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Health Board



<b>Meeting Date</b>	<b>28 November 2019</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Clinical Services Plan and IMTP 2020/21-22/23 – Progress Update</b>		
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<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy Lynne Hamilton, Director of Finance Hazel Robinson, Director of Workforce and OD		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper and accompanying Appendices provide an update of the work undertaken to date in delivering the Clinical Services Plan (CSP) Programme and the aligned process for the development of the IMTP for 2020/21-22/23.		
<b>Key Issues</b>	The key issues addressed in this paper include: <ul style="list-style-type: none"> <li>• Progress to date on the delivery of the CSP Programme</li> <li>• The development process and timescales for the IMTP</li> <li>• Engagement across the IMTP and CSP development</li> <li>• Issue, risks and next steps</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made on delivering the CSP</li> <li>• <b>NOTE</b> the progress in developing the Health Board's Three Year Plan 2020/21-22/23</li> <li>• <b>ENDORSE</b> and support the next steps</li> </ul>		

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

## **1. INTRODUCTION**

This report describes the progress made in developing our Integrated Medium Term Plan (IMTP). The Health Board has made a commitment to seek to develop an approvable Integrated Medium Term Plan (IMTP) for 2020-23 during 2019. The Executive Board, Senior Leadership Team and Board receive regular updates on progress with its development. Work has been underway to further develop the Delivery Unit Plans, IMTP document and on the development of the detailed implications and enabling plans. This paper outlines the progress to date, the areas of challenge and the next steps necessary to further develop the necessary plans to improve quality, performance and sustainability.

The report also provides an update on the development and delivery of the Clinical Services Plan (CSP). A clear and ambitious CSP year one programme of work has been agreed and is in delivery, whilst a higher level five year programme of work has been scoped. Progress has been made in aligning existing available resource/capacity to support delivery of the year one work programme, around which a significant amount of clinical engagement has and continues to take place.

## **2. BACKGROUND**

### **2.1 Timeline and Process for Submission of the IMTP**

Developing confidence in an approvable IMTP is an enabler to support the organisation out of Targeted Intervention. We are clear however that we are not working solely to develop a plan to meet the national deadline, we also wish to maintain momentum and build on the significant progress that has already been made. We are continuing to engage with Welsh Government in order that our planning and our Plan are developed and submitted through a process which supports our progress.

We have been working on the adjusted timescales for submission of IMTPs in January 2020 since the amended schedule was received from Welsh Government in August 2019 working toward the below intended submission and approval dates.

- 26<sup>th</sup> September 2019 – Board Emerging Plan - Discussion
- 28<sup>th</sup> November 2019 – Board – Draft Plan - Approval
- 30<sup>th</sup> January 2019 – Board – Final Plan - Approval
- 31<sup>st</sup> January 2019 – Welsh Government – Final Plan Submission

For a number of reasons outlined in this paper a draft IMTP is not ready for consideration at the Board on 28<sup>th</sup> November. This paper outlines the progress to date, the challenges and issues in delivering a draft plan for 28<sup>th</sup> November 2019 and the proposed next steps and timescales.

## **2.1 Whole System Plans and Delivery Unit Plan Development**

A significant amount of work has been undertaken corporately and within Delivery Units to further develop and refine the Whole System and Delivery Unit Plans. This has primarily involved the development of second draft Delivery Unit plans which took into consideration all feedback and required further detailed information on the delivery and implications of actions within plans.

A session was held with the Executive Board on 25<sup>th</sup> September 2019 to discuss an overarching review of the first draft unit plans and the proposed prioritisation approach and criteria. The discussion concluded, based on Ministerial priorities and key Health Board challenges and funding gaps, that key areas for system prioritisation would be Unscheduled Care, Planned Care, Health Care Acquired Infections and the Cancer Centre. The detailed prioritisation criteria within these categories was agreed to include the following (not ranked) elements:

1. Delivers Organisational Strategy
2. Delivers Clinical Services Plan
3. Delivers improvement in Targeted Intervention Areas
4. Delivers Quality Priorities
5. Delivers Mitigation of High Risks
6. Workforce Feasibility
7. Cost
8. Impact – NHS Outcome Framework Measures

These criteria and the delivery against them was then included into the required detail of the second Draft Unit Plans.

Feedback provided to the units for development of their second draft plans included comments from the Risk Management group on alignment to Unit and Corporate Risk Registers, feedback from the Quality and Safety Forum on the action to deliver the quality priorities and feedback from Clinical Service Plan Programme leads on expected actions to support the CSP.

With the exception of one Delivery Unit, all second draft plans have been received and are being reviewed and analysed in conjunction with the emerging workforce and financial plans to ensure triangulation and alignment to aid prioritisation. The final Unit Plan will be received in the week commencing 15<sup>th</sup> November. The plans have also been reviewed alongside the Regional Clinical Service Plan to ensure alignment and feedback on some areas to further refine the plans. The detail of the Delivery Unit plans will be considered through the prioritisation process.

## **2.2 Cluster IMTPs**

Each of the eight clusters in the Swansea Bay areas was required to share a developed Cluster IMTP with the National Primary Care Programme in September 2019. These plans were developed in conjunction with the Primary and Community Services Delivery Unit and with the involvement of the Corporate IMTP team. Feedback from the National Primary Care Programme was good reflecting the complete nature of the plans. Positively, four of the eight plans included direct reference to how the Clusters were supporting the delivery of the Health Board's

Whole System Plans. Work is now underway to refine the other Cluster Plans to also demonstrate this alignment and to more clearly demonstrate alignment to an even greater extent through clear reference from Cluster IMTP Action Plans to Whole System Plan actions. This work will enable the Health Board's IMTP document and Whole System Plans to include Cluster actions, demonstrating strong integration.

### **2.3 Workforce Planning**

Workforce templates were issued to the Delivery Units on 30<sup>th</sup> September for return on 22<sup>nd</sup> October. These templates have been received with the exception of one Delivery Unit, but are expected on the 15<sup>th</sup> November. The templates have been designed to inform the Welsh Government issued mandatory NHS Wales Planning Framework Templates and set out to clearly demonstrate the changes in workforce Whole Time Equivalents (WTEs) planned across different staff groups over the three years of the IMTP. The template also makes explicit the links between the workforce changes and specific actions within the Delivery Unit Plans enabling a stronger process of prioritisation and integration between service, workforce and financial planning. Recognising the Bridgend Boundary Change continues to have a significant impact on our corporate departments, workforce plans have also been issued to Corporate Departments and these are due for completion on 14<sup>th</sup> November 2019.

The workforce plans are currently under review and analysis and will be reviewed alongside the unit leads to ensure clarity on the workforce changes proposed.

### **2.4 Financial Planning**

Due to capacity constraints, the continued refinement and development of the Annual Plan for 2019-20 and the ongoing work of KPMG, the financial planning templates were issued to the Units on 4<sup>th</sup> November 2019. These are due to be returned by 22 November, which is in line with the overall planning timetable.

The senior finance team met with the Finance Delivery Unit (FDU) on 8<sup>th</sup> October, where the FDU set out the national financial planning timetable. We are required to submit our draft financial plan by 3 January 2020. The FDU/ Welsh Government initial review will take place in early January so that we can include our response to issues and queries in time for the IMTP final submission to the Board at the end of January.

In terms of reflections on the 2019-20 Financial Plan and IMTP expectations, the FDU provided some general comments - Health Boards need to be clear on resource allocation (how and where funding is being targeted), provide a strong narrative around prevention including where money is being spent, demonstrate the opportunities arising from the Efficiency Framework, and describe our approach to value.

With regard to Swansea Bay UHB specific comments, the FDU acknowledged that we had a clear approach and methodology to support the current year Financial Plan. However, the FDU is expecting that we will provide further clarity on the drivers of the underlying deficit and describe how financial delivery will be driven. The Health Board also needs to further reflect on the mitigation of specific cost pressures, such as CHC and the residual stranded costs relating to the Bridgend Boundary Change, and provide a more detailed account of management actions and Board choices. A key area of discussion was around the need for granular savings plans and the FDU set

out the clear expectation that these should be front ended and linked to our high value opportunities as well as the outcomes of the KPMG work.

## **2.5 Performance Trajectories**

Work has commenced to understand the impact of actions across the whole system plans to develop performance trajectories for Unscheduled Care, Planned Care, Cancer, Stroke and HCAs. Further work will be undertaken throughout November 2019 alongside the prioritisation process to develop the trajectories. A first cut of the trajectories will be presented to Performance and Finance Committee in December.

## **2.6 IMTP Document Development**

The narrative document continues to be developed with narrative for most key areas drafted. The narrative document and accompanying final Whole System Plans will be completed in line with the submission and analysis of the workforce and financial plans to enable prioritisation. The development of the detailed plan rests on an integrated approach whereby the IMTP is demonstrably informed by and refined by the workforce and financial plans. It is therefore not appropriate to submit a draft IMTP without the corresponding financial and workforce information and without considering the outcomes of the required prioritisation process.

## **2.7 Progress, Required Actions and Next Steps**

The key activities to develop the IMTP, the progress in completing these activities, the actions required to complete the plan and any off-track actions were considered at the Executive Board on 13 November 2019.

The schedule of activities has been set out to deliver a plan for submission on January 31<sup>st</sup>, the Executive Team should however note that a plan can be submitted at any time and should the Health Board decide to submit at a later date Welsh Government officials have indicated that they would be open to this approach.

## **2.8 Clinical Services Plan**

The CSP was developed through a programme of clinical engagement which identified seven areas of ambition, grouped into three strategic themes; Population Health, Mental Health and Learning Disabilities and Networked Hospitals. Each of which is led by one of the clinical Executive Directors and overseen by the CSP Programme Board chaired by the Executive Director of Strategy and reporting to the Transformation Board, chaired by the Chief Executive.

A prioritisation approach identified the programmes/projects for planning and/or delivery in each strategic theme during year one and these have been aligned with the Integrated Medium Term Plan (IMTP). A critical path for the next five years has also been drafted and will continue to be refreshed during the course of CSP delivery. A resource assessment has also been undertaken which has highlighted a range of capacity and capability gaps in key areas of CSP delivery.

A focus on clinical leadership and engagement was agreed as key to the successful delivery of the CSP. A draft CSP Communications and Engagement Plan was developed to set out our approach to this, including the adoption of clinically led Clinical Redesign Groups to lead Health Board CSP projects and to engage in partnership led projects.

Additionally, the Health Board working with the Advisory Board Group (ABG) ran two very well attended and highly successful SBUHB wide CSP clinical engagement events.

## **2.9 A Clinically-led Clinical Services Plan**

The two SBUHB wide CSP Clinical Engagement events run with ABG informed both a successful bid to Welsh Government for funding to initiate an Action to Deliver Out Patient Transformation (ADOPT) project and clinical engagement in discussions about how a SBUHB acute care model could improve our unscheduled care system.

To continue this good work we have established a bi-monthly SBUHB CSP multi-disciplinary team (MDT) at which clinicians from across our delivery units come together to work on ideas to deliver the CSP across our system.

We continue to support clinicians leading our CSP clinical redesign groups (CRGs) e.g. Older People, Diabetes, and Respiratory. Recently, we secured clinical leaders for the Outpatients and Heart Failure CRGs. There is still work needed to define clinical leadership roles for our work on the surgical and acute care models.

## **2.10 Clinical Engagement in delivering a new Acute Care Model**

We have advanced the initial Acute Care Model discussion, held at the ABG facilitated CSP clinical engagement session, and undertaken a specific ambulatory care CSP MDT. In addition we have reviewed IMTP unit plans and summarised lessons learned from an Acute Care Model visit to the Royal Stoke Hospital to identify an acute care approach for SBUHB.

The findings were reviewed by a group of clinicians and managers from across SBUHB and have informed the development of a set of Acute Care Principles and the design of an emerging Acute Care Model and roles for our delivery units within this.

It has been agreed that a new Acute Care Model Clinical Redesign Group will now lead planning to refine and develop the emerging model as well as implement service changes in line with the agreed principles/model.

## **2.11 Managing CSP Delivery**

A CSP Infrastructure Group has begun work on identifying, reviewing and aligning CSP related capital, regional, digital and estate planning, including potential plans for a road build on the Morriston site. This work will inform the on-going refinement of the CSP Critical Path.

The Clinical Redesign Groups (CRGs) continue to mature, the majority have now completed Project Initiation Documents (PIDs) describing what and how their project will deliver improved care for patients and the detailed plans to deliver this.

A number of our projects are being overseen by the West Glamorgan Regional Partnership Board for example Mental Health and Learning Disabilities. To facilitate joint working the Transformation Programme Management Office has been agreeing, with local government colleagues, alignment of documentation and reporting mechanisms.

A Regional Clinical Services Plan (RCSP) has been approved by the Joint Regional Planning and Delivery Committee. Meetings have taken place to identify ways to collaborate and share learning across the two health boards. Delivery planning for the RCSP is being led by the ARCH team.

Existing resources/capacity have been aligned to support delivery of our year one work programme wherever feasible, however there remain resource issues as identified in the Transformation Resource Assessment which continue to impact the pace of delivery. These will be subject to a review which will inform revisions as required to the critical path.

## **2.12 Communication and Engagement**

At the October Leadership Summit we presented some of the successes of the CSP projects and promoted ways in which all SBUHB staff can engage in delivering the CSP. We continue to share CSP progress as part of the Delivery Unit Team Brief's and various other groups and meetings and to cascade information via key networks e.g. nursing and therapies.

A CSP Communications and Engagement Plan has been approved, this builds upon work done to date, including our CSP staff engagement approach 'Have Your Say'. A new CSP intranet page has been launched, including a frequently asked questions section, examples of successful clinically led projects and the 'have Your Say account. Our repurposed CSP twitter account (@SBU-Strategy) has over 1800 followers. Planning is underway to launch a CSP website.

Meetings with a range of external partners have taken place including Cardiff & Vale, Cwm Taf and other Welsh Health Boards and colleagues from other organisations such as the Royal Stoke Hospital to share practice and learning.

## **3. GOVERNANCE AND RISK ISSUES**

Risks to developing an approvable IMTP include:

- **An Approved Annual Plan 2019/20** - It is important that the Health Board submits a credible Annual Plan for 2019/20, which can be endorsed by the Board and Welsh Government in order to ensure a solid foundation from which to build. *Mitigation: Discussions are continuing with Welsh Government in the context of in-year performance. Welsh Government has commissioned external support to test the financial plan and to assist the Health Board in identifying opportunities to improve financial delivery, with a view to specifically identifying a pipeline of savings opportunities to incorporate into the IMTP financial plan.*
- **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: The performance management arrangements for delivery of the Annual Plan in 2019/20, have been strengthened into a fortnightly "battle rhythm" and with enhanced reporting to Performance and Finance Committee. Additional mitigations include the development of an internal multi-disciplinary Delivery Team, which is being progressed as a priority to drive improvement. It also includes the external financial support as referenced above.*

- **Timetable** – Developing an approvable IMTP in 2019 will require significant work within a limited timescale. *Mitigation: A detailed project plan has been developed to deliver the IMTP and issues are escalated to Executive Board as required.*
- **Refining the Financial Framework** – The Health Board developed a clear methodology to support the 2019-20 Draft Plan, building on recommendations from the Financial Governance Review and WAO Structured Assessments. However, this needs further refinement, particularly on our approach to savings identification and delivery and on a financial appraisal of the Clinical Services Plan. *Mitigation: The new Value and Efficiency Group is taking a longer term and more structured approach to identifying benchmarking and efficiency opportunities, and the emerging work programme is intended to inform the development of the IMTP financial plan. As mentioned above, the external financial support being commissioned by Welsh Government will provide targeted resources to consider a pipeline of future opportunities. The forward financial model is being developed to move beyond the traditional focus on core income and operating expenditure. This will include a more targeted approach to generating allocative value and the shifting of resources, with an initial focus on the ensuring the sustainability of proposals funded via the Transformation Fund. It will also include, a more comprehensive assessment of opportunities for income generation, as well as the affordability (and required investment) of key projects within the Clinical Services Plan.*

Risks that are specific to delivery of the CSP:

### **Clinical Leadership**

- There remain programmes/projects without clinical leadership agreements in place, for example within the Networked Hospital strategic theme both surgical model and acute care model are large scale pieces of work that make it challenging for a single leader to take on;  
*Mitigation:*
  - *the CSP Clinical Lead in the interim is leading the acute care model CRG*
  - *Options will continue to be reviewed by the CSP Programme Board and Transformation Board*

### **Capacity and Capability**

- Delivery of the CSP requires a wide range of skill sets including strategic, workforce and financial planning as well as programme and change management expertise. Existing resource has been aligned where possible however there remains a significant resource gap which is slowing the pace and scale of progress.  
*Mitigation:*
  - *the revised transformation resource assessment will be reviewed by the Transformation Board*
  - *The Executive Board has agreed to appoint the acute care planning manager at risk*
  - *the CSP Management Lead in the interim will provide planning capacity for the acute care model until recruitment of a manager*
  - *a review of risk to delivery for year one work packages and the five year critical path will be undertaken*
  - *opportunities to further align existing resource will continue to be reviewed.*

### **Critical Path Affordability**



- The costs associated with potential CSP programme/project business cases is currently unknown
  - Collation of known related CSP business cases with timelines/costs
  - Identification of likely CSP related business cases, estimated costs and timelines where feasible
  - Adherence to existing financial governance arrangements

#### 4. FINANCIAL IMPLICATIONS

The core financial objective is to develop an IMTP that delivers a sustainable breakeven position.

The UK Government has now provided confirmation of the overall funding increase to the Welsh Government budget for next year and we are expecting that Welsh Government will issue their financial planning assumptions later in November. However, the Health Board has issued initial financial planning assumptions to guide the development of the Whole System and Unit Plans. These include the rolling forward of budgets and the intention that savings not yet met recurrently will be recovered and delivered recurrently from next year. Units are working towards a notional 2% CIP. Current high level assumptions also include that any reshaping of the workforce, to staff numbers and skill mix, must be carried out via existing resources and that funding to support developments must be from confirmed sources.

There are no direct financial implications from this paper however the CSP will undergo a review of resource requirements and initiation of work to understand related business case estimated costs.

#### 5. RECOMMENDATION

Members are asked to:

- **NOTE** the progress made on delivering the CSP
- **NOTE** the progress in developing the Health Board's Three Year Plan 2020/21-22/23
- **ENDORSE** and support the next steps

Governance and Assurance		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
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 aligned to key developments and enabling plans. The intention is to move into recurrent financial balance from the start of the IMTP, with a financially sustainable operating model.		
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)		
<p>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.</p> <ul style="list-style-type: none"> <li>○ <b>Long Term</b> – The proposed approach to the IMTP ensures alignment with the long term vision of the Health Board as set out in the Organizational Strategy.</li> <li>○ <b>Prevention</b> – 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.</li> <li>○ <b>Integration</b> – Key to integrated planning is the link and alignment of actions across wellbeing objectives.</li> </ul>		

<ul style="list-style-type: none"> <li>○ <b>Collaboration</b> – Central to the approach to developing an IMTP is the integrated approach across services, units and partner organizations.</li> <li>○ <b>Involvement</b> – The IMTP development approach includes active involvement of partners.</li> </ul>	
<b>Report History</b>	This is a regular bi-monthly report to the Board on progress
<b>Appendices</b>	None