NHS Wales Planning Framework

Developing an Effective Planning system in NHS Wales

Supporting the Development of Local Health Boards’ and Trusts’ 2014/15 – 2016/17 Integrated Plans
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Introduction

Rationale and Purpose

Collectively, the Welsh Government and National Health Service (NHS) Wales have identified a need to raise the ambition and effectiveness of planning in NHS Wales. The need for effective medium term planning is clear. NHS Wales faces some of the biggest challenges and opportunities since its creation, including:

- a rising elderly population;
- inequalities in health;
- enduring austerity;
- increasing numbers of patients with chronic conditions;
- advancements in clinical practice, innovation and technology, with the associated increases in opportunities and also cost;
- medical staffing pressures; and
- some specialist services being spread too thinly.

In NHS Wales, planning is the agreed process by which Health Boards and Trusts will work through their response to these and other challenges, without compromising their ability to seize opportunities and deliver their vision. Addressing these challenges and creating a sustainable, effective 21st Century health service will require ambition, transformation, reconfiguration and innovation on a significant scale.

The written Integrated Medium Term Planning document is expected to be the formal statement by which this is articulated but planning is of course more than a document. It is a discipline that should be embedded in every part of a Health Board and Trust.

Planning should be a dynamic process that allows Health Boards and Trusts to respond to day to day pressures without losing sight of how they plan to align key services, staff, finance and the public to delivering the outcomes intended for the populations they serve over a medium term (three year) time frame. As well as demonstrating corporate priorities and actions, Integrated Medium Term Planning must also be the vehicle for strengthening partnership working across the public and third sectors, acknowledging that securing many health outcomes will depend upon more than one organisation playing their part.

Whilst the ambition for planning is clear, it is recognised that NHS Wales is on a developmental pathway and it will take time before this shared vision for planning is embedded in every part of NHS Wales. This framework, however, recognises the need to strengthen planning as a discipline across NHS Wales as a matter of urgency. Developed through a multi professional group spanning the Welsh Government and NHS Wales, the framework aims to:
- clarify the respective **roles and responsibilities** of the Welsh Government and NHS bodies;
- set out the Welsh Government and NHS Wales **shared expectations** for Integrated Medium Term Plans;
- define the **planning cycle** and sets out key **scrutiny and assurance** mechanisms; and
- outline the **support** that is available, or being developed, across the system to support the development of an effective planning system.

It is hoped that the framework will underpin and support a mutually cooperative, ‘Planning Community’ ethos in which good practice and learning are actively shared. Just like the plans developed by Health Boards and Trusts, this document will remain a live document, which learns and reflects the best planning practices exhibited across NHS Wales.
SECTION 1 - STRENGTHENING THE PLANNING SYSTEM

Importance

1.1 A market driven ideology does not apply to NHS Wales. Planning is the main mechanism for Local Health Boards and Trusts to articulate how resources (financial, workforce and infrastructure) will be deployed to yield maximum benefit in order to:

- address areas of population health need and improve health outcomes;
- improve the quality of care; and
- ensure best value from resources.

1.2 The planning challenge for Health Boards and Trusts is to align these key elements and describe, in both a qualitative and quantitative way, how they will achieve this vision over a three-year time frame.

1.3 This framework applies to both Health Boards and Trusts, however as the statutory duties differ there will be recognised differences in approach and, ultimately, detailed content. For example the Health Board through its statutory duties is responsible for:

- securing the provision of health care services for the persons resident within their respective areas;
- the provision of health care services within their areas and;
- the planning and provision of specialised and tertiary services commissioned by Welsh Health Specialised Services Committee (WHSSC).

1.4 Trusts are responsible for the provision of health care services within their area of responsibility.

Benefits

1.5 Whilst there have been significant improvements to the planning system in recent years, the challenges ahead mean that there needs to be a further strengthening to ensure the following benefits are delivered:

- greater assurance to Welsh Government and the Minister for Health and Social Services that high quality care will be provided by the NHS in Wales, efficiently and sustainably.
- increased emphasis on improving experience for patients & service users and health outcomes for populations, through clearly defined, evidenced-based and resource-modelled initiatives and actions.
- strengthened needs assessments and socio-economic profiling to underpin assertive plans to reduce health inequalities and access to care.
• explicit emphasis of a holistic diagnostic and consideration of all healthcare components, including prevention, primary care, community, secondary and tertiary care.

• clearer focus on developing and improving services within an ethos of co-production, both with patients, staff and partners.

• robust modeling of activity, demand, and capacity across the whole system, addressing changes in need and demand and demonstrating delivery of key targets in context of available resources.

• accurate financial projections and risks, based on well developed change programmes and, in the future, responding to the requirements of the NHS Finance (Wales) Bill.

• stronger organisational change programmes and supported targeted investment in infrastructure, equipment and ICT.

Characteristics

1.6 The following characteristics of an effective planned system of healthcare in NHS Wales are set out to bring about these benefits:

• the Welsh Government issues planning expectations and requirements in a timely and co-ordinated manner, allowing Health Boards and Trusts to respond through their Integrated Medium Term Plans.

• the Welsh Government puts in place a national scrutiny and assurance process that provides adequate checks and balances, is risk-based and proportionate to local mechanisms and efficacy.

• Health Boards and Trusts develop plans through strong, continued dialogue with staff, partners, including other NHS organisations and the third sector, patients, and the public, resulting in a document that is owned and implemented across disciplines and sectors.

• Health Boards and Trusts put in place adequate capacity and develop their capability to develop and scrutinise their plans effectively. This will include robust monitoring and assurance mechanisms. The roles and responsibilities between the Welsh Government, Health Boards, and Trusts in respect of planning are clear.

• clear and logical arrangements are put in place to share national planning capacity and support when there are clear reasons for doing so.

• there is a systematic approach to identifying and realising the benefits of new technologies.

Audience

1.7 This Planning Framework and requirements to produce and approve Integrated Medium Term Plans applies to Local Health Boards (Health Boards), Trusts and hosted organisations. The document will also be of interest to those monitoring and regulating the efficacy of planning across
NHS Wales.

Scope

1.8 This planning framework is targeted at the Integrated Medium Term Plans that Health Boards, Trusts and NHS hosted organisations are required by their Boards (as set out in Standing Orders and Standing Financial Instructions) to develop. Whilst the intention is to simplify and clarify the planning requirements and process, this framework does not, at this stage, advocate a replacement of all types of plans.

1.9 Integrated Medium Term Plans will replace the need for separate:

- Annual plans (also referred to as AOF, AQF, SaFF);
- Workforce plans; and
- Public Health Strategic Frameworks.

1.10 Integrated Medium Term plans will not, at this stage, replace the need for:

- condition specific Delivery Plans (eg Stroke, Cancer, Diabetes, Cardiac Delivery Plans);
- single Integrated Plans with Local Service Board partners; (and thus the requirements as laid out in section 17 & 40 NHS Wales Act 2006) and
- any additional action plans requested as part of an escalation or intervention process.

1.11 The above plans will complement and support the priorities, development and enablers for Integrated Medium Term Plans and will provide a clear line of sight to it.

1.12 There is a clear intention and expectation that the Integrated Medium Term Plan is the key overarching organisational document for the Health Board or Trust. Therefore, in order to ensure that the totality of the Health Boards or Trusts services, changes, pressures and priorities can be seen in the context of the available resources, it is anticipated that the key priorities, actions and resource-consuming programmes from these other plans and proposed service change plans are reflected in the Integrated Medium Term Plan.
Timetable (2014/15 Medium Term Plans)

1.13 Health Boards and Trusts are required to submit their Integrated Medium Term Plans 2014/15 – 2016/17 by 31 January 2014. These final draft plans will have been approved by Boards prior to submission to Welsh Government. The timetable for the development, scrutiny and approval of the 2014/15 Medium Term Plan follows:

<table>
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<th>Action</th>
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<tr>
<td>Integrated Planning Framework developed between Welsh Government and NHS</td>
<td>June – October 2013</td>
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<tr>
<td>Integrated Planning Framework issued to NHS</td>
<td>November 2013</td>
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<tr>
<td>Indicative Financial assumptions communicated to Boards and Trusts</td>
<td>November 2013</td>
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<tr>
<td>Financial Allocation letters issued to Health Boards and Trusts</td>
<td>December 2013 (post final budget on 6 December)</td>
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<tr>
<td>NHS organisations submit the ‘Final Draft’ Board-approved plans to Welsh Government</td>
<td>31 January 2014</td>
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<tr>
<td>Welsh Government scrutiny process</td>
<td>February – March 2014</td>
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<tr>
<td>Boards respond to feedback from scrutiny process and amend Plans accordingly. Boards then approve these final versions</td>
<td>Prior to 31st March 2014</td>
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<tr>
<td>Welsh Government confirmation of final budget allocations</td>
<td>March 2014</td>
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1.14 NHS hosted organisations plans will be approved by their relevant governing body. Further detail on the ongoing planning cycle is contained in Section 3.

Format

1.15 It is essential that NHS organisations, their staff and boards, “own” their Integrated Medium Term Plan and that there is scope for them to reflect their own particular needs and issues. Therefore, whilst there is a requirement for minimum document coverage (Annex B) there is flexibility for organisations to ensure, both within those sections and in any additional narrative, that local nuances, branding and emphasis can be reflected.

1.16 In addition, there are a number of annexes to submit with the Integrated Medium Term Plans that are compulsory. Whilst not all of these annexes are critical to the assurance of plans, they are essential to inform some other key national planning processes, notably the commissioning of educational workforce numbers. These are defined in Annex B.
Roles and Responsibilities

1.17 It is important to clarify the respective roles of Welsh Government and NHS organisations (Local Health Boards and Trusts) in the development of and delivery of Medium Term Plans.

Minister for Health & Social Services:

1.18 The Minister for Health & Social Services, has responsibility for, and is accountable to the National Assembly for Wales for the exercise of all the powers in his portfolio. Supported by officials, he:

- sets the policy and strategic framework within which the NHS in Wales should operate;
- agrees in Cabinet, as part of collective discussion, the overall resource framework for the NHS in Wales;
- determines the strategic distribution of overall NHS resources;
- sets the standards and performance framework for the NHS in Wales;
- holds NHS leaders to account
- the Minister for Health and Social Services, will be held accountable for the performance of NHS Wales through the conduct of business within the National Assembly for Wales

Welsh Government Officials:

- set out the national planning requirements and overall structure. These are contained within this framework and will be jointly reviewed on an annual basis;
- ensure there is alignment across Welsh Government departments of requirements and plans;
- design the scrutiny and ongoing monitoring process for Integrated Medium Term Plans, confirming triggers for support, escalation and intervention powers as and if required;
- through the scrutiny process, provide advice to the Minister on the robustness of plans and, if there is sufficient assurance around their deliverability, will approve adjustments to the revenue resource limit;
- lead the development of the new NHS Outcomes Framework; and
- implement system level support and tools to aid planning and planning development (through Academi Wales, Public Health Wales Improvement, Delivery Unit, NWIS).
NHS Wales (Local Health Boards and NHS Trusts):

- LHBs are responsible for planning for the health of their entire population (not just planning for the services they provide);
- produce robust and high quality Integrated Medium Term Plans, in line with requirements and reflecting their priorities over a three year timeframe;
- are the "owners" of their Integrated Medium Term Plans and responsible for development, approval and delivery of their plan;
- ensure that they have followed any local governance arrangements in terms of partner development of, and scrutiny of plans;
- ensure that, as a minimum, components of the plan that necessitate joint planning and delivery with social care are agreed with those partners;
- refresh their Integrated Medium Term Plans annually;
- ensure that there is a robust and embedded planning, monitoring and delivery discipline throughout the organisation;
- are responsible for ensuring they have adequate capacity and capability to do effective planning;
- subject plans to rigorous internal scrutiny and assurance;
- approve the Integrated Medium Term Plan at an open Board meeting, prior to the commencement of the financial year, where it becomes a public document;
- set out internal governance arrangements to ensure delivery of the plan; and
- provide summary, easy to read versions of the approved plan.

Critical Relationships

Health Boards – Trusts

1.19 Health Boards commission services from the three Trusts in Wales. It is expected that plans are developed with Trusts for the relevant components, with an evidenced read across from Health Board to Trust and Trusts to Health Board. Details of alignment of plans, and any outstanding issues, will be set out within the Integrated Medium Term Plan.

Health Boards – Health Boards

1.20 There are commissioning arrangements and relationships between most Health Boards, reflecting patient flows and service level agreements. Assumptions and agreements on these arrangements should be aligned across each organisation’s plan, with an evidenced read across between the respective plans. Details of the alignment of plans, and any outstanding issues, will be set out within the Integrated Medium Term Plan.
1.21 It is expected that this is achieved through the ongoing processes and arrangements in place to manage the provision of these services that reach beyond purely financial contracting discussions.

**Health Boards – Public sector partners**

1.22 At a local level, consideration of partnership arrangements in the plan development, engagement and scrutiny process is essential. Whilst there are currently no formal requirements for other partners to scrutinise and approve an NHS organisation’s Integrated Medium Term Plan, there are expectations that critical components of the plans will have been through collaborative mechanisms and those joint elements approved through those recognised and/or mandated structures, for example, Single Integrated Plan priorities, Unscheduled Care Plans, Services for Older People, and Mental Health Partnerships etc.

1.23 Recognising the move towards integrated models of planning and delivery particularly across health and social care, but including other public and third sector partners, work is ongoing exploring any formal requirements for partner engagement, support and potential scrutiny and approval of plans.

**Health Boards – Third sector partners**

1.24 At a local level, consideration of partnership arrangements in the plan development, engagement and scrutiny process is essential.

**Health Boards/Trusts – Community Health Councils**

1.25 Community Health Council (CHCs) in Wales scrutinise the operation of the health service for its locality and make recommendations to Local Health Boards and NHS Trusts for the improvement of that service.

1.26 In terms of service changes, NHS bodies and CHCs must work together to develop methods of continuous engagement which promote and deliver service transformation for their populations. NHS organisations should be cognisant of the requirements as set out in the Guidance for Engagement and Consultation on Changes to Health Service.

**Health Boards – Universities**

1.27 The relationship between Universities and University Health Boards is critical and demands a more structured approach to research, teaching and innovation. This should be referenced in the Medium Term Plan.

**Welsh Health Specialised Services Committee (WHSCC)**

1.28 As WHSSC commissions specialised services on behalf of the Local Health Boards, their plan must reflect WHSSC commissioning intentions and plans. The Planning Framework principles will apply to WHSSC and WHSSC will be
expected to engage with the LHBs and Trusts in developing their Medium Term Plans. Local Health Board plans will need to reflect the WHSSC plan both from the commissioner and provider perspective, whilst NHS Trusts plans will reflect the WHSSC plan from their provider perspective.
SECTION 2 - PLANNING REQUIREMENTS

2.1 Integrated plans for 2014/15 to 2016/17 must reflect the responsibility of Health Boards and Trusts to secure high quality and sustainable services for their population in the context of available resources. Notwithstanding the detail contained within this section, and informed by, and based on analysis of earlier submissions, future plans will be required to:

- demonstrate a clear and realistic improvement trajectory;
- recognise that Health Boards are more than providers, with a wider responsibility for population health in its broadest sense; and
- be genuinely integrated. They should not be a number of separate plans pulled together into a single document. The component parts of the plan should be developed in tandem, one informing the other in an iterative cycle.

2.2 This section is designed to set out some of the basic parameters within which Health Boards and Trusts should plan. It is not intended to provide an exhaustive checklist of requirements against which plans will be assessed. Above and beyond individual requirements set out here, it is expected that plans will demonstrate where an organisation wants to be three years from now and a series of realistic steps for getting there.

Strategic Planning Parameters

2.3 The Welsh Government has set out its national strategic direction for Health Boards and Trusts through a number of documents, including the overarching Programme for Government and the NHS strategy Together for Health. These have been complemented by a number of more detailed strategies and plans – often focused on key service areas or population groups – clustered around the seven strategic themes of Together for Health.

2.4 The table below (and diagram at Annex F) sets out the seven Together for Health themes, and the critical strategic questions against which Health Boards and Trusts should challenge themselves during the planning process. Further detail against these strategic questions is offered with signposting to supplementary documents where relevant.

2.5 Depending on a Health Board or Trust's own strategy and their initial diagnostic (needs assessments, current performance, engagement activities etc), it is expected that the emphasis on each of these strategic themes would vary between organisations and their plans, depending on the starting point and local context.
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<th>How does the Integrated Medium Term Plan demonstrate evidence that Health Boards and Trusts are:</th>
<th>Key Reference documents</th>
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| Improving health as well as treating sickness | Taking action to reduce the incidence of disease and health problems within the population through, for example:  
- universal measures that prevent disease;  
- improving wellbeing and reducing lifestyle risks and their causes;  
- targeting high risk groups; and  
- focusing on secondary prevention through systematically detecting the early stages of disease and intervening before full symptoms develop.  
Responding to key national Public Health priorities:  
- reducing smoking prevalence;  
- increasing participation rates in physical activity;  
- reducing unhealthy eating;  
- stopping the growth in harm from alcohol and drugs;  
- reducing teenage pregnancy rates;  
- reducing accident and injury rates;  
- improving mental wellbeing;  
- improving health at work; and  
- increasing vaccination and immunisation rates to target levels.  
Working across public sector to tackle health inequalities  
Contributing to the tackling poverty agenda, in particular:  
- the need to prioritise the needs of the poorest communities so that they have good access to primary health care, a stronger focus on preventing ill health and effective specialist care when needed;  
- the inverse care law programme (in pilot areas); | Our Healthy Future, Wales’ national public Health Strategic Framework  
Fairer Health Outcomes for All  
Delivering Local Health Care  
Suite of National Delivery Plans  
Tobacco Control action plan for Wales  
All Wales Obesity pathway  
The physical activity action plan: ‘creating an active Wales’  
Sexual Health and Wellbeing Action Plan for Wales, 2010-2015  
Working together to reduce harm - The substance misuse strategy for Wales 2008-2018  
Together for Mental Health  
Health, Work and Wellbeing action plan for Wales  
Shared purpose - shared delivery  
Building Resilient Communities: taking forward the Tackling Poverty action plan |
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| One system for health     | Building in co-production principles as a matter of course, for example:  
  - patients as experts in their own circumstances and capable of making decisions; and  
  - clinicians moving from, being purely “fixers” to also be “facilitators”  
  Recognising the fundamental foundations of effective primary care upon which the health service is built. In particular focusing on improving the quality, range and access to all Primary Care services including:  
  - general medical services  
  - general dental services  
  - pharmacy services  
  - optometry  
  Reflecting and responding to joint priorities as part of Single Integrated Planning processes, in particular the contribution to the “wellness” of our populations  
  Adopting a co-ordinated approach to caring for older people, promoting care co-ordination through joint health and social care teams  
  Improving the management of people with one or more chronic condition, in particular through systems that:  
  - promote self care;  
  - prevent acute exacerbation;  
  - reduce need for hospital admissions; and  
  - are designed to optimise patient experience and outcomes. | General Medical services contract  
General Dental Services  
Contractual Framework for Community Pharmacy  
Setting the direction: Primary & Community services strategic delivery programme  
Delivering Local Health Care  
Shared purpose - shared delivery  
Sustainable Social Services for Wales  
Delivering Local Health Care  
A framework for delivering integrated Health and Social Care  
Together for Mental Health  
Together for Health - A Diabetes delivery plan  
Together for Health - A Heart disease delivery plan  
End of Life care delivery plan  
Together for Mental Health |
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<th>How does the Integrated Medium Term Plan demonstrate evidence that Health Boards and Trusts are:</th>
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| **Hospitals for the 21st Century as part of a well designed, fully integrated network of care** | Shifting the balance of care to primary and community level away from dependence on hospital and secondary levels of care with an emphasis on locality networks as the levers for change in both the unscheduled care pathway and in planned care.  
Delivering a sustainable model of acute services, particularly in relation to:  
- neonatal services  
- acute paediatric services  
- acute medicine and acute surgery  
- emergency medicine  
Demonstrating a planned approach to the concept of ‘digital by default’, recognising digital approaches as a key enabler of shifting care out of hospital settings, and to a more preventative public health approach. | Setting the direction: Primary & Community services strategic delivery programme  
Delivering Local Health Care  
Suite of National Delivery Plans  
Achieving Excellence - The Quality delivery plan for the NHS in Wales 2012-2016  
Together for Health |
| **Aiming at excellence everywhere** | Raising standards and improving outcomes with a focus on:  
- the Quality triggers  
- zero tolerance to pressure sores  
- zero tolerance to HCAIs; and  
- reduced avoidable mortality  
Embedding quality improvement and assurance culture and systems across primary, community and secondary care services. | Achieving Excellence - The Quality delivery plan for the NHS in Wales 2012-2016  
1000 Lives plus  
Patient Experience Framework  
Delivering Safe Care, Compassionate Care  
Delivering Local Health Care  
Suite of National Delivery Plans  
Achieving Excellence - The Quality delivery plan for the NHS in Wales 2012-2016 |
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<td></td>
<td>Learning organisations using research and development and teaching to deliver improved health and social care quality and population outcomes.</td>
<td>Further guidance to be issued in due course on industry engagement</td>
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<td></td>
<td>Strengthening and forging effective partnerships with universities (in particular for those LHBs with University as part of their title) in the specific areas of teaching, research and knowledge transfer.</td>
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<tr>
<td></td>
<td>(For University Health Boards) Articulating their role as research and teaching institutions, focusing on:</td>
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<td></td>
<td>• progress towards research and teaching objectives</td>
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<td>• demonstrating how it is/will impact and lead to real world benefit for patients and people of Wales</td>
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<td>• mapping out changes in terms of clear deliverables and targets, resource allocation, and performance management milestones</td>
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<td></td>
<td>Actively embracing opportunities to engage with industry, recognising that such relationships are essential to achieve the innovation, improvement and knowledge transfer functions of University Health Boards. Noting that there must be a ‘primacy of public interest’ in any such partnership arrangements.</td>
<td></td>
</tr>
<tr>
<td>Absolute transparency on performance</td>
<td>Maintaining the commitment to transparency on performance, through:</td>
<td>Together for Health Achieving Excellence - The Quality delivery plan for the NHS in Wales 2012-2016</td>
</tr>
<tr>
<td>Together for Health themes</td>
<td>How does the Integrated Medium Term Plan demonstrate evidence that Health Boards and Trusts are:</td>
<td>Key Reference documents</td>
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<td>● approving the Medium Term Plan in a public session of the Board; and</td>
<td>Framework for Assuring Service User Experience</td>
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<td></td>
<td>● referencing the Annual Quality Statement</td>
<td>Achieving Excellence - The Quality delivery plan for the NHS in Wales 2012-2016</td>
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<td></td>
<td>Using and developing data, both as management information, and as a foundation for improvement and innovation.</td>
<td>Carers Strategies (Wales) Measure 2010</td>
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<td>Delivering Local Health Care - Accelerating the Pace of change</td>
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<td>Delivering Safe Care, Compassionate Care</td>
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<tr>
<td>A new partnership with the public</td>
<td>Listening to and acting on views of patients and carers.</td>
<td>Suite of National Delivery Plans</td>
</tr>
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<td></td>
<td>Ensuring self care and self management as a suite of techniques and tools to help people maintain good health and a fundamental transformation of the patient – carer relationship into a collaborative partnership.</td>
<td>Our Healthy future</td>
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<tr>
<td></td>
<td>Recognising the importance of personal responsibility for health.</td>
<td>Fairer Health Outcomes for all</td>
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<td></td>
<td>Recognising the cultural needs of local communities, in particular rural communities the welsh language.</td>
<td>Sandiau Health Plan - Improving Integrated Service Delivery across Wales</td>
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<tr>
<td></td>
<td>Actively offering services through the medium of Welsh, for four priority groups where language is important. These are: ● children and young people ● older people ● people with learning disabilities; and ● people with mental health problems</td>
<td>Welsh Language Act 1993</td>
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<td>Welsh Language (Wales) Measure 2011</td>
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<td>Welsh Language Act 1993</td>
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<td></td>
<td></td>
<td>Welsh Language (Wales) Measure 2011</td>
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<tr>
<td></td>
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<td>More than just words - Strategic Framework for Welsh Language services in Health, Social Services and Social Care</td>
</tr>
<tr>
<td>Together for Health themes</td>
<td>How does the Integrated Medium Term Plan demonstrate evidence that Health Boards and Trusts are:</td>
<td>Key Reference documents</td>
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<td></td>
<td>Maximising opportunities afforded by telehealth to support independent living. Reflecting responsibilities of the Equality Act 2010 The duty covers the protected characteristics: age, gender reassignment, sex, race, disability, pregnancy and maternity, sexual orientation, religion or belief. Also ensuring the rights of children are considered.</td>
<td>The Equality Act 2010 UN Convention on the Rights of the Child</td>
</tr>
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| Making every penny count | Yielding maximum value from every investment through:  
- improved productivity and efficiency;  
- removing harm, waste and variation;  
- capacity modelling underpinning plans;  
- effective rostering;  
- job planning;  
- management of sickness absence and health and well being at work;  
- 7 day working patterns; and  
- exploiting opportunities of technologies and innovation.  
Delivering within the available financial resources and putting Health Board’s and Trusts on a sustainable resource footing. Realising benefits from infrastructure and capital investments. Supporting growth in the Welsh Economy either through:  
- research and Development links and initiatives, | NHS Wales delivery framework 2013-14 and future plans NHS Finance (Wales) Bill & Explanatory Memorandum |
<table>
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<tr>
<th>Together for Health themes</th>
<th>How does the Integrated Medium Term Plan demonstrate evidence that Health Boards and Trusts are:</th>
<th>Key Reference documents</th>
</tr>
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</table>
|                             | including University collaborations  
• local procurement approaches  
• exploiting opportunities to collaborative with local/national industries  
Recognising the legal duty regarding sustainability, in particular the requirement to demonstrate best practice in planning and design, building, transport, waste management, and in use of energy and water. | One Wales: One Planet, a new sustainable development scheme for Wales  
Future Generations Bill: Better choices for a better future |
Clarifying Extant Planning Requirements

2.6 In developing this framework, NHS Wales has requested clarity on what extant planning requirements this framework will amend or replace - notably prevention & health improvement, delivery, quality, workforce, and finance. This section addresses this point, with further detail provided in Annex A.

Prevention and Health Improvement

2.7 Health Boards have responsibility for population health. Working collaboratively with public and third sector partners is essential to fully addressing the health needs of localities. Recognising that health improvement and reducing inequalities should be at the heart of plans, there is no longer a requirement for separate Local Public Health Strategic Frameworks, and the requirements for these will be incorporated into the Integrated Plan for 2014/15. The ability to understand health and wellbeing need at a locality level is also important, enabling the local level infrastructure to drive the planning agenda. These requirements are set out in detail in:

- Our Healthy Future, Wales’ National Public Health Strategic Framework
- Fairer Outcomes for All; and
- Delivering Local Health Care

Delivery

2.8 The key delivery requirements set out within the 13/14 NHS Wales Delivery Framework, should be reflected in 14/15 Medium Term plans. Organisations should note that work continues to develop the new NHS Outcomes Framework, which is due to be published in spring 2014. Health Boards and Trusts will be expected to take account of the new outcomes framework as part of their routine refreshing of plans through local and national planning cycles.

Quality

2.9 The continuous drive for quality improvement must be a golden thread through the Integrated Plan. The Integrated Plan Quality component should reflect the areas for improvement identified through the Annual Quality Statement. The integrated Medium Term Plan does not negate the requirement for the Annual Quality Statement.

2.10 The key quality related requirements that plans are expected to meet are set out within the:

- Quality Delivery Plan for Safe Care
- Compassionate Care, NHS Wales response to Francis; and
- the NHS Delivery Framework – Quality indicators
**Workforce**

2.11 The Integrated Medium Term Plan replaces the need for separate workforce plans.

2.12 The key workforce related requirements are set out within the:

- *NHS Delivery Framework* – workforce indicators; and

2.13 In terms of expectation, there are a number of mandated workforce templates that NHS Organisations are required to complete and submit as part of their Integrated Medium Term Plan submission. These are detailed in Annex B. It is anticipated that these will evolve to become more detailed in future years.

**Finance**

2.14 The expectations and financial requirements of Local Health Boards have been set out in Standing Orders and Standing Financial Instructions and the updated Ministerial Letter on “Statutory Financial Duties of NHS Trusts and Local Health Boards.

2.15 Boards are required to develop Integrated Medium Term Plans, including a balanced Medium Term Financial Plan.

2.16 Each organisation's allocation will be confirmed in the allocation letters to be issued in December 2013.

2.17 The key financial requirements are set out within:

- *NHS Delivery Framework*;
- *NHS Finance (Wales) Bill and Explanatory Memorandum*;
- *Standing Orders and Standard Financial Instructions*.

2.18 In terms of expectation, there are a number of mandated templates that NHS Organisations are required to complete and submit as part of their Integrated Medium Term Plan submission. These are detailed in Annex B.

**Commissioning**

2.19 For Health Boards to discharge their responsibility to their resident population the Integrated Medium Term Plan must be underpinned by population health needs based commissioning plan. This commissioning plan will apply to all
services required to meet the needs of the resident population, including externally provided services and independent contractor services.
SECTION 3 - PLANNING CYCLE, SCRUTINY, DELIVERY & ESCALATION

Planning Cycle

The key phases in the planning cycle are illustrated below:

Figure 1: Planning Cycle

3.1 This cycle demonstrates a shift from planning and the development of plans being one of an annual event, around annual plans, to a more dynamic process of development, delivery and recalibration of rolling 3 year plans. The proposed NHS Finance (Wales) Bill also facilitates a change, both providing financial flexibility opportunities and milestones, notably the need for Health Boards and Trusts to submit approved plans to Welsh Government prior to the start of the financial year. This is to ensure sufficient time to test, revise and iterate if necessary prior to plan approval and any agreement of the Recoverable Revenue Resource Limit adjustments.
Scrutiny

3.2 The new approach to planning described within this document, coupled with the planned changes to the financial regime, heralds a new approach to the scrutiny of plans. In order for assurances to be given at a national level, and the requisite approval to adjust resourcing limits, plans will need to be subjected to rigorous assessment both locally and nationally.

3.3 Some principles underpinning the scrutiny and assurance process are:

- **transparency** – a clear assessment methodology with explanation of interventions and escalation process and how they will be applied.
- **standardisation** – around the way in which the nationally significant components of plans are reviewed.
- **proportionality** – a risk based approach reflecting the different starting points and challenges for different organisations (key indicators rather than being an all encompassing audit).
- **flexibility** – an assessment and delivery framework that can be agile to political priorities as well as to maturing organisations.
- **challenge and honesty** – applying rigour to delivery of plans and planning.
- **developmental** – focusing on supporting improvement in Health Boards and Trusts.
- **consistency** – with the developing NHS Outcome Framework.

3.4 The key components of the scrutiny and assurance model are:

- effective local scrutiny
- effective national scrutiny
- robust local assurance mechanisms
- robust national assurance mechanism
- national escalation processes
The diagram below shows the interrelationship with the planning cycle:

**Figure 2: Planning & Scrutiny cycles**

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**Local Scrutiny**

3.5 Central to the scrutiny and assurance model is the clear expectation that Health Boards and Trusts will have appropriate and robust scrutiny and assurance arrangements at a local level. Organisations will be required to describe their governance and performance management structures in their Integrated Medium Term Plans. These arrangements should include assurances process for contractor services as well as for directly provided and commissioned services.

3.6 An effective national scrutiny process is predicated on strong local scrutiny and assurance arrangements and capabilities. As statutory organisations, Local Health Boards, Trusts and their Boards must take full responsibility and be fully accountable for the approval and delivery of their plans.

3.7 Boards will be expected to approve final draft versions of their plans in January to enable submission to Welsh Government by 31 January 2014.
Final versions, reflecting any amendments following national scrutiny will require local approval before the start of the financial year.

3.8 The long term aim is for the requisite level of assurance and scrutiny to happen at organisational and Board level, resulting in a risk based approach at a national level. Boards themselves have recognised a developmental need here and are being supported in developing these skills and capacity (further detail in Section 4).

3.9 At a local level, partnership arrangements in the scrutiny process must be considered. Whilst there are currently no formal requirements for other partners to scrutinise and approve an NHS organisation’s Integrated Medium Term Plan, there are expectations that critical components of the plans will have been through collaborative mechanisms and those joint elements approved through those recognised and/or mandated structures, for example, Single Integrated Plan priorities, Unscheduled Care Plans, Services for Older People, and Mental Health Partnerships etc.

3.10 Recognising the move towards integrated models of planning and delivery across health and social care in particular but other public and third sector partners, work is ongoing exploring any formal requirements for public and third sector partner engagement, support and potential scrutiny and approval of plans.

National Scrutiny

3.11 The purpose of a national scrutiny and assurance process is to ensure there are adequate checks and balances in place to provide a confidence level for Welsh Government and ultimately the Minister for Health and Social Services on the robustness of Integrated Medium Term Plans and a reliable mechanism to track their delivery. The scrutiny and assurance process will also inform whether organisations are improving their approach to planning and are demonstrating the requisite, skills, capacity, leadership and behaviours.

3.12 The Welsh Government is strengthening its arrangements to scrutinise plans. The arrangements are taking account of the likely introduction of the NHS Finance (Wales) Bill in April 2014 and the anticipated development of Health Board and Trust Boards’ maturity in planning and scrutiny.

3.13 The Welsh Government will approve Local Health Board plans subject to the requirements set out in this framework being met, including satisfactory local scrutiny and approval taking place and associated due processes being followed. Approval by Welsh Government may lead to adjustments in resourcing limits in line with the proposed NHS Finance (Wales) Bill and may be subject to certain conditions. It is stressed that the primary responsibility for plan approval and delivery resides with the Boards of the statutory NHS organisation. Through its scrutiny, the Welsh Government is essentially seeking assurance that Boards have undergone a robust process of plan development and approval. The Welsh Government approval of plans does
not transfer accountability for delivery and local assurance from the NHS organisation.

Delivery

3.14 The NHS Delivery Framework sets out the current monitoring process for Tier 1 elements of plans. The Delivery and Performance monitoring arrangements have broadened to allow a rounded assessment (quality, finance, performance, service change) of performance against an organisation’s plan.

3.15 The ongoing work to enhance current arrangements include improvements to the:

- Quality Management System – this is currently developing and focuses on quality issues such as serious and critical incidents, National Patient Safety Alerts implementation compliance and any other quality areas where assurance is being sought. It will feed into the Integrated Delivery System;
- NHS Outcomes Framework – the development of a holistic outcomes framework, reflecting views of patients and the public and aligning existing outcome measures; and
- NHS Finance (Wales) Bill – if introduced, the new financial regime will demand a greater level of sophistication in the tracking of monthly integrated performance in order to minimise the potential risks.

3.16 The enhanced integrated delivery and monitoring framework reflecting this work will be in place from 1st April 2014.

3.17 It is anticipated that it will build on the current Delivery Framework, reflect the principles set out above and continue to be delivered through a framework of supporting meetings between Health Boards/Trusts and Welsh Government, serviced by robust and timely information and intelligence sources. The meeting framework below illustrates how the monitoring of the delivery of plans will work:
3.18 The orange boxes denote the regular routes for monitoring the delivery of critical service elements.

3.19 The blue boxes show the route through which this business intelligence is utilised and assimilated. The monthly Integrated Delivery Board (IDB) sessions provide opportunity for rounded consideration of an organisation’s performance, dealing with matters escalated to it, on an exception basis through the regular mechanisms (orange boxes). These Welsh Government meetings agree a consolidated picture of delivery and performance for each organisation, which goes on to inform the bi-monthly service-facing Quality and Delivery meetings.

3.20 Further opportunity for general delivery issues emerge in the form of the monthly Chief Executive Meetings and the Chairs meetings.

3.21 On a six monthly basis, overall performance, as well as forward planning, is dealt with in Joint Executive Team meetings between WG and each NHS organisation. The outcome of these JET discussions is then triangulated with intelligence, audits reports and inspections from the regulatory and inspectorate bodies (Welsh Audit Office and Health Inspectorate Wales).
Escalation

3.22 Escalation can be triggered at both the initial scrutiny of plans stage as well as a result of in year deterioration of performance against the plan. The escalation framework currently in place (NHS Delivery Framework) remains extant and common to both stages.

Scrutiny stage

3.23 If, following initial scrutiny of plans, the Welsh Government does not have the required levels of confidence that the plans are robust or balanced, then the escalation process will be triggered. Depending on the escalation level and elements of the plan causing concern, a number of options are available.

3.24 The planning submission, approval and response processes are explored in detail in Annex 2 – “The Practical Application of the Duty” of the Explanatory Memorandum to the Financial Bill. The Annex illustrates the process through different scenarios. In summary, the options available to Welsh Government if assurances cannot be given to the plan are:

- require the Board to resubmit their plan within a set timeframe, addressing the areas of concern and noting any recommendations of support;
- if, following resubmission, there remain concerns, Welsh Government would escalate in line with escalation and intervention powers until a balanced plan was submitted and assured; and
- until Welsh Government confirms it has assurance for any given plan and therefore can approve adjustments to resourcing limits, Local Health Boards would be limited to the baseline Revenue Resource Requirement, with no additional financial flexibility.

Delivery stage

3.25 In terms of the delivery of plans, the escalation status of each Health Board or Trust is determined at the Integrated Delivery Board (IDB) and communicated to the Chief Executive of each organisation outlining any issues of concern around delivery.

3.26 Typically, Welsh Government requires that Health Boards and Trusts implement remedial action in the event of non delivery. This is the responsibility of the Health Board or Trust through organisational governance and accountability. Escalation is implemented when assurance is not provided and involves associated implications at various levels.

Statutory powers of intervention

3.27 As outlined in the NHS Delivery Framework, at both the scrutiny and delivery stages, the escalation framework is complemented by the statutory powers of direction and intervention vested in the Welsh Ministers by the National
Health Service (Wales) Act 2006 and the Accountable Officer Appointment Letter and Memorandum.
SECTION 4 - CREATING THE ENVIRONMENT FOR SUCCESS

4.1 In addition to striving for excellence in the quality of care, NHS Wales must aim for excellence in planning. The features of an effective planning system highlighted in Section 1 give an indication of where skills in integrated planning, scrutiny and assurance are needed at a local level. Feedback from the NHS, both through an online survey and through a combined planning seminar, identified the need to develop skills and capacity in this area.

4.2 It is critical therefore that capability and capacity development runs alongside the other elements of this planning framework.

Skill Development - those developing plans

Short Term

4.3 In the lead up to the late January submission of plans, a developmental approach to reviewing the planning arrangements of Health Boards and Trusts is being pursued, combining Welsh Government assessment, independent review and an element of peer review. This approach recognises the responsibility of NHS Wales as accountable organisations, whilst acknowledging the opportunity to share planning practices across Health Boards and Trusts. A maturity matrix approach has been employed to support organisations in their development. This matrix is outlined in Annex C.

Ongoing and Medium Term

4.4 Within NHS Wales there are a number of organisations, processes and resources to support planners in skills development and the activities associated with planning.

4.5 Public Health Wales is a source of some helpful resources to inform key stages of planning. The Public Health Observatory is a key influencer of needs assessment intelligence. In addition, Public Health Wales host 1000 Lives Plus. This is the national improvement programme supporting organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales. The programme is focused on building capacity and sustaining and spreading improvement. Its work programme is defined by NHS Wales.

4.6 The Workforce Education & Development Services (NHS Shared Services Partnership) will provide support to the Workforce elements of planning. A workforce configuration tool is already used in a number of organisations and provides a systematic way to address workforce planning.

4.7 Taking a longer term approach to the development of planning in NHS Wales, a feasibility study on the professionalisation of planning as a recognised discipline has commenced and will be complete by March 2014. It will:
• further engage with NHS Wales on the concept;
• research other professions where this approach has been successful;
• research effective training programmes; and
• explore options around increasing accreditation, training and standards for planning.

4.8 In parallel with, and contributing to, this feasibility study is a proposed **Community of Practice: Integrated Planning**. This will build on the successful integrated planning Seminar held in September 2013 where opportunities for joint learning, collective leadership and collective action were identified.

4.9 There are a number of resources from outside Wales that are useful checkpoints in the planning toolkit. These include the Trust Development Authority and Monitor, who although targeted at aspirant or actual Foundation Trusts offer some helpful resources to prompt thinking in planning. Commissioning Support Units in NHS England also offer some useful resources and reflecting the required emphasis on population health and outcomes based planning.

4.10 A planning portal will be developed to signpost these and other forms of advice and support.

**Skill Development – those Scrutinising Plans**

4.11 Boards of Health Boards and Trusts have in place **Board Development Programmes** and it is expected that these programmes create space for reflection and learning on critical elements of their duties such as scrutiny and assurance. What is described here is over and above that provided at local level.

4.12 **Academi Wales** runs a series of Board Development Programmes, and is producing an updated new Board Members’ Handbook (The Good Governance Guide for Public Services in Wales: doing it right, doing it better – estimated date of publishing December 2013). The updated handbook and wider programmes will include a focus on their roles of scrutiny and assurance, particularly in view of the changes to their Standing Orders and Standing Financial Instructions under the changes to the financial regime.

4.13 In addition, the **NHS Confederation** is considering what additional support it can provide its members to better equip them to develop and scrutinise plans.

4.14 The Structured Assessment delivered through the **Welsh Audit Office (WAO)** offers a further mechanism for identification of areas for Board development. This is coupled with learning that is expected from other WAO reports into other governance structures.

4.15 The **E-governance manual** is an additional tool which provides advice and
guidance on all aspects of governance in the NHS in Wales. The manual is based on the Welsh Government's Citizen-Centred Governance Principles, which apply to all public bodies in Wales.

4.16 The manual supports NHS organisations in defining, implementing and maintaining their governance arrangements. It provides direction, guidance and support to Board members and NHS staff to enable them to fulfill their own responsibilities and ensure their organisations meet the standards of good governance set for the NHS in Wales.

4.17 The table in Annex D provides a summary of, and links to, some of the named resources; work in train and proposed work. It is not exhaustive.
Improving health and reducing health inequalities

*Together for Health* highlighted that ‘The time has come to make a decisive shift from just managing sickness to creating a healthy Wales…….Sometimes it is suggested improvement will take a generation. Some things will, but we must also focus on real, substantial changes within five years’. It set out that every Local Health Board will set clear targets for action and deliver against them, explaining each year how health is improving and health inequalities are narrowing.

To date, this requirement has been discharged by LHBs and Trusts via their local Public Health Strategic Frameworks (LPHSFs). In moving forward, the LPHSFs requirements will form an integral part of the Integrated Medium Term Plans. Therefore Plans must demonstrate that prevention is at the heart of the NHS in Wales and that real progress is being made with the priorities set out in *Our Healthy Future*, as well as priorities identified through local health needs assessment, Single Integrated Plans, Communities First and other major Programme for Government initiatives.

For LHBs and Trusts it is expected that the public health focus within the 2014/15 Integrated Medium Plans will be to protect and improve health and wellbeing for all, with the pace of improvement increasing in proportion to the level of disadvantage. By:

- continuing to sharpen activity on public health priorities, in line with *Our Healthy Future* and local needs;
- continuing to deliver, sustain and improve public health action to achieve population level outcomes;
- realising the potential of secondary and primary care services to support the improvement of health and wellbeing in their populations;
- identifying and tackling health inequalities;
- supporting and encouraging partnership working on shared agendas; and
- identifying and sharing best practice and lessons learned with others;

**Quality**

The foundations for high standards of health care are set out in the *Quality Delivery Plan for Wales* and *Safe Care, Compassionate Care*, the *NHS Delivery Framework* and in the suite of Delivery Plans.

Welsh Government wants to be assured that every NHS organisation in Wales has active plans, in place to meet these expectations across primary, community, secondary, and tertiary services. These should be underpinned by strong clinical governance processes. This needs to extend not only to the services directly provided but those commissioned from others, including the third sector.
Patient experience has remained a Tier 1 priority for Welsh Government and NHS organisations this year and there is a clear expectation that organisations will fully implement the Framework for Assuring Service User Experience with pace during 2013/14.

In terms of Quality, we expect 2014/15 Integrated Medium Term Plans to:

- demonstrate a coherent clinical strategy that supports the delivery of high quality care;
- reflect a fundamental commitment to, and emphasis on prevention;
- provide evidence of delivery and monitoring of the key performance indicators of quality and safety (as set out in NHS Delivery Framework and then NHS Outcomes Framework);
- reflect key actions for the organisation coming from local learning and Delivering Safe Care, Compassionate Care, and the NHS Wales response to the Francis report;
- provide evidence a culture that promotes safety and is regularly tested for resilience with evidence of improvement in services for patients and support for staff;
- actively manage Quality Triggers and underpinning mechanisms for governance;
- provide evidence of innovation and the potential role of new technologies;
- promote participation in research in line with NISCHR requirements; and
- clearly articulate improvement priorities and actions as identified in the Annual Quality Statement.

Delivery and Performance

Welsh Government and NHS Wales’ ambition is for all NHS organisations to deliver on behalf of their patients and communities. These ambitions must be built on each organisation’s ability to deliver the core standards.

The public in Wales has rightly come to expect certain standards from health services, standards which are not yet uniformly and consistently achieved and maintained.

The Delivery Framework 2013/14 clarifies Welsh Government’s priorities for measuring the performance of the NHS. Referred to as Tier 1, priorities are aligned with Ministerial policy and designed to improve standards and outcomes whilst ensuring a focus on prevention, integration and quality.

There is ongoing engagement work supporting the development of the NHS Outcome Framework due to be finalised for April 2014. The aim of the Outcomes Framework is to support more meaningful measurement of the NHS for both the public and NHS staff. Patient experience and joint communication between
NHS staff and patients in the management of their care is a consistent theme developing from the work.

The current NHS Delivery Framework should be used as you develop your 2014/15 Plan. When you update your plan for 2015/16 you will be expected to reflect the new NHS Outcomes Framework.

In terms of Delivery & Performance, we expect 2014/15 Integrated Medium Term Plans to reflect the following:

**Demand and Capacity Planning**

There is a need for an integrated Demand and Capacity model to underpin the successful delivery of a safe, sustainable and high quality health service that achieves the full range of delivery requirements.

- Plans need to demonstrate robust demand and capacity modelling, which is based on whole system delivery for both scheduled and unscheduled care and is developed through the original assessment of need of the local population.
- This modelling needs to demonstrate the bed requirements to ensure both current and future needs are identified and planned for and that there is evidence of the ability to be flexible in times of pressure. Full costing of this needs to be evident and covered in the integrated plan.
- As part of this modelling we would expect to see evidence of benefits delivered through improved efficiency and productivity, measured as a minimum against national and UK benchmarks.
- This modelling then needs to demonstrate links to Workforce requirements to meet the assessed demand, as a minimum this needs to cover Medical staffing, Nursing, Diagnostics, Therapies.
- Any planned demand management solutions need to demonstrate ownership and links with Primary care as the drivers for delivery.

All the elements of the demand and capacity modelling should be supported by clearly identified delivery milestones and timescales.

**Summary Assessment against Tier 1 measures and forward delivery plan**

A template is set out in Annex B1 which requires completion and submission with the Medium Term Plan it covers:

- Baseline position as of end of March 2014 which at worse should be the outturn position agreed with Welsh Government 2013/14.
- Where year end performance is not delivering against target- a monthly recovery trajectory is required to demonstrate when you will deliver and sustain against target within year. With a risk assessment against delivery.
- Your plans should then link to the solutions which will support delivery against the trajectories.
Any proposed solutions included in plans need to clearly document:

- who is the lead
- key milestones for delivery
- what is the impact of the action
- the timeframe for delivery – including any associated risks to delivery.

**Workforce and Organisational Development**

Working Differently, Working Together (WDWT), recognises that workforce is the most critical element of NHS Wales and the key determinant to the success of any NHS organisation. A fully engaged workforce, clear about the objectives with a defined role to play in delivering better care will help ensure that standards in NHS organisations are high.

Healthy and effective organisations will have clear plans for how they will utilise their staff, what training and development they will provide and the necessary skills to make service, process and quality improvements at the front line. It is the Welsh Government's expectation that Local Health Boards and Trusts will be able to demonstrate through their plans that they are managing their workforce in a way which is consistent with service change plans, partnership programmes and internal cost improvement plans as well as improving performance against the relevant workforce indicators in the NHS Delivery Framework.

Where plans are subject to consultation, an overview of the workforce implications should be outlined. It should be noted that these are subject to further refinement and outcomes from any consultation required and where there are scenarios and different options then this should also be noted.

In terms of Workforce, we expect 2014/15 Integrated Medium Term Plans to:

- Demonstrate how Workforce related Tier 1 measures are met (as per above)
- Have followed the 6 stage approach to planning (which align with the recognised 6 Stage model for Workforce Planning) to enable completion of the required workforce templates at Annex B
- Complete Annex B, Future workforce projections in order to inform will be education commissioning requirements. Due to the planning cycle for education commissioning timescales for these projections (supply / demand) must be completed in line with the timescales stated (i.e. they extend beyond the 3 year medium term planning cycle)
- Set out proposals for improving the health & well being of the workforce, including the effective management of sickness absence.
Finance

Whilst achieving improved population health and securing high quality services on a sustainable basis for the people of Wales remains our core ambition, this must be achieved alongside sound business planning, service efficiency improvements and tight financial control.

Our aim is to ensure that over the coming years, NHS organisations will maintain a tight grip on the management of all resources, including workforce, finance, capital and information, enabled through the move to a three year planning and financial cycle.

Welsh Government will support this through the introduction of the NHS Finance (Wales) Bill. The Bill, if it is approved and becomes an Act of the assembly, will enable Local Health Boards to manage their organisation’s resources flexibly and take a more strategic approach to service planning, recruitment, procurement and service delivery by being able to use financial flexibility over a 3 year rolling period.

Flexibility within a rolling three year period will allow Health Boards to focus their service planning, workforce and financial decisions over a longer period and is expected to result in better decision making and optimal solutions by Health Boards. It will also remove a significant challenge within the current regime, which encourages short term decision making around the financial year end, which may not be in the longer term interests of the organisation.

In terms of finances, we expect the 2014/15 Integrated Medium Term Plans to:

- comply with the Standing Orders and Standing Financial Instructions and the updated Ministerial Letter on “Statutory Financial Duties of NHS Trusts and Local Health Boards”
- include a balanced Integrated Medium Term Financial Plan which demonstrates financial health over a three year period that delivered required value for money
- demonstrate a breakeven in a 3 year (36 month) rolling period
- Annex B (Document overview) identifies the content expected in terms of financial component of plan

Infrastructure Investment (capital)

NHS organisations should have Property and Asset Management Strategies (PAMS) in place which demonstrate how the asset base will be developed to meet future service needs. It is expected that these should not just focus on the estate (land and buildings), but should include other significant physical assets including vehicles, medical equipment and Information Management & Technology (IM&T) equipment and infrastructure. They should cover all healthcare settings, including primary care.

It is important to emphasise that the management and development of the asset base should not happen in isolation. It should be an integral part of service planning. An organisation’s PAMS should identify service led changes to the asset base, and
demonstrate how assets will need to change through investment, acquisition or disposal to meet current and future service needs.

Some of the information required regarding infrastructure is required for a 5 year period to reflect the longer investment and delivery period of infrastructure schemes. This will assist Welsh Government in managing the affordability of forward requirements across Wales. It is expected that all schemes will already have been identified and discussed with the Capital, Estates & Facilities Team. Including schemes or programmes in the Medium Term plan does not replace the need for the existing business case and approvals process.

In terms of Infrastructure Investment, we expect the 2014/15 Integrated Medium Term Plans to:

- not replicate all of the detail from the PAMS.
- provide a strategically prioritised programme for capital investment. A template is provided to capture both the approved elements (Full Business Case and Business Justification Case) as well as the prioritised programme of unapproved schemes (Annex B). The incremental revenue consequences of these investments is also required to be identified.
- where appropriate, for example in relation to primary care premises developments, a strategically prioritised programme for revenue funded infrastructure investments. A template is provided for organisations to reflect both a capital value as well as forecast revenue repayments.
- include the Key Performance Indicator schedule within the Property & Asset Investment schedule. This information will help inform Welsh Government investment decisions over the medium term period. The High Risk Backlog Maintenance is important to inform the Capital Programme and this will be discussed within Capital Review Meetings going forward.

In terms of individual schemes, the narrative should capture the purpose and description of scheme, the amount and timing, the links to the delivery of other aspects of the Integrated Plan such as quality, clinical and service, workforce delivery and performance and finance – and the risks and impact if slippage occurs.

**Commissioning**

The following principles of Commissioning principles should be reflected in 2014/15 Integrated Medium Term Plans:

- Ensure any planned or commissioned services are underpinned by population needs assessment, demand and capacity planning; addresses health inequalities and does not discriminate between groups.
- Commission and plan services that are based on sound evidence of clinical effectiveness to ensure services are cost effective and reflect robust local priorities.
- Commission and plan services that are delivered as close to where patients live, where appropriate.
- Commission and plan services for outcomes by ensuring services are monitored and reviewed to determine whether best value and outcomes are being achieved for the local population.
- Ensure the strategic planning that informs the commissioning process takes place in collaboration with all key stakeholders including local authorities, clinicians, service providers, patients and the public.
- Improve the efficiency and productivity of services commissioned by engendering “best in class” within our services, by commissioning through specified care pathways and challenging clinical variations, ensuring outcomes are delivered by managing the delivery of plans through to delivery.
- To explore new models for commissioning by working with public service providers and acknowledge the Commissioning Cycle and Associated Processes. An overview is provided below:

**Figure 4: Commissioning Cycle**
ANNEX B – DOCUMENT OVERVIEW

As a minimum, your Integrated Medium Term Plan should cover the following:

1. EXECUTIVE SUMMARY

2. HEALTH BOARD PROFILE

This section needs to give an overview of headline issues, a pen picture, in the following areas rather than a fully comprehensive profile.

- Health economy overview
- Public Health overview
- Provider services
- Overview progress in areas of:
  - Quality & Patient Experience – Annual Quality Statement as a starting point
  - Workforce
  - Finance
  - Performance
  - Partnerships
- Teaching & Research

3. LOCAL HEALTH NEEDS & CHALLENGES

This section demonstrates that an organisation has done the essential diagnostic in terms of understanding its operating environment, especially local need and service and workforce pressures and opportunities.

- Health Needs assessment
- Commissioning Plan
- Technological opportunities
- Local pressures based on:
  - health needs
  - service pressures
  - workforce pressures
  - internal operating environment
4. STRATEGIC CONTEXT

This section should set the organisation in the context of the national and local strategic framework

- Section 2 and Annex F provides the national strategic context
- National drivers, outcomes frameworks and strategies, workforce drivers
- Local strategic direction (mission statement/purpose/vision)
- Future state—what does success look like in three years? What will patients, public, and stakeholders see from investment in organisations
- Clinical strategy
- Workforce—key themes to deliver clinical strategy

5. SERVICE CHANGE PLANS & INITIATIVES

This is a critical section in the IMTP—it essentially describes the key change/transformational programmes that have emerged as priorities based on your initial diagnostic. These programmes must be described in an integrated way and will cover commissioned services from both in house and externally provided services.

These priority programmes are likely to emanate from:

- Your initial diagnostic (needs assessment, engagement activities, service pressures etc)
- Planning requirements (strategic and specific)

For each priority service change programme/plan must as a minimum include:

- Baseline position (performance, key measures etc)
- Define future state
- Detail the service change and milestones
- Relevant demand & capacity plan
- Workforce implications and actions
- describe in context of impact on quality, workforce, activity (delivery, finance (rev and capital))
- Partnership issues and sign of if appropriated
- Risks of delivery including workforce risks

6. QUALITY IMPROVEMENT

Quality and the focus on it should be a thread that runs through all components of the plan. This section provides opportunity to highlight particular Quality Improvement approaches and could include:
• Baselining of Quality indicators (link to AQS)
• Projections of improvements
• Identification of actions required to improve

7. ORGANISATIONAL DEVELOPMENT (note mandated templates for workforce)

Workforce elements must be embedded in all sections of the plan (particularly service change areas).

This is an opportunity to focus on key organisational development priorities including engagement, leadership and any other priority elements of the Workforce & OD Framework Working Differently, Working Together.

Organisational development should also recognise the need to engage Primary Care and other partners in delivery.

8. FINANCE (note mandated templates for revenue and capital)

Revenue section that includes as a minimum:

- Income and cost assumptions,
- Income and expenditure summary
- Details of savings plans
- Capital expenditure plans
- Cash flow forecast

Reflect resource assumptions agreed at Directors of Finance as a basis for its plan, providing a rationale for departure from these. These will include assumptions regarding:

- Pay awards
- Non pay inflation
- Changes to resource allocations, in particular details of inflation funding
- Capital planning envelopes
- Impact of:
  - Demographic change
  - Technology change (including impact of NICE)
  - Specific service demand changes arising from policy initiatives and any associated changes eg immunisation, Continuing Health Care.

Reflect commissioning and contractual proposals by partner Local Health Boards
Financial risk strategy as part of overall Integrated Risk Strategy and Risk Management Plan

Plans identify integrated services and budgets and the outcomes for which they are intending.

The organisation has aligned performance, quality, workforce and financial plans to demonstrate consistency.

Capital section

- The impact of capital investment on revenue sustainability should be demonstrated.
- Note mandated infrastructure/capital investment template which:
  - captures high level revenue information linked to each scheme
  - a description of this in the associated scheme narrative
  - captures details of asset key performance indicators (KPI's). The baseline data should match the 2012-13 Estates and Facilities Performance Management System (EFPMS) return.

The narrative should provide a clear statement of assets’ current condition and performance. It should also describe how the KPI’s will develop over time and how key issues in terms of asset condition and performances are being addressed through investment and/or disposal.

Note mandated revenue funded investment template B14 which captures information, for example in relation to primary care developments, on a scheme by scheme basis.

9. BUILDING CAPABILITY & DELIVERY

This section provides some detail on the critical enablers for delivery

- ICT
- Service and process improvement
- Infrastructure – capital and estate
- Organisational Development (e.g. clinical leadership, engagement)
- Research & Development
- Innovations
- Collaborations and partnerships
- Systems for technology adoption
10. STEWARDSHIP & GOVERNANCE

This section describes your planning, delivery and assurance model for the IMTP

- Operating model – planning model and cycle
- Delivery/Management arrangements
- Corporate Governance
- Risk Management
  - i. top risks
  - ii. sensitivity analysis
  - iii. risk management strategy
- Assurance – Performance Management and reporting Framework
- Financial Controls, reporting and audit arrangements
- Stakeholder engagement and support – including any engagement and consultation issues
MANDATED ANNEXES FOR INTEGRATED MEDIUM TERM PLAN

The information requested in these spreadsheets represents the minimum data set required. The majority of these annexes are critical to the assurance of plans, however some are essential to inform some other key national planning processes, notably the commissioning of educational workforce numbers. This information may be supplemented by any other detailed schedule the organisation may wish to include.

<table>
<thead>
<tr>
<th>ANNEX TITLE</th>
<th>Page number</th>
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</thead>
<tbody>
<tr>
<td>B.1 Tier 1 &amp; Activity Profiles</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.2 Financial Plan Summary</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.3 Finance – Resource Planning Assumptions</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.4 Finance – Statement of Comprehensive Net Expenditure – 3 yrs</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.5 Finance – Statement of Comprehensive Net Expenditure – Profiles</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.6 Finance – Expected Revenue Resource Limit</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.7 Finance – Year 1 Savings Plan</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.8 Finance – Years 2 &amp; 3 Savings Plan</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.9 Finance – Risks and Mitigating actions</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.10 Finance – Cash Flow</td>
<td>Excel attachment</td>
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<tr>
<td>B.11 Workforce summary wte</td>
<td>Excel attachment</td>
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<tr>
<td>B.12 Workforce summary £</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.13 Asset Investment Detail</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.14 Revenue Investment Detail</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.15 Workforce - Recruitment Difficulties Summary</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.16 Workforce Changes Summary</td>
<td>Excel attachment</td>
</tr>
<tr>
<td>B.17 Educational Commissioning information</td>
<td>Excel attachment</td>
</tr>
</tbody>
</table>
# ANNEX C – MATURITY MATRIX

## ASSESSMENT & SUPPORT OF NHS WALES 2013/14-2015-16
### INTEGRATED 3 YEAR PLANS
#### GENERIC MATRIX

<table>
<thead>
<tr>
<th>Progress levels ⇒ Key elements ↓</th>
<th>0 Not achieved</th>
<th>1 Basic level</th>
<th>2 Early progress</th>
<th>3 Results</th>
<th>4 Maturity</th>
<th>5 Exemplar</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK TO DELIVERING 3 YR PLANS:</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH / MEDIUM</td>
<td>MEDIUM</td>
<td>MEDIUM / LOW</td>
<td>LOW</td>
</tr>
<tr>
<td>1. Plan Alignment: Evidence of alignment between strategy and components of the plan (quality, outcomes, productivity, workforce, financial, capital).</td>
<td>No alignment is visible in plans</td>
<td>Alignment is visible in plans</td>
<td>Evidence of quality, service and/or workforce changes tested for cost impact. Robust and profiled projections</td>
<td>Evidence that estate and workforce have been tailored to a clear service transformation</td>
<td>Coherent aligned plan is performance managed with variance recorded and ameliorative actions taken</td>
<td>Plan is achieving triple aim success (cost, outcomes, experience); element of plan are shared and adopted elsewhere</td>
</tr>
<tr>
<td>2. National/Local Drivers: Responds to national and local priority drivers - translation of national policies in local clinical strategy and organisational vision.</td>
<td>No evidence of a clear understanding of priorities on all Wales and local basis</td>
<td>Clear understanding of priorities on all Wales and local basis but sometimes seen as central dictates</td>
<td>Partnership / neighbour priorities are evidenced</td>
<td>Plan is having impact on Health and Well-being of population</td>
<td>Local plans and National policy are aligned, and staff largely own and behave in response</td>
<td>Board contributes to national policies, strategies and innovation efforts; active exporter of skills and techniques</td>
</tr>
<tr>
<td>3. Best Practice: Ambition to deliver best-practice levels of efficiency and effectiveness</td>
<td>No evidence of ambition to achieve best practice. No evidence of benchmarking</td>
<td>Published commitment to best practice with training and improvement/ innovation strategy in place</td>
<td>Benchmarking within NHS with international comparators delivers improvements</td>
<td>Benchmarking beyond NHS with UK &amp; international comparators delivers improvements</td>
<td>Plans are future proofed to impacts of changes of technology, healthcare innovation, etc.</td>
<td>Centre of excellence</td>
</tr>
<tr>
<td>4. Dynamic and Engaged Planning: Reflecting dynamic and engaged approach to planning rather than annual event carried out by a corporate department.</td>
<td>No evidence that Plan is owned across organisation and within community</td>
<td>Board, Clinical and other staff and partners are all aware and engaged in plan development. Organisational staff respond to corporate requirements but do not buy in to process</td>
<td>Stakeholders engaged in priority setting: Plan B in place for delays. Organisational engagement is improving</td>
<td>Joint development and communication of plan with key partners &amp; neighbours incl LHBs, Trusts, LA’s, and 3rd Sector. Organisation engagement is evident</td>
<td>Plan is benefiting partners, neighbours and local health economy. Planning is a routine operational matter that is co-ordinated across the organisation and in each locality</td>
<td>Board members are recognised advocates of engagement with stakeholders. Strategy and planning are a routine matter across the system within a regular co-ordinated process</td>
</tr>
<tr>
<td>5. Realistic and Deliverable: A sensitivity analysis, risk assessment of deliverability with reference to track record of delivery.</td>
<td>No evidence that plan is owned across organisation and within community</td>
<td>Integrated plan articulates how the vision will be achieved over a three year period - with reference to what outcomes will be delivered by when &amp; how</td>
<td>Key risks (quality, service, access, workforce, finance) identified in plan with evidence of controls and assurance</td>
<td>Both track record and current performance illustrates achievement on wide range of issues and themes</td>
<td>Forward look risk assessments anticipates problems to assure resilience</td>
<td>Ability to modify plans and actions to keep on track is recognised by others</td>
</tr>
<tr>
<td>6. Assurance: Clarity on monitoring/assurance and delivery mechanism.</td>
<td>Insufficient assurance on the local monitoring/assurance and delivery mechanism.</td>
<td>Board clear on roles and accountabilities</td>
<td>Board demonstrates how will ensure effective leadership, governance and assurance with adequate management process in place to deliver goals</td>
<td>Board has track record of dealing successfully with difficult issues</td>
<td>Succession planning and external independent assurance provides confidence of resilience</td>
<td>Board members are recognised advocates of good governance with track record of high performance and engagement with stakeholders</td>
</tr>
</tbody>
</table>

Maturity Matrices are developed by GGI under license from the Benchmarking Institute

Nid da lleigir gwell
# ANNEX D SKILL DEVELOPMENT RESOURCES & TOOLKITS

<table>
<thead>
<tr>
<th>Existing resources</th>
<th>On-going/Developmental work</th>
<th>New opportunities</th>
</tr>
</thead>
</table>
| **Integrated Planning** | Team Wales event  
NHS Wales  
Commissioning Collaborative  
Peer Review Process  
October 2013 | Creation of A community of Practice for integrated planning  
Feasibility study on the professionalisation of planning  
Creation of a planning portal/gateway bringing resources together  
Development of a National planning Forum |
| Public Health Observatory (PHW)  
| 1000 Lives (PHW)  
[http://www.1000livesplus.wales.nhs.uk/home](http://www.1000livesplus.wales.nhs.uk/home) |  |  |
| Workforce Configuration tool (WEDS)  
| Patient Safety Wales  
[http://www.patientsafetywales.org.uk/home.aspx](http://www.patientsafetywales.org.uk/home.aspx) |  |  |
| Good Practice Wales  
| NHS Confederation Wales support  
| Rural Proofing  
[http://www.irh.ac.uk/work-programme-highlights/rural-proofing-for-health/](http://www.irh.ac.uk/work-programme-highlights/rural-proofing-for-health/) |  |  |
| Skills for Health  
| Trust Development Authority  
| Monitor  
| **Board Governance** | Refresh of Board Development Programme Setting the Direction (Acadmi Wales)  
[http://leadershiplearning.academiwales.org.uk/](http://leadershiplearning.academiwales.org.uk/) |  |
| E-Governance Manual  
| NHS Confederation Wales support  
| Good Governance Institute  
ANNEX E – A MODEL FOR PLANNING

What is planning?

Welsh Government and NHS Wales have recognised the role that planning has in providing a methodology to systematically work through these challenges and underpin the decision making process as to how the finite resources are deployed.

Planning can be described as the means to secure the best value for the population as consumers of health services, and as taxpayers. It is the process of translating aspirations and need, by specifying, planning and securing services for the local population, into service, workforce, activity and financial plans.

The planning and delivery of health services occurs in an increasingly dynamic environment, with ever changing community expectations, government priorities and technological advances. Planning can provide a route map through these issues and in doing so should be based on the following principles:

Planning to improve population health outcomes

- improving the health and wellbeing of our populations
- reducing health inequalities

Planning and service delivery that are patient-focused

- listening to and acting on what our patients and communities are telling us
- integrating services across the health and social care sector to facilitate continuity of care
- supporting greater health self-management and earlier prevention, treatment and reablement.

Planning for quality services

- ensuring clinical practice and models of service delivery are consistent with best practice and in pursuit of recognised standards
- ensuring a systematic approach to realising quality and efficiency benefits of new technologies
- ensuring services, wherever possible, are based on strong qualitative and quantitative evidence.

Planning for sustainable services

- developing, linking and delivering services in a way that is sustainable from a clinical perspective
- ensuring workforce models are sustainable
- making efficient and effective use of resources.
Planning for safe & accessible services

- delivering services as close to a patient’s home as possible, while preserving the safety, quality and sustainability of health services
- recognising that different services will be provided at locality, Health Board, regional and national levels to preserve the safety, quality and sustainability of health services.

Planning for needs of specific groups

- considering cultural diversity in communities and the health needs of specific groups
- reflecting the particular challenges faced in urban and rural communities, including deprivation
- considering the Welsh language

The Stages of Planning

The diagram below illustrates a six-stage model approach to planning.

Figure 5: Stages of Planning
Stage 1 – Understand your population and healthcare environment:

This stage is critical in undertaking a diagnostic on where the organisation is and what its current challenges and opportunities are. Included within this stage are:

- **scanning the environment** - what are the prevailing national priorities, policies and deliverables? Has the legal framework changed?
- **research service and workforce models and evidence** - opportunity systematic approach to consideration of doing things differently, considering new evidence, trends in service delivery and technological advances and the potential workforce impact.
- **understand the population** – define the population you serve, both as a commissioner and provider of services. Do you understand age and socio-economic profile and rural vs. urban nature of your population. Analysis of health and wellbeing indicators informs the planning team of the areas on which a plan should focus. Epidemiological information including mortality and morbidity data is key.
- **what is your Annual Quality Statement telling you** – using your AQS to identify priority areas
- **describe current service arrangements** – where are the challenges in your service delivery element, do you know what causes these?
- **service utilisation and projections** – demonstrating an understanding of how you service is used, where your resources are currently spent. Map current service utilisation against population needs to assess needs gap.
- **describe the current profile of your workforce** - An in depth understanding of the current workforce should be demonstrated in the diagnostic section of plans, based on a breakdown by band, full time equivalent and staff group with consideration of relevant workforce data e.g. age profiles, retirements, turnover; workforce demographics, workforce shortages, workforce indicators (productivity, sickness etc).

Stage 2 – Talk to your stakeholders

The process of engagement with staff, patients, the public and stakeholders is an ongoing one rather than an event to inform a plan. However, a concerted effort is required at this point in the planning process to ensure views are systematically fed into the process. This is a key stage in ensuring you are engaging with clinical teams, staff, patients, partners (Local Government, the Third Sector etc) and your communities:

- do you know what is important to your population and patients?
- do you systematically seek views on the priority areas for improvement?
- what are your staff telling you about service delivery needs, service pressures and opportunities?
- do you have a systematic approach to identification and appraisal of the local benefits of technology to your organisation?
- workforce plans need to be developed with engagement of other stakeholders including primary care, social services and the independent sector and in partnership with trade unions.

Working in Partnership – WDWT states that the vision for NHS Wales can only be delivered through strong partnership with staff, their representatives (recognised trade unions and professional staff organisations) and other stakeholders. Full engagement of staff is also critical to success. Organisational development priorities demonstrating how key stakeholders are part of the development of workforce plans and how shared vision is developed around service priorities will be key.

**Stage 3 – Create the vision and define the outcomes**

Based on your diagnostic of your operating environment, needs assessment, workforce profile and on your engagement activities you should be in a position to articulate what the vision, outcomes and priorities are for your organisation including key workforce themes. The outcomes you define should be in the context of the National outcomes frameworks (Public Health, Social Services and NHS) and Local Strategies and Priorities.

Articulate the vision outcomes and priorities for the workforce and identify key workforce themes. The workforce vision must be consistent with service change and reconfiguration plans, quality and safety plans and targets Delivery Plans, partnership plans (e.g. integrated care, unscheduled care) and cost improvement plans. Organisations should describe significant workforce challenges that may require a national focus to support resolution.

**Stage 4 – Forecast future service and workforce configuration and align with financial projections**

Having identified your vision and outcomes, what are the options for delivering these outcomes? Can you forecast the service models for delivery, the workforce configuration required and the financial requirements. (Gap analysis).

A detailed breakdown by grade, staff group and (‘patient pathway’) of these resources year on year showing differences – Workforce Changes Summary – Annex B. This should include a gap analysis between the current and future workforce including future skills and training requirements including the number and type of extended roles (e.g. advanced practitioners).

**Stage 5 – Articulate key actions or changes required to deliver vision and outcomes**

Description of how vision and outcomes will be delivered over a three year timeframe, including key milestones, and how the inter-related workforce, service, and financial plans will align, including addressing identified gaps, and what the enabling actions and programmes of work are.
Anticipated Changes to the Workforce – description of how workforce plans will be delivered and the systems in place to monitor delivery and provide assurance to the Board. Consideration of a range of workforce metrics should be demonstrated including staffing levels, appropriate training, and engagement levels etc.

Key outputs of this stage for workforce will include:

- education commissions for medical and non medical workforce
- future skills needs and supporting education and training for the whole workforce
- actions to implement revised workforce delivery models

**Stage 6 – Describe ongoing governance and delivery mechanisms**

Robust internal governance arrangements are key in the context of an overarching accountability and performance management system.

The diagram below depicts at a high level the make up of a sample plan. As planning and plans develop, we should aspire plans that are sensitive to interrogation through a number of lenses. For example, a plan can be looked from a purely financial perspective with this level of interrogation pulling through all components that impact on the projected finances. Similarly, a plan that can be interrogated across a pathway or for a population group (unscheduled care or young people), where the changes planned are described in the context of the expected impact on quality, performance, workforce and the financial impact of change.

**Figure 6: Visual of integrated plan**

![Diagram of integrated plan](image)
ANNEX F – NHS WALES STRATEGIC FRAMEWORK

Figure 7: Strategic Framework