

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Annual Plan 2023/24 – Planning Objectives and Recovery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In light of escalating operational pressures, the Health Board's financial forecast has notably deteriorated. The revised Annual Plan, last amended on 31 May 2023, initially projected a planned deficit of £112.9 million. Subsequent to this submission, there has been a discernible escalation within the in-year expenditure, necessitating immediate and robust managerial and clinical intervention.

Given the gravity of this financial forecast, an exhaustive review has been initiated to scrutinise the feasibility of meeting our Planning Objectives. Concurrently, the Core Delivery Group (CDG) has been mandated to implement substantial management actions aimed at financial rectification. To facilitate this, a dedicated Recovery Team has been constituted. This team assembles a diverse array of expertise, drawing from multiple directorates across the Health Board, to provide a multidisciplinary approach to the challenges at hand.

Furthermore, the Welsh Government has augmented the financial rectification criteria since the Recovery Team's inception. Specifically, an additional 10% reduction, equivalent to £11.3 million, has been imposed on the initially planned deficit of £112.9 million. This amplifies the financial objectives for the Health Board, thereby accentuating the urgency for efficacious corrective measures.

In response to deteriorating financial conditions and mounting operational strains, the Executive team has undertaken a meticulous evaluation of the 23 Planning Objectives for 2023/24 set forth by Hywel Dda University Health Board (HDdUHB). These objectives, integral to our Annual Plan, elucidate both our long-term aspirations and specific, quantifiable targets for the ensuing three-year period.

This document offers the Board an updated perspective, subsequent to this financial assessment. Certain Planning Objectives have been identified for continuation, amendment, or deferral in the 2023/24 timeframe, as dictated by the exigencies of our financial standing.

Similar to the approach adopted by the Core Delivery Group (CDG) and the dedicated Recovery Team, the Executive's review is aimed at reconciling our Planning Objectives with the imperative for immediate and rigorous financial corrective action. This aligns with the Welsh Government's revised financial rectification criteria, which have further intensified the need for swift and effective remedial steps.

Cefndir / Background

The Planning Objectives (POs) articulated in the Health Board's Annual Plan for 2023/24 are intrinsically linked to the recovery work necessitated by financial constraints, as they both strive to operationalise recovery and support the Health Board's long-term strategy, "A Healthier Mid and West Wales." For instance, POs focused on recruitment and career progression directly interface with fiscal challenges tied to variable pay. Scenario analyses further contribute to this interconnection, as they offer quantitative frameworks for understanding the resourcing implications of strategic decisions, such as maintaining staff quality whilst being financially sustainable.

The triage of financial constraints, workforce availability, and Planning Objectives coalesces around overarching Strategic Objectives, substantiating them into actionable pathways. POs related to healthcare service delivery, such as "Transforming Urgent and Emergency Care" and "Mental Health Recovery Plan," are substantively contextualised by the rigorous workforce availability scenarios. These scenarios allow for a nuanced understanding of how staffing configurations can either bolster or undermine service quality and operational efficacy, thereby ensuring alignment with Strategic Objectives like "Safe, sustainable, accessible, and kind care."

A substantial portion of the financial run rate is attributable to fluctuating remuneration structures namely variable pay. To address the prevailing fiscal constraints, a dedicated team has been convened to support the Health Board in formulating various models (scenarios) to assess the repercussions on operational efficacy and service quality, should there be a reduction in variable pay.

For the initial phase, the undertaking necessitated a rigorous evaluation of the implications and risks associated with three distinct workforce availability projections, spanning from 1 September 2023 through to the conclusion of March 2024. This assessment was conducted in accordance with the Essential Services Framework (ESF), which delineates services of vital importance, such as emergency medical care and mental health interventions.

Scenario 1

- Review what level of service can be offered with the current staff numbers, with no further recruitment
- Compare this level to the ESF to spot any gaps or areas where service exceeds the requirements
- Propose potential measures to minimise any gaps in service
- Outline the main risks and issues considering the proposed measures
- Use the WG Quality Driven tool for risk assessment.

Scenario 2

- Follow the same steps as in Scenario 1, but assume that current vacancies can be filled and new registrants will be joining, excluding any further overseas nurses after August 2023. (This was later expanded to September and to include any IENs who had already received their Visas)

Scenario 3

- Repeat the steps but include all additional workforce options like bank staff and overtime, except for agency and locum staff that are paid above NHS rates.

The objective of the aforementioned analysis was to ascertain potential risks and devise strategies for the preservation of essential services amidst diverse staffing configurations. While the scope of Phase 1 did not extend to the formulation of explicit service plans or execution strategies, it does serve as a foundational element for subsequent implementation planning.

Upon reviewing the submitted data, the executive team convened a session to evaluate the findings and determine actionable insights, along with necessary exceptions to consider. During these executive discussions, it became evident that the discontinuation of locum staff at GGH would jeopardise the stability of staffing rotas, consequently rendering the Accident & Emergency department unsustainable.

Additionally, the material prepared for the executive deliberations included a request from the Welsh Government to investigate further measures aimed at mitigating the annual financial deficit of £112.9 million. These additional measures were divided into increments of 10/20/30%, with each successive increase necessitating a greater level of difficult decisions, including the possibility of requiring changes to national policy and legislation.

Annual Plan Recovery - Phase 2

In line with the Board's directive, Phase 2 of our workforce availability planning has been a comprehensive exercise in meticulous analysis and strategic development. Teams were assigned to validate the management actions and assess their impact across the system, with an explicit focus on patient services. Through collaborations with service leads, realistic implementation plans were devised, pinpointing key service areas including Therapies, Radiology, and Mental Health, among others. These plans consider both immediate and long-term impacts, incorporating financial efficiency metrics and workforce well-being into their scope.

To ensure the highest standards of accuracy and validation, teams were required to provide exhaustive data by 18 August 2023, which would be scrutinised for consistency and clarity. A cross-disciplinary review session was held on 22 August 2023 to ensure the quality and viability of all proposed plans. A series of principles guided this phase, including financial sustainability, commitment to patient care, and transparent communication. All of this was underscored by a continual process of performance and impact monitoring to ensure alignment with Board objectives.

To support the development and implementation of these plans, there is a need for refreshed workforce information, updated templates for impact assessments, and mechanisms for performance monitoring. We are also committed to upholding the confidentiality of sensitive documents while fostering transparency through clear communication channels. These are prerequisites for the effective execution of the strategies identified, thereby securing our triple aim of excellent patient care, workforce well-being, and financial stability.

Asesiad / Assessment

Phase 2 was broken down into 2 distinct parts. Part A consisted of the following areas:

Directorate / Service	Management Action	Est. Financial Impact £'m
Therapies	S3 - Cease agency staff above NHS rates	0.2
Radiology	S3 - Cease agency staff above NHS rates. Work required to scope impact of curtailing Everlight usage	0.6
Neonatal	S3 - Cease agency nursing and high cost medical locums	0.7
Maternity and Obs & Gynae	S2 - Cease agency, bank, overtime, locums and additional hours	1.0
Health visiting and school nursing	S2 - Cease agency, bank, overtime, locums and additional hours and pause recruitment in school visiting (S1)	0.1
Learning Disabilities	S2 - Cease agency, bank, overtime, locums and additional hours	0.1
Mental Health - Inpatient Services	S1 - Cease agency, bank, overtime, locums, additional hours and recruitment (with the exception of S136 place of safety). Further work to look at alternative options for S136	0.7
Mental Health - Crisis care	No change - Skills mix review required given period of time vacancies have existed	0.0
Pharmacy and Medicines Management	S2 - Cease agency, bank, overtime, locums and additional hours (except where this would necessitate outsourcing)	0.0

Executive Summary for Phase 2 Part A: Strategic Financial and Operational Revisions

Pursuant to the In-Committee Board consultation convened on 10 August 2023, Phase 2 Part A furnishes a recalibrated fiscal outlook, with a concomitant diminution in projected financial run rate reductions from £3.4 million to £1.5 million. This revision emanates primarily from enhanced due diligence and rigorous risk-benefit analyses, focusing meticulously on qualitative aspects such as patient safety, service quality, and operational performance. Moreover, a detailed scrutiny of the financial Part Year Effect (PYE) until 31 March 2024 has been undertaken, thereby intimating an extension of these fiscal measures when considered on an anticipated 18-month duration, given extant systemic pressures until March 2025.

Sustainable Trajectories

Emphasis has been allocated to scrutinising the repercussions of the proposed fiscal changes on our workforce infrastructure. The meticulous evaluation elucidates the precarious balance between financial prudence and staff well-being, including safeguards against occupational burnout. In particular, the radiology submission exemplifies the interplay of financial efficiency and workforce well-being, as cessation of agency staff above NHS rates could lead to detrimental effects on services, including General X-ray and MRI.

The analysis delineates several salient sectors vulnerable to elevated risk vectors. For instance, the Mental Health sector manifests concerns related to statutory compliance, specifically with the Mental Health Measure and the Mental Health Act. Paediatric services, constrained by staffing inadequacies and dependency on high-cost NHS locums, indicate the level of fragility that manifests in variable pay. These vulnerabilities have engendered a suite of options, each inculcating a balance between financial stringency and unmitigated service delivery.

An imperative facet of this phase has been the comprehensive Equality Impact Assessments (EqIA) to preclude inadvertent demographic disparities. Facilitative drop-in sessions have been strategically orchestrated for each directorate to ensure full compliance and consideration. This is particularly pertinent in the context of Obstetric & Gynaecology

services, where a cessation of overtime could jeopardise out-of-hours emergency services, thus having a cascading effect on diverse patient groups.

In summation, the transition from Phase 1 to Phase 2 Part A represents an exercise in cautious fiscal prudence, underpinned by a meticulous analytical approach. The recalibrated management actions (from Phase 1) and multi-faceted operational strategies invite rigorous monitoring and agile contingency planning. Given the spectrum of inherent risks and complexities, the imperative for a dynamic, realistic, and adaptable implementation roadmap is self-evident. Further investigatory work is paramount for distilling these complexities into an actionable, executable plan of record.

The re-evaluation of our Planning Objectives (POs) is not only a financial imperative but also crucial for fulfilling the annual plan that the Board has approved. By shifting focus and resources towards POs that are directly aligned with our immediate recovery actions and annual goals, we ensure that we remain on course to meet the benchmarks set by the Board. This strategic reallocation of resources, particularly whole-time equivalents (WTEs), is essential for driving and accelerating these critical changes. Moreover, this realignment allows us the capacity to conduct thorough Quality and Equality Impact Assessments (QEIAs) on all affected sectors, ensuring that our decisions are both equitable and uphold the quality of service. By doing so, we achieve a balance between immediate needs and long-term sustainability, all while staying true to the Annual Plan and Board directives. The subsequent PO table will provide further detail on which objectives have been prioritised, slowed, or paused to realise the needed resources for our most pressing priorities.

Our 2023/24 planning objectives		How does this PO support the Recovery of the Annual Plan
1a	Develop an attraction & Recruitment plan	Prioritise
1b	Develop career progression opportunities	Slow
2a	Engage with and listen to our people	slow
2b	Continue to strive to be an employer of choice	Slow
2c	Develop and maintain an overarching workforce, OD and partnerships plan	Slow
3a	Transforming Urgent and Emergency Care programme	Prioritise
3b	Healthcare Acquired Infection Delivery Plan	Prioritise
4a	Planned Care and Cancer Recovery	Planned Care (slow) Cancer (Prioritise)
4b	Regional Diagnostics Plan	slow
4c	Mental Health Recovery Plan	Slow
5a	Estates Strategies	Prioritise
5b	Research and innovation	Business as Usual
5c	Digital Strategy	Slow
6a	Clinical services plan	Slow
6b	Pathways and Value Based Healthcare	Reduced and re-prioritised
6c	Continuous engagement	Paused
7a	Population Health	Prioritise
7b	Integrated Localities	Pause
7c	Social model for Health and Wellbeing	Slow
8a	Decarbonisation & Sustainability	Slow
8b	Local Economic and Social Impact	Pause
8c	Financial Roadmap	Prioritise
8d	Welsh Language and Culture	TBC

Annual Plan Trajectories

This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included additional measures for delayed pathways of care and nurses in post as both measures have a significant impact on our performance in other areas.

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 July 2023.](#)

Click on a measure of interest below to access further details within this overview report.

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
	Return activity back to 2019/20 levels	12 month change: OP +9%, IP +8%, DC +23% *			
Planned care recovery	Waits over 52 weeks from referral to treatment	14,108	●	⊙	□
	Waits over 104 weeks from referral to treatment	2,901	●	⊙	□
	Waits over 36 weeks for a first outpatient	11,752	●	⊙	□
	Waits over 52 weeks for first outpatient	3,367	●	⊙	□
	Delayed follow-up outpatient appointments	15,400	●	⊙	□
Urgent and emergency care	Ambulance handovers over 1 hour	980	●	⊙	□
	Ambulance handovers over 4 hours	270	●	⊙	n/a
	Patients waiting over 12 hours in A&E/MIU	1,680	●	⊙	□
	Delayed pathways of care	238	n/a	n/a	n/a
Cancer	Single cancer pathway	49%	●	⊙	□
	Patients waiting over 62 days for cancer treatment	426	n/a	n/a	□
Mental Health	Primary and secondary care CAMHS	92%	●	⊙	□
	Waits under 26 weeks for psychological therapies	46%	●	⊙	□
	Waits under 26 weeks for neurodevelopmental assess	20%	●	⊙	□
Diagnostics	Diagnostic waits over 8 weeks	6,867	●	⊙	□
Therapies	Therapy waits over 14 weeks	2,896	●	⊙	□
Primary Care	Primary care referrals into ophthalmology	1,043	●	n/a	□
Infections	Reduce the number of C.Difficile cases	16	●	⊙	n/a
	Reduce the number of E.Coli cases	33	●	⊙	n/a
Workforce	Increase number of nurses and midwives in post	2,977	●	n/a	□

* OP = new outpatient IP = inpatient treatment DC = day case treatment

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

- ⊙ Always hitting target
- ⊙ Hit and miss target
- ⊙ Always missing target

Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Statistical process control (SPC) charts

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

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The trajectories delineated in our Annual Plan show a degree of fluctuation, as revealed in the Integrated Performance Assurance Report. Encouragingly, Planned Care is showing signs of positive progression, either meeting or coming within 5% of the anticipated trajectory. It is important to consider the unparalleled challenges faced by the Unscheduled Care system when interpreting these trends. Additionally, recent figures indicate that 49% of cases were processed within the single cancer pathway. This resulted in 426 patients commencing their initial definitive treatment after a 62-day period, compared to a projected figure of 311.

Mental Health Trajectories show a mix of results. Primary and secondary CAMHS are notably encouraging: in July 2023, 92% of children and young people were seen within 28 days of referral, and 89% of mental health assessments for ages 0-17 met the same timeframe. Performance is improving and exceeded targets this month. In adults, 45.7% started psychological therapy within 26 weeks. Key drivers include Integrated Psychological Therapy (47.7%), showing positive trends, and Adult Psychology (36.4%) and Learning Disabilities Psychology (34.4%), which require attention. Lastly, in July 2023, 17.5% of children and young people waited under 26 weeks for an Autism Spectrum Disorder assessment, and 33.7% for an Attention Deficit Hyperactivity Disorder assessment.

While there are hurdles to overcome in meeting our therapy trajectories, it is worth noting that Physiotherapy nearly met its target, with 1,011 actual cases against a projected 1,005. Audiology and Dietetics, however, face significant challenges.

In Diagnostics, we have seen varying degrees of improvements. Neurophysiology and Radiology show promising trends, though other areas like Cardiology and Endoscopy are off target. Regarding C. Diff rates, we have observed a steady improvement since January 2023. As of August 2023, the Health Board ranked fourth in Wales, showing progress since the previous year.

Primary Care exceeded its August 2023 trajectory and is on a favourable upward trend from its May 2023 peak.

E. Coli cases have decreased in August 2023, although the community onset of cases remains high at over 90% of cases.

Finally, nursing and midwifery staff numbers for August 2023 have already surpassed the target set for March 2024, in line with our 5-year Nursing Workforce Plan.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE** the actions to deliver the £1.5m run rate reductions
- **APPROVE** the changes to the Planning Objectives for 2023/24

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All 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 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Team

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2023/24
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.

