about the impact of workforce constraints on delivery and ensure that they capture and understand what mitigating actions will be taken.

Financial sustainability - The economic and financial outlook is extremely challenging. The value of the overall Welsh Government budget has fallen in real terms by £4bn over the current planning cycle. A significant proportion of this impact will be felt within the NHS. A renewed focus on cost reduction and value improvement is therefore critical to ensure the ongoing sustainability of services. Robust financial planning, fully integrated with service and workforce planning, is essential, as is tight financial governance and financial management. Capital plans must be prioritised and aligned to decarbonisation targets.

Finally, the role of NHS organisations as anchor institutions provides a driver to implement care and services in a way that supports individuals and communities as part of normal business. This will include the approach to the foundational economy and how the NHS can respond to the cost of living crisis for both patients and staff. The net zero target for the public sector in 2030, decarbonisation action plans and social value, as part of contributing to achieving the aims of the Well-being of Future Generations (Wales) Act 2015, remain as commitments and opportunities to build in actions and benefits as part of service planning and should be taken. The **Strategic Equality Plan 2020-2024** and the **Anti Racist Wales Action Plan** are there to embed meaningful changes and values as part of Welsh life, they must continue to shape and provide assurance that plans reflect their requirements. **More than just words 2022-27** is the Welsh Government's strategic framework to strengthen Welsh language provision in health and social care and aims to support Welsh speakers to receive care in their first language.

I know this is a daunting period in which to plan but I am confident that you will build on the progress and learning from the pandemic to deliver the sustainable services we all want.

Thank you for your ongoing commitment and hard work. Diolch yn fawr iawn.

Yours sincerely



Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

cc. Chief Executives for NHS Wales
Directors of Planning NHS Wales