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| **Meeting Date** | **30 May 2019** | | **Agenda Item** | | | **2.1** |
| **Report Title** | Delivering our Clinical Services Plan and developing an approvable Integrated Medium Term Plan (IMTP) 2020/21-22/23 | | | | | |
| **Report Author(s)** | Kerry Broadhead, Head of Strategy & Value  Ffion Ansari, Head of IMTP Development and Implementation  Nicola Johnson, Interim Assistant Director of Strategy | | | | | |
| **Report Sponsor** | Siân Harrop-Griffiths, Executive Director of Strategy | | | | | |
| **Presented by** | Siân Harrop-Griffiths, Director of Strategy | | | | | |
| **Freedom of Information** | Open | | | | | |
| **Purpose of the Report** | This paper and accompanying appendices sets out the progress with delivering our Clinical Services Plan 2019/24 (CSP) and our aligned progress with the development of the IMTP 2020/21-22/23. | | | | | |
| **Key Issues** | The key issues addressed in this paper include:   * Alignment of processes and architecture between Transformation Portfolio, CSP and IMTP development * Capacity and capability to deliver the CSP and IMTP * Clinical engagement and leadership * Progress, timeline and conditions for an approvable IMTP * Management of complexities and interdependencies * The challenges and risks and mitigating actions to deliver a final draft IMTP by September 2019 and to delivering the CSP. | | | | | |
| **Specific Action Required**  ***(please choose one only)*** | **Information** | **Discussion** | | **Assurance** | **Approval** | |
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| **Recommendations** | Members are asked to:   * **Note** the progress made on delivering the CSP and the IMTP process * **Note** the Enabling Objectives 3,5, and 10 year Outcome Statements to support implementation of the Organisational Strategy for the IMTP at Appendix 1 * **Endorse** the proposed approach; and, * **Consider** the key risks, challenges and mitigating actions | | | | | |

**DELIVERING OUR CLINICAL SERVICES PLAN AND DEVELOPING AN APPROVABLE INTEGRATED MEDIUM TERM PLAN (IMTP) 2020/21-23**

1. **INTRODUCTION**

The Health Board approved the Organisational Strategy in November 2018 and the Clinical Services Plan 2019-24 (CSP) at the end of January 2019. The Health Board has also committed to developing an approvable Integrated Medium Term Plan (IMTP) during 2019. This paper outlines the approach to be taken.

The IMTP will include the delivery of the first three years of the CSP. Transition from developing to delivering the CSP took place in February 2019, since when there has been a focus on clinical engagement and supporting clinical delivery. Project support, architecture and governance arrangements for the CSP are being developed as part of the Health Board’s Transformation Portfolio.

1. **BACKGROUND**

**2.1 Clinical Services Plan 2019-24**

Working with clinicians to build on ‘Changing for the Better’ our refreshed CSP prioritises seven areas of ambition each covering a number of system/pathway improvements:

* Population Health
* Planned Care
* Older People
* Unscheduled Care
* Children and Young People
* Mental Health and Learning Disabilities
* Cancer.

A high level critical path and suite of success measures along with our principles for delivery were set out in the CSP document. A range of Health Board and partnership/regional groups are already working on a number of the CSP ambition areas, although with differing degrees of formality and clarity of scope, capacity and reporting arrangements. These will be drawn together into a formal programme, as described in section 2.2 in alignment with the Transformation Programme, by the end of June 2019.

In January 2019 the Health Board identified a number of key factors to be taken account of in setting up the delivery arrangements for the CSP:

* Critical Path refinement and alignment with future IMTP planning
* Clinical engagement and leadership
* Detailed project delivery plans and robust governance
* Appropriate support to enable clinical teams to deliver change
* A Communications and Engagement Plan
* Delivery of the ‘Scenario ‘C’’ efficiencies set out in the Annual Financial Plan which underpinned the CSP ambitions.

**2.2 Progress on Delivery of the CSP**

The above remain the critical principles for delivering the CSP, and progress on each is shown below:

**2.2.1 Alignment with the IMTP 2020/21-22/23**

During 2018/19 an integrated planning approach was used to develop the Organisational Strategy, CSP and Annual Plan concurrently, providing a clear strategic direction and aligning delivery. This arrangement (via the Integrated Planning Group) will continue into 2019/20 and also include the alignment of the Transformation Portfolio development to support CSP and IMTP delivery.

**2.2.2 CSP delivery arrangements**

The clinical and managerial leads for the CSP (CSP Leads) have made good progress in understanding and addressing issues and putting together plans to support delivery of the CSP. The CSP is the largest programme within the new Health Board Transformation Portfolio which is currently in development. Whilst arrangements continue to be put in place for Transformation, immediate actions to deliver the CSP are being taken forward in the following ways;

* ***Clinical Leadership & Engagement;*** *critical path, clinical ownership, clinical models of care and IMTP alignment.*

To successfully deliver the CSP it is intended to refine the 5 year critical path and develop the new models of care needed through strengthening our current clinical leadership and engagement arrangements. The first three years of this will be reflected in the IMTP 2020/21-22/23.

To refine the critical path and key work streams to be reflected in the Transformation Portfolio architecture the Health Board is hosting two Clinical Delivery Group workshops. On the 6th June 2019 the Advisory Board Group (ABG) will facilitate the first of these which will:

* Refine a series of project driver diagrams to deliver the critical path
* Explore what delivery of these will mean for clinical leaders and leadership behaviours.

The Chief Executive will open the workshop and the Director of Strategy and Medical Director will also attend. The invitees are key clinical leaders including:

* Deputy Medical Directors
* Unit Medical & Nurse Directors
* Key Clinical Directors and Clinical Leads for a wide range of specialties
* Each clinical leader has also been asked to nominate a nursing or AHP lead to attend from their area.

This will be followed by a second ABG facilitated day on 25th June to fully develop the approach with the clinical community. The products of these workshops will ensure that the critical path for delivery of the CSP can be more fully described in the IMTP and will inform the IMTP whole system plans which will be presented for approval to the Executive Team and Board in July 2019.

After the 25th June the CSP Leads will continue to convene the CSP Clinical Delivery Group as a workshop every six weeks to work on the critical path, service models, engagement and leadership to deliver the CSP. An initial discussion with the Learning and Development (L&D) team has taken place to align the approach with wider L&D plans. Further discussions with L&D and Quality Improvement colleagues will take place in May to review their potential to support this approach.

* ***Governance;*** *clinical engagement, project scope, support, delivery plans, architecture*

A series of CSP support assessment sessions have been held to assess the scope, delivery arrangements and support needs for key areas of work related to the CSP. Sessions have been held for Older People, Frailty and Hospital to Home, Mental Health and Learning Disabilities, Outpatients Modernisation, Ophthalmology, MCAS, Integrated Clusters, Cancer and Theatres, Respiratory, Heart Failure, Maternity and Children will take place in May/June 2019.

This has involved assessing the availability of clinical leadership, project management, finance, information & technology, workforce, Quality Improvement and planning support gaps. Any gaps will be considered through the Transformation Programme requirements.

On 9th May 2019 representatives of the Health Board, along with key individuals from Hywel Dda Health Board, visited Taunton to review their approach to supporting clinicians to deliver pathway improvement and service change. This visit also helped to embed relationships and synergies with the Hywel Dda Clinical Services Plan, and a Regional Plan is in the process of being completed.

Where appropriate, existing Health Board groups are being re-purposed to deliver CSP priorities e.g. the Respiratory Health Improvement Group has been repurposed as the CSP Respiratory Clinical Redesign Group. A Cluster lead has joined the group to ensure alignment with the Integrated Clusters plans for out of hospital long term conditions management.

The architecture and monitoring arrangements for CSP delivery is in development as part of the Transformation Portfolio. Partnership arrangements with local government for a range of CSP projects have been agreed and documentation has been aligned with West Glamorgan Regional Partnership Board to reduce duplication of effort.

* ***CSP Communication and Engagement Plan***

The CSP Communication and Engagement Plan will be developed during May. The seven CSP areas of ambition are being refined into three major themes which will be used to refine our critical path:

* Improving Population Health with our communities
* Delivering Networked Hospital Services
* Working with partners to improve Mental Health and Learning Disabilities Care.

This will enable a simple governance structure and clear communications in relation to the CSP.

Our ‘Have Your Say’ staff engagement approach is being expanded into a wider communication and engagement approach. We will continue to post briefings on the intranet, as well as regular FAQ up-dates and deliver presentations to staff at Team Briefs within the Delivery Units.

The clinical lead for the CSP has and will continue to meet individually with clinicians working on the CSP to support them in their work. As outlined above, every six weeks a CSP Clinical Delivery workshop will be held with the clinical community, starting after the work with the ABG is complete.

CSP up-dates for stakeholders and partners will form part of the CSP Communications and Engagement Plan, as will wider engagement and consultation requirements for the CSP related to the critical path.

* ***Delivery of the efficiencies set out in the Annual Financial Plan which underpinned the CSP ambitions***

When developing the CSP we created three efficiency scenarios A) do nothing, B) deliver average benchmarked improvement and C) deliver maximum benchmarked improvement. The ‘Scenario ‘C’ efficiency assumptions are required for the Health Board to deliver transformational system change and were therefore used in the development of the Annual Plan 2019/20 and to underpin the programme of High Value Opportunities.. These efficiency assumptions will continue to be adopted for the IMTP process and form part of the 3, 5 and 10 year aims for the Enabling Objectives.

**2.3 IMTP Delivery Progress**

Our ambition is to submit an approvable IMTP for the period for 2020/21-23 to Board and subsequently to Welsh Government in 2019. The timeline for delivering this will support submission of a Plan which is approvable by allowing time for alignment with the national Planning Framework, the financial allocations and the EASC and WHSSC financial plans before submission of the final Plan.

Achieving the key conditions for developing the plan continues to be of significant importance. These conditions are:

* An approved Annual Plan
* Completion of the impact of Bridgend and revision of the financial plan for 2019/20
* Completion of the Due Diligence report which is being commissioned by Welsh Government
* Delivery of our agreed Annual Plan performance trajectories and financial delivery targets.

In addition, Welsh Government will scrutinise the plan to ensure that the service, performance, workforce and infrastructure plans are integrated with a financial plan that delivers breakeven and is affordable from within existing resources. With the intention to submit a final plan for 2019/20 it is important the IMTP describes the sustainability of the balanced position over the three years of the plan.

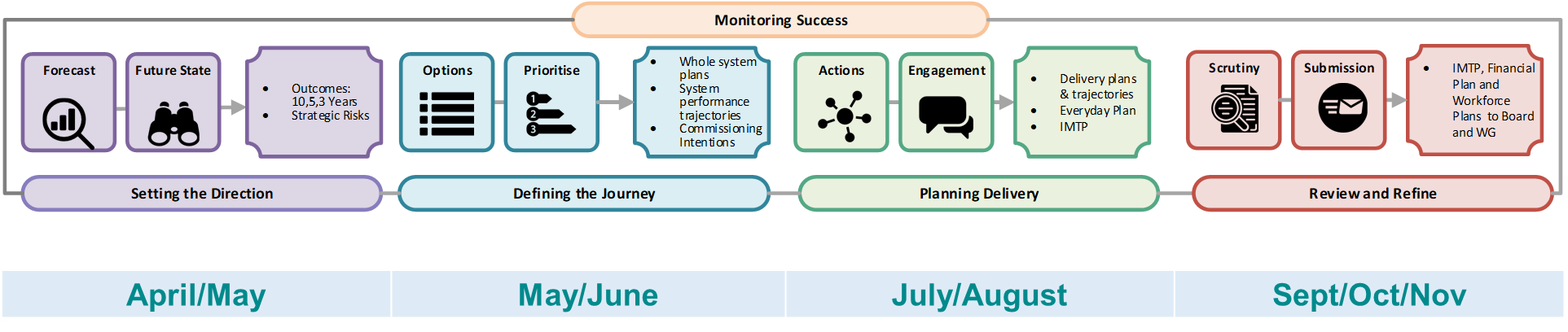
To support the development of the IMTP for 2020/21-23 an Integrated Planning Framework has been prepared and issued within the Health Board.

**2.3.1 Process Management**

The key mechanisms for managing IMTP Delivery Progress will be the Executive Steering Group and the Integrated Planning Group. Both these groups have now been set up with agree Terms of Reference and membership. The full Executive Team will be closely involved in the development of the Plan at all stages.

Continued engagement with Welsh Government during the development of the Plan will also be in place.

**2.3.3 Plan Development**

The IMTP development process is set out in the diagram below.

Work has been undertaken on the ‘Setting the Direction’ phase of the planning cycle, specifically to set out the 3, 5 and 10 year outcomes aligned to the Organisational Strategy. The outcome statements for each Enabling Objective of the Organisational Strategy are set out in Appendix 1.

The development of the whole systems plans is also in train with time set up with the existing Service Improvement Boards to discuss the process and explore challenges, priorities and risks to inform the CSP critical path development workshop in early June, which aims to create driver diagrams of projects to deliver the critical path.

Continued alignment with the CSP development and delivery is essential and will be managed through the Integrated Planning Group.

**2.3.4 Financial Framework**

Welsh Government have agreed to support the development of a 3-year Financial Framework for the Health Board, in the context of the Clinical Services Plan and Organisational Strategy Objectives. The process will align to the IMTP timescales and arrangements for early development of savings plans will be put in place.

**2.3.5 Timeline**

A detailed timeline for the development of the IMTP has been developed and agreed by the Executive Team. The detailed timeline can be made available on request.

1. **GOVERNANCE AND RISK ISSUES**

There are a number of key challenges and risks to delivering the CSP and/or IMTP these include:

* **Clinical Leadership & Engagement -** In creating the critical path and driver diagrams to deliver our whole system change *Mitigation: alignment of the two June ABG sessions to critical path and leadership role and six weekly workshops to build on the momentum.*
* **Capacity to Support Delivery at Pace** - Developing an approvable IMTP will require significant work within a timescale that is condensed – Welsh Government expects Plans to be submitted before the end of December, and possibly in early December 2019. Across Corporate Departments and Service Delivery Units. Support will be required for planning (workforce, finance and service) at each stage aligned to the whole system plans and Clinical Service Plan requirements and to support Delivery Unit planning in order to ensure plans are integrated, aligned and of appropriate quality. *Mitigation: The structures to enable planning support to units and across whole system plans will be considered including opportunities to develop Planning Business Partners.**A detailed project plan is also being developed.* **Managing the Planning Complexities and Interdependencies** – Managing interdependencies across a range of corporate functions will be vital to avoid duplication and to ensure the appropriate management of risks, and to deliver at pace. *Mitigation: manage through the Integrated Planning Group.*
* **Relevant Communication and Engagement Expertise and Capacity** – The appropriate communications and engagement skills and capacity will be vital in order to create and maintain appropriate communications which foster adoption and engagement in the on-going delivery of the CSP including consultation *Mitigation: Communications and Engagement Plan developed during May.*
* **An Approved Annual Plan 2019/20** - It is important that the Annual Plan 2019/20 is approved by Welsh Government in order to ensure a solid foundation from which to build. *Mitigation: Work continues to ensure an approvable Annual Plan is submitted to Welsh Government to enable approval by the end of Q1.*
* **Delivery in 2019/20 –** Future plans are reliant on delivery in 2019/20 in particular in relation to performance and quality targets and financial savings. *Mitigation: Work continues to strengthen the performance management arrangements for delivery of the Annual Plan in 2019/20 to include updated reporting, a revised Performance Management Framework and strengthened management processes. Delivery against Q1 performance trajectories is crucial in this regard.*
* **Developing a Financial Framework –** There is significant work to be undertaken to develop a Financial Framework for the Health Board with additional constraints on capacity related to the ongoing work needed to finalise the financial elements of the Annual Plan 2019/20. *Mitigation: Development of the Financial Framework has been supported by Welsh Government.*

1. **FINANCIAL IMPLICATIONS**

There are no direct financial implications from this paper however the proposed approach includes a fully integrated financial planning process. It is highly likely that there will be a requirement for additional capacity and resource to support implementation of the CSP. This detail is being further developed in conjunction with the Transformation Portfolio lead.

1. **RECOMMENDATION**

Members are asked to:

* **Note** the progress made on delivering the CSP and the IMTP process
* **Note** the Enabling Objectives 3,5, and 10 year Outcome Statements to support implementation of the Organisational Strategy for the IMTP at Appendix 1
* **Endorse** the proposed approach; and,
* **Consider** the key risks, challenges and mitigating actions

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| **Governance and Assurance** | | | |
| **Link to Enabling Objectives**  ***(please choose)*** | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | | |
| Partnerships for Improving Health and Wellbeing | |  |
| Co-Production and Health Literacy | |  |
| Digitally Enabled Health and Wellbeing | |  |
| **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | | |
| Best Value Outcomes and High Quality Care | |  |
| Partnerships for Care | |  |
| Excellent Staff | |  |
| Digitally Enabled Care | |  |
| Outstanding Research, Innovation, Education and Learning | |  |
| **Health and Care Standards** | | | |
| ***(please choose)*** | Staying Healthy | |  |
| Safe Care | |  |
| Effective Care | |  |
| Dignified Care | |  |
| Timely Care | |  |
| Individual Care | |  |
| Staff and Resources | |  |
| **Quality, Safety and Patient Experience** | | | |
| A Quality Impact Assessment and Equality impact Assessment process will be part of the broader planning arrangements in 2019 to ensure that the IMTP is Quality and Equality impact assessed. | | | |
| **Financial Implications** | | | |
| Financial Planning will be fully integrated into the planning process for 2019 and the paper sets out that Welsh Government has agreed to support the development of a three-year Financial Framework for the Health Board. | | | |
| **Legal Implications (including equality and diversity assessment)** | | | |
| A Quality Impact Assessment and Equality impact Assessment process will be part of the broader planning arrangements in 2019 to ensure that the IMTP is Quality and Equality impact assessed. An approved medium term three year plan is a statutory duty for the Health Board. | | | |
| **Staffing Implications** | | | |
| The planning process for 2019 will include strengthened workforce planning including the involvement of the newly established Workforce and OD Forum. | | | |
| **Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)** | | | |
| The Clinical Services Plan and Annual Plan deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.   * **Long Term** – The proposed approach to the IMTP ensures alignment with the long term vision of the Health Board as set out in the Organisational Strategy. * **Prevention** – The development of the IMTP and the Planning Framework ensure risks and challenges and health needs (current and future) are considered enabling actions and plans to be preventative wherever possible. * **Integration** – Key to integrated planning is the link and alignment of actions across wellbeing objectives. * **Collaboration –** Central to the approach to developing an IMTP is the integrated approach across services, units and partner organisations. * **Involvement –** The IMTP development approach includes active involvement of partners. | | | |
| **Report History** | | Papers follow up on presentation made to Senior Leadership Team on 20th March 2019  Paper presented to SLT 01/05/2019 | |
| **Appendices** | | **Appendices**   * Appendix 1 – Enabling Objectives 3, 5 and 10 year Outcomes. | |