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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24th September 2020	Agenda Item	2.2
Report Title	Update on SBUHB Quarter 3 & 4 Operational Plan 2020/21		
Report Author	Maxine Evans, Head of IMTP Development and Implementation Nicola Johnson, Assistant Director of Strategy Ian MacDonald, Head of Strategic Capital Finance		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update on the development of the final draft SBUHB Q3&4 Operational Plan		
Key Issues	<p>Work has continued on the development of the SBUHB Q3&4 Plan since July, as set out below, with weekly/fortnightly progress reports through the Executive Board and Senior Leadership Team. A briefing session was held for Independent Members on progress with the development of the Plan on 27th August.</p> <p>The timeline has been revised for submission of the Q3&4 Plan to align with the timescales of the Ministerial National Winter Protection Plan, which was issued on 15th September for submission of the component health and social care plans in October.</p> <p>Welsh Government has advised that the Q3&4 Planning Guidance and mandatory templates will be issued the w/c 21st September, it is expected that a short narrative aspect will be required alongside. An outline document framework for the Health Board's Q3&4 Plan has been developed, building on the Q2 Plan, and is in the process of being populated with the key elements of the individual essential and routine service plans.</p> <p>The actions and milestones identified within the Q3&4 essential and routine service plans have been collated and added to form the Operational Plan tracker for 2020/21 and will be used to monitor and measure delivery for the remainder of the year.</p> <p>The process for consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan was</p>		

	<p>discussed at SLT on 16th September. A set of criteria to support choices and prioritisation have been developed and leads asked to demonstrate their cases against these. These will also need to be considered in respect of the Operating Framework for Q3/4 when published. A multi-disciplinary, similar to the previous Investment and Benefits Scrutiny Group scrutiny has been established and will meet before the end of September and the outcome will be included within the Q3&4 Plan for Board approval on 16th October.</p> <p>Work has concluded on the general bed and Emergency Department demand and capacity modelling and was signed off at the Executive Board meeting on 9th September. The Swansea University models will be the models used to support demand and capacity planning for the remainder of the year. The final national modelling was received on 10th September reducing the stock requirement for critical care beds across Wales. The local modelling has been refreshed based on the national advice bringing the critical care requirement closer to funded bed establishment, slowing the move into surge capacity.</p> <p>A workforce deployment plan is being developed to support the Health Board's choices if it becomes necessary to move to surge or super surge set against the context of trying to reset and recover essential and routine services.</p> <p>An update on the approved capital plan following agreement of a revised plan in July to mitigate national funding constraints and re-balance the plan is provided.</p>			
Specific Action Required <i>(please choose one only)</i>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the update on the development of the final draft SBUHB Q3&4 Operational Plan; • Note the revised actions and timelines aligned with the receipt and submission of the health and social care components of the Winter Protection Plan; • Note the process for consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan • Note Swansea University models as the recommended emergency admission and bed capacity models to support our planning for Q3&4; • Note the development of a workforce deployment plan to support surge and super surge if required; • Note the update to approved 2020/21 capital plan, following the changes agreed in July 2020. 			

QUARTER 3 & 4 OPERATIONAL PLAN 2020/21 - UPDATE ON PROGRESS AND CHOICES

1. INTRODUCTION

This paper provides an update on the development of the final draft SBUHB Q3&4 Operational Plan.

2. BACKGROUND

Work has continued on the development of the SBUHB Q3&4 Plan since July, as set out in the sections below, with weekly/fortnightly progress reports through the Executive Board and Senior Leadership Team.

It was anticipated at this point that the Board would be receiving a final draft Q3&4 Plan, however the timeline has been revised to align with the timescales of the Ministerial National Winter Protection Plan (attached at Appendix 1), which was issued on 15th September for submission of the component health and social care plans in October.

Welsh Government has advised that the Q3&4 planning guidance and mandatory templates will be issued w/c 21st September, when the timescale for submission will also be confirmed. It is expected that a short narrative aspect will be required alongside.

The revised actions/products and timelines to reflect the Welsh Government requirements are set out below (some of which will have already occurred):

Product / Action	Date
Paper on Q3&4 Operational Plan Update on Progress inc. modelling scenarios and choices	Exec 9 th September Deadline: 7 th September (extension agreed)
National Modelling received	11 th September
Ministerial Winter Protection Plan to be received	w/c 14 th September
Papers to SLT:- <ul style="list-style-type: none"> Paper on consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan Critical Care Plan Q3&4 Presentation on refreshed final bed and ED demand & capacity models	SLT 16 th September Deadline: 11 th September
Covid Escalation Plans from delivery units	17 th September
Workforce Deployment template to be populated by delivery units	18 th September
WG Q3&4 Operating Framework and mandated template to be received	By 18 th September
Digital Plan	21 st September
Vaccination Cell Plan	21 st September
Testing Cell Plan	21 st September
Commission narrative sections to be populated: <ul style="list-style-type: none"> Partnership Working 	w/c 21 st September Deadline: 30 th September

Product / Action	Date
<ul style="list-style-type: none"> • Workforce Plan • Infection, Prevention & Control • Value Based Healthcare • Finance & Capital Programme • Risks & Mitigations • Communication and Engagement 	
Escalation Framework for consideration	Gold 22 nd September
Paper on Update on SBUHB Quarter 3 & 4 Operational Plan	Board 24 th September Deadline: 17 th September (extension agreed)
USC Seasonal Final Draft Plan to be agreed	Silver Recovery Board 29 th September
Finalise narrative sections of the Plan to include: <ul style="list-style-type: none"> • Covid Escalation Plans • R&R Workstream Plans • Testing Cell • Vaccination Cell • USC Seasonal Plan • Children & Maternity Plan • Partnership Working • Digital Plan • Performance • Workforce Plan • Infection, Prevention & Control • Value Based Healthcare • Finance & Capital Programme • Risks & Mitigations • Communication and Engagement 	By 30 th September
Testing escalation framework and specific areas of focus in the Q3&4 Plan for preparedness	Exec Team Session 30 th September
Q3&4 Final Draft Plan	SLT 7 th October Deadline: 2 nd October
Rapid assessment of Plan by IMs	9 th October Feedback COP 12 th October
Circulate to Board	14 th October
USC Seasonal Final Draft Plan to be ratified	RPB 15 th October
Plan sign off by Board	16 th October (am)
Submission to Welsh Government	16 th October (pm)

As a result of the amended timeline, the Q3&4 Plan will be submitted to the Chair and key Independent Members for scrutiny and rapid assessment on 9th October with feedback by close of play on 12th allowing a short window for any revisions prior to circulation on 14th for approval at Special Board on 16th and submission to Welsh Government that day – subject to Welsh Government timelines to be received.

3. PROGRESS UPDATE

3.1 Demand and Capacity Modelling

- **Emergency Admissions and Bed capacity modelling**

Two models have been developed using the Swansea University model issued by Welsh Government, one based on a worst case scenario using previous years demand on emergency admissions and another based on a mitigated best case scenario assuming the same level of decreased non-Covid emergency demand that was seen during the first Covid wave. These are attached as Appendix 2.

The Swansea University models are recommended as the models used to support demand and capacity planning for the remainder of the year, approved by the Executive Board on 9th September. The final national modelling was received on 10th September reducing the stock requirement for critical care beds across Wales. The local modelling has been refreshed based on the national picture bringing the critical care requirement closer to funded bed establishment, slowing the move into surge capacity.

The Escalation Framework is nearing completion and will be considered at the Health Board COVID Gold for agreement on 22nd September.

- **Workforce modelling**

The workforce modelling has been undertaken based on 85% staff availability recognising that in Phase 2 surge and Phase 3 super surge it is likely that staff numbers will be impacted and choices around the retreat of services, redistribution of staff from different areas and derogation from the Nurse Staffing Act will need to be made. The availability of staffing to support TTP and the Vaccination Plan will also need to be addressed as part of these choices.

The Q3&4 Plan will reflect a workforce deployment plan to support the Health Board if it becomes necessary to move to surge or super surge set against the context of trying to reset and recover essential and routine services. There is unlikely to be the opportunity to rely on recruiting additional staff during the period. The deployment plan will aim to identify the services that may need to be stepped down or stepped up if the Health Board is required to move into either of these phases. Mapped against this will be the impact on staffing by whole time equivalent and staff group.

The plan will also identify any changes to Covid Pathways which were put in place for Covid patients requiring acute care. If these change then this could have staffing implications.

The plans are due to be reported on Friday 18th September to allow prompt analysis of the overall staffing implications across the Health Board. This will permit the organisation to consider the choices that will need to be made to staff surge/super surge/TTP/vaccination programmes, and inform any future recruitment and deployment strategy.

- **Discharge modelling**

Discharge modelling using the John Bolton model was agreed by Community Silver in May and refreshed in August for the winter period. Further work has been undertaken to overlay the Swansea University modelling and this is being considered at Community Silver on 22nd September. There is still further work to be progressed with Local Authorities to develop their capacity plans to meet the predicted demand to ensure flow through the system particularly in respect to the Medically Fit for Discharge cohort.

3.2 Essential and Routine Services Plans and the USC Seasonal Plan

These plans were received and reviewed the week commencing 17th August and individual feedback was provided along with a set of scenarios to help inform further planning. Plans were refreshed and a more detailed second assurance exercise of the plans has been undertaken.

A further review will be undertaken following receipt of the Welsh Government Q3&4 planning guidance and template. It is expected that a short narrative aspect will be required alongside. An outline document framework for the Health Board's Q3&4 Plan has been developed, similar to the Q2 Plan, and is in the process of being populated with the key elements of the individual essential and routine service plans.

In addition to the above plans, the following narrative sections for the Q3&4 Plan have been commissioned:

- Partnership Working
- Digital
- Workforce Plan
- Infection, Prevention & Control
- Value Based Healthcare
- Finance & Capital Programme
- Risks & Mitigations
- Communication and Engagement

In order to inform the service priorities for Q3&4, the actions and milestones set out within the essential and routine service plans have been collated. Actions and milestones from the additional sections above will be added to form the Operational Plan Tracker for 2020/21 and used to monitor and measure delivery of the plan for the remainder of the year with monthly reporting to SLT and quarterly reporting to the Performance & Finance and Quality & Safety Committees.

The process for consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan was discussed at SLT on 16th September. A set of criteria to support choices and prioritisation have been developed and leads asked to demonstrate their cases against these. A multi-disciplinary group, led by the Director of Strategy, has been established to review the proposals, and the outcome will be included within the Q3&4 Plan.

3.2.1 Financial Assessment and Prioritisation

As a result of the ongoing integrated planning process to develop the Q3&4 Plan, a number of service proposals have been developed through the service workstream plans, the USC seasonal plan and Children & Maternity Plan.

These emerging service proposals, which are under consideration for inclusion in the Q3&4 Plan, have identified additional revenue requirements outwith the current 2020/21 financial revenue forecast for the Health Board. Any additional financial requirement could increase the Health Board's deficit revenue forecast, subject to clarity on funding arrangements for the Health Board more broadly which many become available to support developments within the Q3&4 Operational Plan. Further guidance on this is anticipated in the Operating Framework.

A number of service proposals arising from the integrated planning process to date have already been reviewed or received through the Reset and Recovery Group or directly through SLT or Executive Board. As agreed at the Executive Board these service proposals will be assessed against the following criteria before they can be progressed:

- Assurance that core capacity is being used effectively
- Assurance that demand and capacity and clinical prioritisation is complete of very much underway
- The case is deliverable within the Q3/Q4 period, particularly from workforce and capital point of view given the constraints
- Impact on quantitative and qualitative outcomes are clearly defined
- The all-Wales agreement is that investment should only be 'Covid-related' – this is being interpreted as addressing the 4 Harms in the WG Operating Framework and high priority will be given to cases that mitigate one or more of these.

The emerging service proposals have not yet had the benefit of this level of scrutiny. It is anticipated however, that these assessments can be made in light of the publication of the Winter Protection Plan and the Operating Framework for Q3&4, which is expected by 18th September.

The process for this assessment will be handled by establishing a multi-disciplinary scrutiny group (similar to the previous Investment and Benefits Group Scrutiny Group), to be led by the Director of Strategy and supported by other senior colleagues, to recommend to Exec Board a proposal for service development which will be included within the Q3&4 plan for Board approval.

The Scrutiny Group will assess service proposals against the above criteria, the alignment to the Operating Framework and also will consider the impact on the planning scenarios agreed by the Executive Team in August:

1. Delivery of Q2 plan and actions set out I Q3/4 Plans within resource envelope based on levels of capacity set out in attached.
2. Delivery of actions that would require additional (and currently unfunded) resources (e.g. some of the radiology actions)

3. Delivery of actions/performance as per 1st with surge during December and January (attached)
4. Delivery of 100% of the timescales for categories 1a, 1b and 2 and then requirements to deliver categories 3 and 4 for surgery

The group will then focus on quantifying the difference the proposals make to scenarios 1 and 2 (i.e. the impact of investment over the baseline). This work will also inform the work that will be undertaken to quantify activity and performance measures when the Q3&4 Operating Framework template is received and the Health Board has a greater understanding of the all-Wales requirements.

4. CAPITAL PROGRAMME

Progress on the Revised Capital Plan

A revised capital plan, to accommodate advice from Welsh Government on funding constraints in the context of COVID-19 was agreed at the Board meeting on 30 July. This plan remained balanced, with budgets switched between priority schemes using a combination of reduced spend on some areas of the discretionary plan and changes on the phasing of a small number of Welsh Government funded schemes. The revised plan has been agreed with Welsh Government.

Details behind the progress with these Welsh Government funded schemes and other business cases are detailed in Appendix A. The main schemes impacted by the revised plan and which have now been enacted are:

- **CT-SIM replacement, Cancer Centre.** Equipment order placed, with construction commencing in October.
- **Cladding replacement, Singleton.** Final design and tender nearing completion, with the final technical business case submission to Welsh Government planned in October. Construction planned to commence in Q4.
- **Environmental Modernisation BJC 2.2 New Sub Station 6 Morriston.** Tender process has commenced, with business submission to Welsh Government planned in Q4.
- **Morriston Access Road,** the design works were placed on hold with only minor ecology surveys taking place.
- **Gamma Camera replacement, Cancer Centre.** Design and tender process proceeding, with construction due to commence in Q4.
- **Anti-Ligature Works.** Works on hold pending Welsh Government approval of the tendered work packages.

In addition, progress on a number of new priorities has been impacted to the extent that work can only progress to the design and tender stage, with further funding support required from Welsh Government to progress into construction phase:

- **Ward G Refresh, Morriston.** Design has been completed and tender process due to commence in September.
- **ITU Refurbishment, Morriston.** Feasibility work on agreed scope for high-risk infrastructure completed. Design work on roof due to commence in September.

COVID-19 Set Up

Good progress has been made with the receipt of Welsh Government funding for COVID set up costs related to the establishment of the two Field Hospitals, internal critical care surge capacity in Morriston and additional medical equipping and digital devices/infrastructure. This is a mixture of capital and revenue funding. The initial total estimate was £37.6m, of which £31.5m has been received from Welsh Government. Of the outstanding £6m, a funding request of £1.5m has recently been submitted for the majority of our costs for the critical care expansion. The remaining £4.5m envelope will account for the final accounts that are nearing completion on the two Field hospitals and the reinstatement of Llandarcy. It is expected that the additional costs at the Bay to, relocate the scaffolding school, prop store and small items of works to support the provision of oxygen, can be contained within the planning budget above.

Beyond these elements, Welsh Government have advised that following the initial financial support to allow the NHS to move at pace during the early stages of the pandemic, any organisations seeking further additional capital funding for COVID set up costs, will need to have obtained formal approval from Welsh Government, else these commitments will be at their own risk. Given the lack of flexibility now available within the Health Board's own discretionary capital funding, following the agreed revised plan, which removed £1.4m from the replacement programmes for medical equipment and environmental & estates, any additional requests for investments will need the appropriate level of scrutiny and approval.

5. GOVERNANCE AND RISK ISSUES

The Reset and Recovery Co-ordination Group was established in May 2020 to bring together the seven individual work cells and advisory group managing the Health Board's recovery programme for essential and routine services. The Group will continue to manage a balanced approach to the reset and recovery across the health Board. .

The Operational Planning Group has overseen the combined impact of all of the modelling work that has been undertaken, including bed capacity information.

The Q3&4 Plan will outline the main risks and mitigating actions facing the Health Board during the period.

6. FINANCIAL IMPLICATIONS

The financial plan will continue to be refined to reflect the financial implications of the operational planning assumptions, along with consideration of broader risks and opportunities.

There is a requirement for greater clarity and certainty on cost profiles and forecasts in the second half of the financial year to support Welsh Government forecasting and planning.

The cost estimates within the plan will remain under detailed scrutiny throughout the year to reflect movement in the care system across the Health Board and planning

assumptions. This has been, and will be, routinely reported to Board. Both revenue and capital analyses are included in the plan.

Whilst substantial funding has been received for the COVID 19 response, there remains a gap between the costs estimates above the Health Board's baseline plan and the funds made available. Clarity on the funding support to be provided to Health Board's is expected during September 2020. This will enable the Health Board to ensure a clear and robust financial framework is in place to support operational delivery.

7. RECOMMENDATION

Members are asked to:

- **Note** the update on the development of the final draft SBUHB Q3&4 Operational Plan;
- **Note** the revised actions and timelines aligned with the receipt and submission of the health and social care components of the Winter Protection Plan;
- **Note** the process for consideration, review and prioritisation of service proposals emerging from the Q3&4 Plan
- **Note** Swansea University models as the recommended emergency admission and bed capacity models to support our planning for Q3&4;
- **Note** the development of a workforce deployment plan to support surge and super surge if required;
- **Note** the update to approved 2020/21 capital plan, following the changes agreed in July 2020.

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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	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 is in place for services being brought back online. An Equality Impact Assessment process will be an integral part of the recovery planning arrangements to support any services changes.		
Financial Implications		
The financial implications are set out within this paper		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality Impact Assessment process will be part of the broader planning arrangements to ensure that the quarterly plans are Quality and Equality impact assessed.		
Staffing Implications		
The risks and implications for our workforce forms an integral part of the recovery planning arrangements.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The Operational Planning arrangements will aim to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.		
Report History	This is the first paper to the Board on the development of the Q3&4 operational plan	
Appendices	Appendix 1 - Ministerial National Winter Protection Plan Appendix 2 - Emergency Admissions and Bed Capacity Modelling	