

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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For Action by:

Health Boards
NHS Trusts
NHS Support Organisations
NHS Special Health Authorities

Action required by:

Planning period 2021-22

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Enclosure(s):

- Letter from Andrew Goodall
- NHS WALES ANNUAL PLANNING FRAMEWORK 2021-22

Please find attached to this Welsh Health Circular the NHS Wales Annual Planning Framework 2021-22

Dear colleagues,

At this time of year NHS organisations would be developing their three year integrated medium term plans, IMTPs. The statutory duty to produce the IMTPs emanates from the NHS (Wales) Act 2006, further enhanced by the NHS Finance (Wales) Act 2014, for health boards to 'break even' over a three year accounting period. But times are far from usual.

The Annual Planning Framework approach is a natural evolution from the quarterly planning arrangements supported in 2020-21. It would be challenging to move back to three year IMTPs immediately from what has been, and continues to be, a very fluid and changeable planning environment.

This Framework sets the Ministerial directions for the year ahead and confirms that the Ministerial priorities have not changed. It seeks to blend operational focus with cognisance of the longer term objectives set out in *A Healthier Wales*, and other legislative requirements i.e. Wellbeing of Future Generation (Wales) Act. In addition, since the beginning of the pandemic, there has also been a strong focus on the four harms that have been the key quality context within which services and care must be provided.

Developing and issuing an Annual Planning Framework for 2021-22 is an important step in recognising how to achieve balance between managing the immediate operational pressures facing us all and a focus on stabilisation and recovery. This publication comes a critical time but it is intended to be helpful to allow planning to start when it is appropriate. I expect your plans to be proportionate as I know colleagues will be supporting the immense operational effort this winter.

By adopting this approach it does not negate the statutory duties of health boards to set out their strategic objectives nor their financial responsibilities. **The expectation is for organisations to submit a board approved annual plan by 31 March 2021.**

While we need to plan, we have to be ready and able to flex plans as conditions within which we work change, often very rapidly. Officials will continue to engage with you and provide support, including the issuing of supplementary guidance, where appropriate.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'A Goodall', is positioned above the printed name.

Dr Andrew Goodall CBE



Llywodraeth Cymru
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NHS Wales

Annual Planning Framework

2021 – 2022

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Message from the Minister for Health and Social Services

When we issued the last NHS Wales Planning Framework in September 2019, we were looking ahead to the next three years and setting the strategic direction for the NHS in Wales. We drew on the overarching vision set out in A Healthier Wales, as our clear path for the future.

2020 has been a more challenging year than we could ever have imagined. The emergence of the COVID-19 pandemic has affected us all as individuals, particularly for those working in the health and social care sector, and as communities. It meant we had to change quickly to address the immediate issues that COVID-19 presented. We had to plan with agility to prevent harm and to save lives.

In the spring, the immediate focus was rightly on stemming the transmission rate, treating those who were sick and caring for those at the end of their life. The hard work and commitment that staff and colleagues have shown during the pandemic has been inspiring and I appreciate how much people continue to give, for some even losing family members or colleagues who worked alongside them.

We find ourselves now having to strike a balance, as we learn to live and work with COVID-19 in our midst. The 'four harms' have become our strategic framework and the need to balance the work we do to reduce that harm is critical. This is always a difficult balance to achieve. I am immensely grateful for the work that staff across both health and social care have undertaken, to ensure that we can treat not only those with COVID-19 but also look to reduce the harm caused by those waiting for diagnoses and treatment for many other essential conditions.

While we will still need to keep a tight rein on operational matters into next year, I also recognise that in order to move forward we need to plan for a longer trajectory. This NHS Wales Annual Planning Framework strikes that balance. It requires organisations to set out over the course of 2021-22 how they will manage to balance the needs of their populations, both for COVID-19 and non COVID-19 activity and seek to minimise harm, building back stronger with a route map that leads to recovery and reconstruction.

This planning framework has been purposely kept short and succinct and sets the format for what is needed next year. While we need to plan, we have to be ready and able to flex plans as conditions within which we work change, often very rapidly. I understand the challenging environment in which we are all working, but it is important that we plan together for 2021-22 to ensure we can all benefit from a strong and sustainable health and social care system and to improve outcomes for the population of Wales going forward.



A handwritten signature in dark ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething, Minister for Health and Social Services

Message from Director General Health and Social Services and NHS Wales Chief Executive

During 2020 I have never been more proud of my title of Chief Executive for NHS Wales. To have worked with and alongside so many colleagues, of all professions, who have all showed such dedication and resilience over the last nine months has been a privilege.

The COVID-19 pandemic has been all encompassing. I recognise on a daily basis the work that staff at all levels have done to help those with COVID-19, whether in the community or for those in hospital. Sadly too, we have lost patients and colleagues due to the virus but I am continually hearing powerful stories of the compassion and care that staff have shown to family and friends in this position. I want to take this opportunity to thank you all for the effort that you have made.

The challenges of this year meant we had to move swiftly to a quarterly planning process, focused on operational requirements. However, we recognise now that the response to and recovery from COVID will continue to dominate our lives, both personally and professionally over the next few years. Therefore, we must begin to plan for how we can manage this effectively and ensure that we can achieve the right balance and reduce harm across all four areas:

- Harm from COVID itself
- Harms from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID activity
- Harm from wider societal actions/ lockdown

There have been requests for clarity on what the planning requirements for 2021-22 will be. Although we recognise that this publication comes at a time of critical focus with unprecedented pressures and the number of cases of COVID-19 rising in our hospitals and communities, it is intended to be helpful to allow planning preparation to start when it is appropriate to do so.

We know our workforce is our strength. We must put the health and wellbeing of staff at the heart of our plans if we are going to achieve a strong health and social care system - one that the people of Wales can respect and call on with confidence when they need it most.

It is not feasible to return immediately to the three year planning cycle, there is too much uncertainty. I expect the annual plans to be proportionate, to build on the quarterly planning frameworks we issued in 2020, through the development of succinct and realistic annual plans. I recognise that planning colleagues will want to play their part in supporting the fight against COVID-19 over the next few weeks and months. By issuing this framework, it is not my intention to distract planning teams from supporting the operational effort. When the time is right we will need to ensure appropriate building blocks are being put in place to deliver what is needed for the coming transitional year and start to move us forward beyond this.

It is important to remember that the vision and ambitions in A Healthier Wales remain sound and relevant to the planning cycle, even more so in the context of COVID-19. We must challenge the system to bring forward and deliver the transformation needed now, as well as developing new ways of working which will meet the longer term expectations of the Well-being of Future Generations (Wales) Act. The five ways of working must continue to underpin everything that we do.

It is important not to lose sight of the achievements this year the:

- amazing contribution of primary care and the developments in primary care cluster working
- rapid roll out of digital technology to care for patients
- incredible feat of establishing field hospitals in weeks
- trebling of critical care capacity for our most critically ill patients;
- partnerships with our colleagues across the whole health and social care community
- partnerships with the independent and third sector

I want to pay tribute to our critical health and care workers who have worked, and continue to work, tirelessly throughout this pandemic. I know especially now as the pressures are mounting again, we are all working to ensure that we are always aiming to improve outcomes and reduce health inequalities for those we care for.

My heartfelt thanks goes out to everyone contributing to this incredible, collective effort.

Andrew Goodall CBE

Director General and Chief Executive of NHS Wales

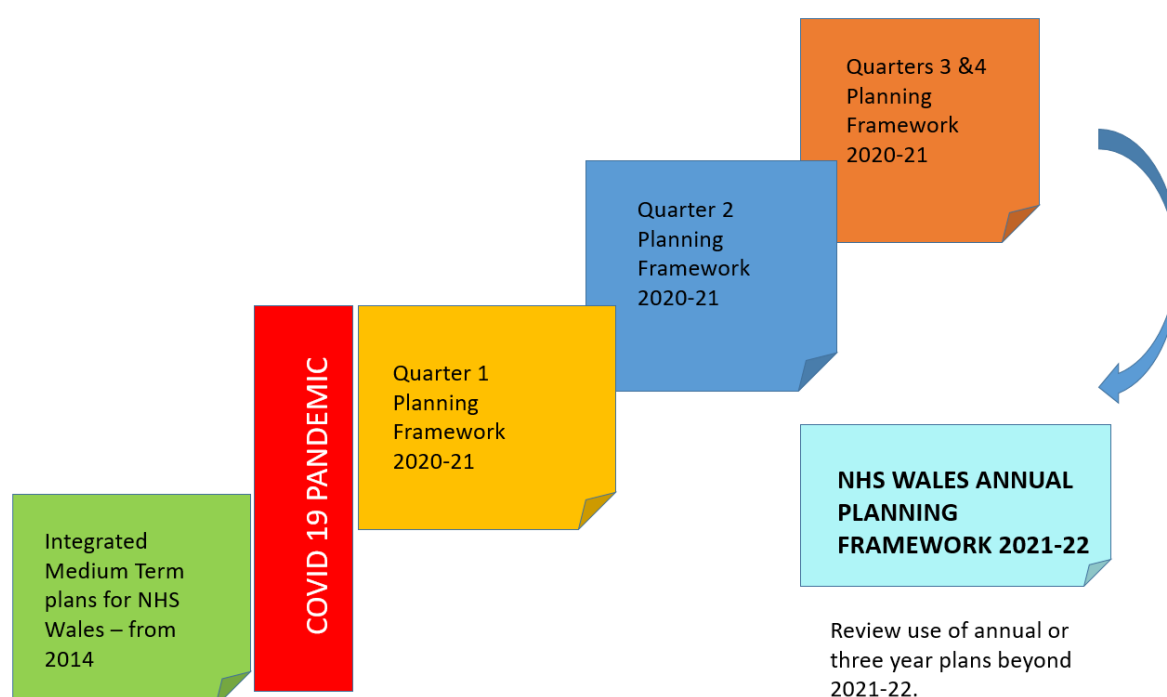


1. PLANNING FRAMEWORK 2021-2022

This framework is by necessity different from previous versions in that it requires organisations to provide an annual plan that builds on the quarterly operational planning arrangements of 2020/21. It seeks to set out short, sharp requirements for the coming year but also provide a guide for some of the longer term objectives that NHS Wales and the Welsh Government have committed to, which must not be lost sight of as we seek to build back stronger as part of medium to longer term recovery and stabilisation.

Figure 1 below sets out the trajectory of how we have moved from IMTPs over the course of the last 12 months and the plan for 2021-22.

Figure 1: Trajectory of planning frameworks



We recognise the challenge, and the unpredictable circumstances within which we are all working. As organisations you will need to be able to set out your plans succinctly and with clear evidence, with the ability to rerun planning assumptions and amend if necessary throughout the year.

This year will provide the first steps towards the reset of Integrated Medium Term Plans (IMTPs) and organisations should take the opportunity to set their annual plans within a medium term context, consistent with, and not losing sight of, their longer term ambitions, as set out in clinical services strategies.

We remain in the midst of the pandemic and while your operational focus must continue to strike the balance between COVID-19 and non COVID-19 care, we need to look ahead to stabilise the NHS and care system and build services back stronger and with more resilience going forward. Your current Q3/4 plans provide the spring board for that learning, innovation and adaption to new opportunities, models of care and workforce arrangements.

NHS Boards have ultimate responsibility and accountability for your organisational plans and actions. They must ensure that arrangements are in place to provide scrutiny and seek assurance regarding the planning arrangements within the organisation. The board may require sight of additional plans to provide them with assurance but as a minimum they must sign off the Annual Plan that is submitted to the Welsh Government by the end of March 2021.

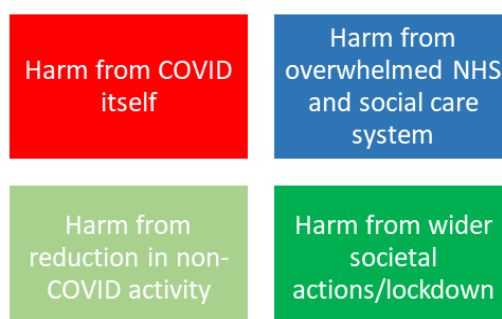
Welsh Government recognises that not all NHS organisations have the same set of responsibilities. Powys teaching Health Board, HEIW, the three NHS trusts and the four supporting organisations each have specific portfolios or organisational features which mean that the “standard” framework will need to be adapted and tailored as appropriate. It is acknowledged that Digital Health & Care Wales will be established as a Special Health Authority in April 2021.

2. CONTEXT AND PRIORITIES

COVID-19 has had a profound effect upon the delivery of NHS and social care services, as well as changing the behaviour of the general public in the way they access healthcare. However, the vision we set out in *A Healthier Wales* for seamless health and social care remains sound, with many of the new ways of working and innovative approaches introduced in response to the pandemic accelerating progress. We remain committed to delivering the transformation needed.

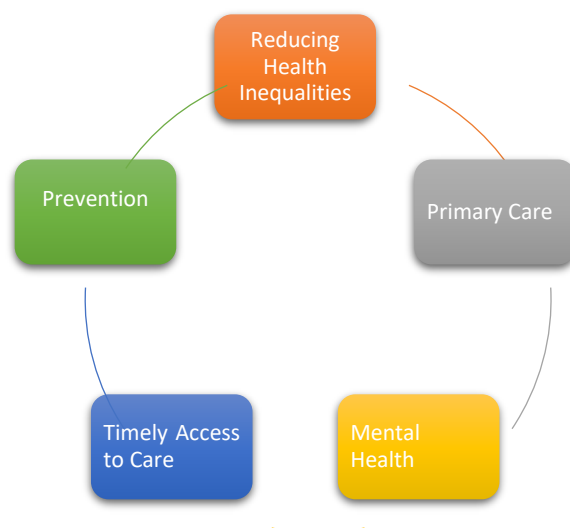
However, since the beginning of the pandemic there has also been a strong focus on the **four harms** that have been the key quality context within which services and care must be provided. Figure 2 shows the four harms.

Figure 2: The four harms



2.1 Ministerial priorities, as illustrated in Figure 3 below, remain extant, and are more critical in the light of the impact of the pandemic and in the context of the four harms.

Figure 3: Ministerial Priorities



Each Ministerial priority should be read in the context of COVID and non-COVID service planning and delivery.

➤ **Prevention**

As we look ahead, it is more important than ever to embrace wider prevention opportunities that can make an impact on reducing all four harms.

How we address the range of operational and logistical challenges that are currently apparent, including the challenges of mass vaccination and maintaining health screening, will underpin how effectively we are able to move forward as healthy and resilient communities.



Preventative approaches to all physical and mental health and wellbeing will ultimately avoid escalation of conditions and illness and **we must consider opportunities now that will support future generations and inform future service provision.**

The Obesity strategy *Healthy Weight, Healthy Wales* is one example of how we can fundamentally change health and wellbeing in the future. [Healthy Weight Healthy Wales Strategy](#)

We have sadly learned throughout this public health crisis that those with underlying conditions have suffered disproportionately. **Learning from COVID-19 should therefore provide foundations for the implementation of this and other preventative initiatives.**

➤ **Reducing health inequalities**

Ministers are committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society. This has been underpinned by landmark legislation such as the *Wellbeing of Future Generations (Wales) Act* and the *Socio-economic Duty* coming into force in March 2021.

The pandemic has polarised a number of issues and none more starkly than health inequalities. This has manifested in a number of ways including the variation in some services provision across Wales that is compounded by the inverse care law. Areas with higher deprivation levels have been disproportionately affected by COVID-19. **These are difficult challenges but ones that must be confronted in plans in terms of understanding outcomes for patients, delivery of services, and reducing variation in provision.**

Reducing the disproportionate affects and harm on Black, Asian and Ethnic Minority people, vulnerable groups and those with learning disabilities is already a component of NHS plans, driven by the greater understanding that has emerged during the last 9 months. This is not only an issue now - **it must promote a way of considering and risk assessing staff and patients, understanding their care needs to ensure equity, safety and wellbeing is assured.**

➤ **Primary and community care**

The COVID-19 pandemic has required primary and community care to respond rapidly in order to minimise the spread of infection and allow services to cope during a surge of cases. It has also seen new ways of working at the front line and provided the opportunity to think radically and innovatively about how services should be delivered and these changes implemented swiftly. Of particular note, are the changes in access and excellent examples of cluster working. This has been seen across general practice, dental, optometry and pharmacy. These developments are consistent with the Primary Care Model for Wales.

Further, there has been increasing recognition across the system of the role that primary care can play within an innovative and responsive health and care system. This year has seen exciting developments on urgent primary care within the

overall urgent and emergency pathway work. The developing work with the Planned Care Programme is another example of taking the opportunity to rebalance the system.

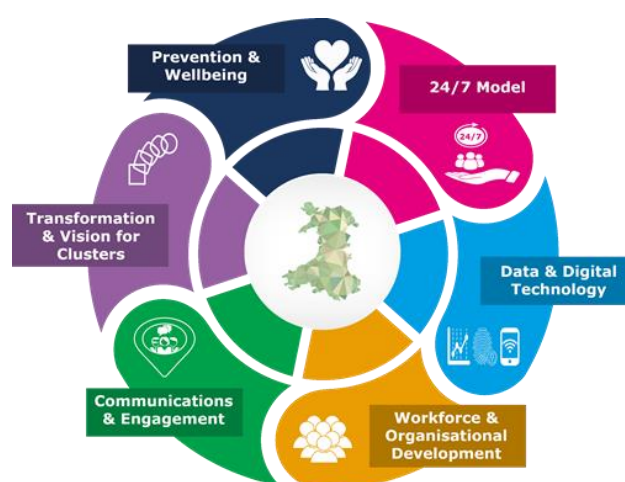
Last year's planning round saw the first co-ordinated approach to IMTPs planning at cluster and health board level. Building on this and the learning from the pandemic, **the plans for 2021-22 need to reflect an ambition and specific actions to build infrastructure and capacity across primary and community care at cluster and pan-cluster level, so that the aim of care close to home in Wales can be realised. This continues and cluster annual plans are to be completed by 31 January 2020 in time to underpin health board annual plans.**

Health board plans should consider how to rebalance funding, workforce and other resources to support primary and community care.

In support of local action to increase the capacity of primary and community care and new models of seamless care, the Strategic Programme for Primary Care remains the All-Wales Primary Care response to *A Healthier Wales*. It has been refreshed to reflect the pandemic, balancing the emergency response needed with planning for subsequent quarters and beyond.

There are six work streams as illustrated in Figure 4 below, with a number of key priority areas which include the delivery of essential services; management of COVID-19 patients; care homes; rehabilitation; step up/step down community services; and urgent primary care.

Figure 4: the six work streams for the Primary Care Model for Wales



The Planning Framework supports this approach and **there is an expectation on NHS organisations that their plans should demonstrate how their primary, community and secondary care services will be integrated.**

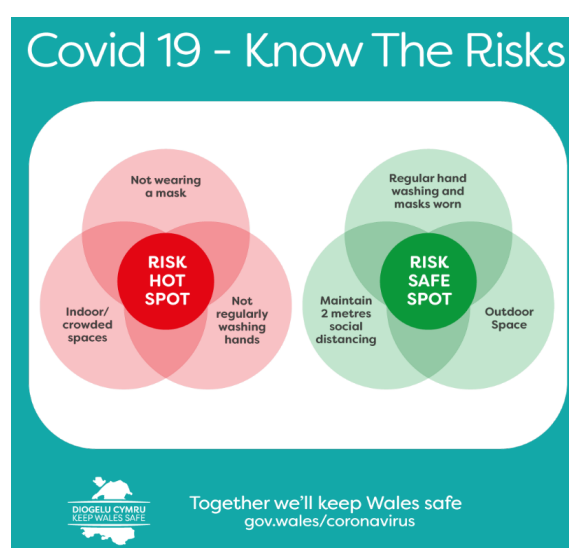
➤ Timely access to services

It is important to acknowledge the scale of change in terms of what health services have been able to provide since the beginning of 2020. When we paused routine services in March to focus on caring for COVID-19 patients, it was to prevent an overwhelming of the NHS that we had seen elsewhere in other previously stable health systems.

Re-establishing essential services while caring for COVID-19 patients remains difficult and has resulted in a marked reduction in activity and a significant increase in backlogs of patients waiting for treatments.

We know that new models of care offer opportunities to reshape some services. Value Based Health Care, alongside the development of the National Clinical Framework, will help drive efficiency and effectiveness. However, the scale of this challenge cannot be underestimated and **it will need our collective efforts, clinical expertise, innovation and investment to rebalance service provision for those needing the full range of NHS services.**

There is a need to ensure that clinical zones are safe for both those suffering from COVID-19 and those patients which present with other conditions. For COVID-19 patients, a consistent treatment response must be delivered through the application of the national guideline [COVID-19 Guidelines](#)



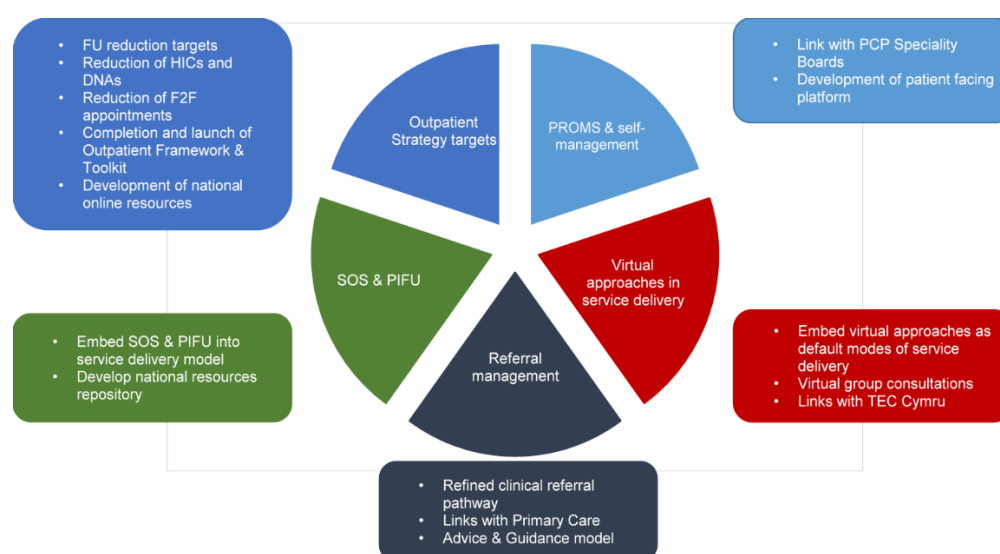
The NHS in Wales must ensure equity and improved access to services, whether at local community level or in acute hospital settings. In line with *A Healthier Wales*, increasingly people can expect to access the majority of the services they need at or close to home and only have to travel to hospital for services which can only safely be provided in a hospital.

Organisations must utilise the improvement opportunities offered by the **national programmes**, for example planned care and outpatient transformation, unscheduled care, endoscopy, critical care, mental health, primary care, value and efficiency. The national programmes have been developed to support local action to deliver sustainable, accessible, cost-effective and efficient services at or as close to home as possible, the need for which has been exacerbated by the pandemic. Working across the patient pathway, organisations must maintain a clear focus on efficiency, consistency, collaboration and quality.

The programmes are developing whole system approaches to encourage a proactive, prudent and value based health and social care environment. Further, it is increasingly recognized that patients need to take a more active role in their own healthcare management and be fully integrated into the decision making process. To ensure the efficacy of this patient-centred, self-managed model of care, it is increasingly important that primary and secondary care work together to build models and pathways that support this.

The overarching National Planned Care Programme & Outpatient Transformation has five key deliverables, which are modernising and transforming the way planned care services are delivered, as shown in Figure 5 below.

Figure 5: National Planned Care Programme & Outpatient Transformation key deliverables



Transforming the way we deliver Outpatients in Wales: A three year strategy and action plan 2020 to 2023, is supporting the way in which the NHS and Welsh Government are working in collaboration to develop new models of care delivery. This strategy is providing alternatives to the traditional routine follow-up appointment. <https://gov.wales/outpatient-services-strategy-and-action-plan-2020-2023>

In terms of urgent unscheduled care, the NHS is becoming an increasingly complex place to navigate for both public and professionals, with multiple access points.

Providing alternatives to emergency admission to a hospital bed for people who would benefit from remaining at home is a crucial part of modernising the NHS in Wales. However, there is considerable variation across Wales in achieving this. There remains significant opportunity to improve delivery in this respect through integration and collaboration, using the six goals for urgent and emergency care as a framework and prioritising elements of the emerging Welsh Access model for urgent and emergency care.

Plans should evidence commitment and compliance with the national programmes and provide assurance on what actions are being taken. Areas of non-compliance must be highlighted including the remedial actions adopted.

Plans should consider collaborative, innovative and strategic solutions, supra-regionally, regionally and locally to offer radically different options for the delivery of timely services.

➤ **Mental health**

Mental health services have been improving across all areas in Wales and it remains a Welsh Government priority to ensure parity with physical health. However, the pandemic has had a negative impact on mental wellbeing, increasing levels of anxiety amongst the population, particularly associated with tighter restrictions and the socio-economic impact, as well as affecting health and care staff.

Mental health services are recognised as ‘essential’ services and the NHS must plan to meet the changing health needs through demand and capacity modelling during the pandemic and in the longer-term recovery of mental health services. Services also need to ensure that any changes to service models are clearly communicated to service users and their communities.

The *Together for Mental Health Delivery Plan* has been refreshed, strengthened and reissued to reflect those actions that have needed to be accelerated due to the pandemic and to set out new cross government actions and investment to respond to the wider socio-economic impacts. [Together for Mental Health - Delivery Plan 2019-22](#)

This focuses on protective and preventative actions, as well as children and young people’s mental health and emotional well-being, which should be echoed in annual plans.

2.2 Other priority areas include:

➤ **Decarbonisation**

Recognition of the Welsh Government’s commitment to decarbonisation is also required. Plans should begin to reflect the milestones that need to be achieved in order to respond to climate change and achieve the goal of being carbon neutral by 2030.

➤ Social partnership

The development of a Social Partnership Act (being taken forward by the Minister for Housing and Local Government) recognises the importance of a working partnership of equality between government, trade unions and a wide range of partners. This will not only impact on people using the NHS, but also on the workforce. It will establish a legal framework within which public procurement in the NHS will ensure ethical employment practices, and achieve better socio-economic outcomes. Organisations should be mindful of this direction of travel in their longer term planning. Further information on this legislation will be provided as it becomes available.

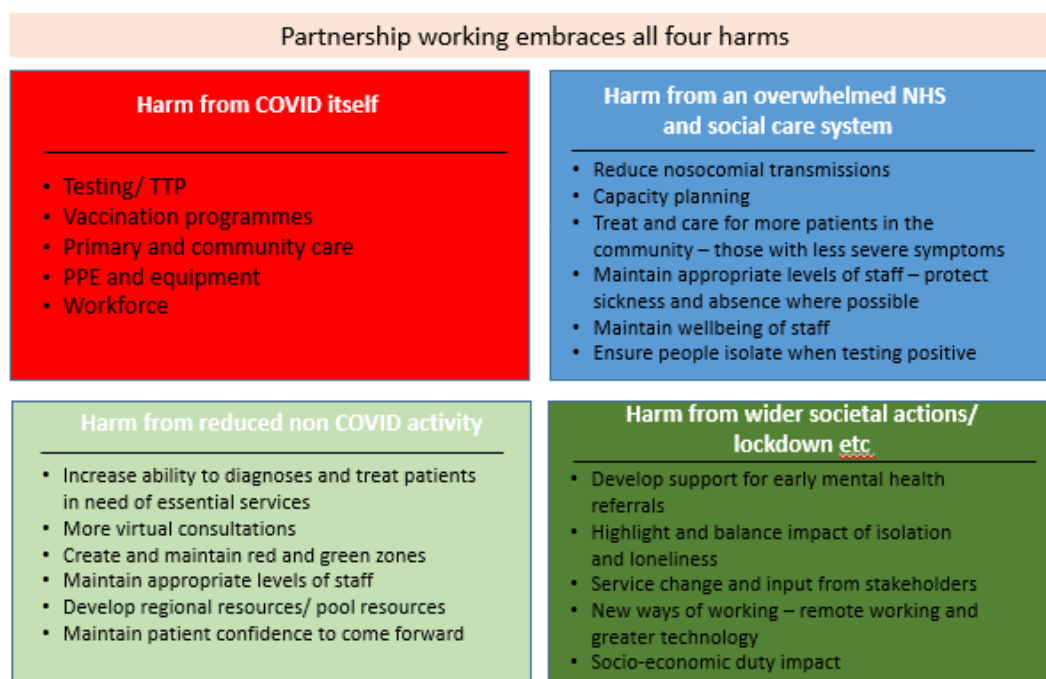
3. WHAT DOES THIS MEAN/REQUIREMENTS IN PLANS

There is a **need to develop strong plans that make progress both with strategic ambitions, recovery and annual delivery requirements.**

Plans should be clear about what actions will be taken to address Ministerial priorities locally and regionally, both to make inroads into the most pressing issues during the coming year but also provide the foundations for delivery and solutions that will be needed beyond 2021-22.

Figure 6 below shows the link between the four harms and key areas where action will be needed. This is not an exhaustive list but provides a guide to the areas that the annual plan should address.

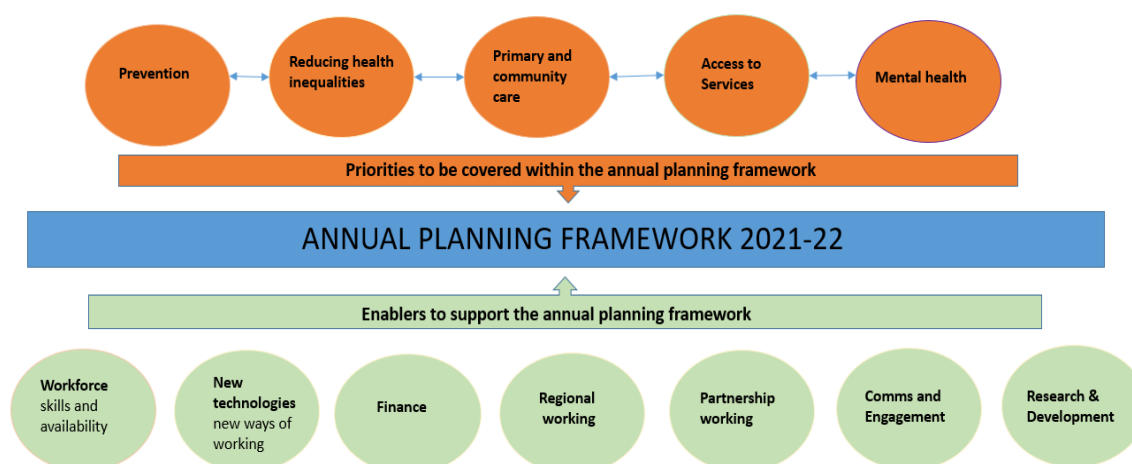
Figure 6: Four Harms and priority areas for 2021-22 plans



4. ENABLERS

Figure 7 below illustrates both the priorities that Plans need to address and the enablers that will support implementation.

Figure 7: Priorities and enablers for the Annual planning Framework 2021-22



4.1. Workforce

Workforce engagement planning and flexibility have been paramount during the pandemic but it has exposed the need for a joined up, common and clear understanding of organisational workforce detail to underpin plans and increase resilience going forward. Health Education and Improvement Wales (HEIW) are leading on this engagement and the longer term *Workforce Strategy for Health and Social Care in Wales* that will set direction and requirements for this work. [Workforce Strategy for Health & Social Care](#)

The framework recognises the need to protect staff and patients and will look for assurance that recommendations submitted to Welsh Government to address the socio-economic and environmental risks impacting ethnic minorities communities are addressed in the plans. [Complex and long-standing disadvantages exposed by coronavirus pandemic report](#)

The impact of the pandemic on staff and the ongoing challenges of providing care over the coming year will mean a continued need for enhanced and active support to ensure their well-being and safety.

4.2 New technologies and ways of working

These are key enablers of transformational change. Digital and data systems and applications can provide a shared platform for safe and effective joint working between organisations. They can support care models that work directly with patients.

New opportunities such as “attend anywhere” video consultation across primary, community and secondary care and monitoring of patients with specific health conditions from their home or care home will be assessed to determine their impact, particularly on those who live in rural areas. The lack of a fibre optic infrastructure in some rural communities may make it difficult for this particular group to access virtual clinics and medical advice, which in turn, could potentially have a negative impact upon their health.

The framework recognises the need to build on the progress made with new technologies and new ways of working for example, virtual consultations and the support that needs to be put in place to support some patients and staff to undertake these throughout 2021-22.

4.3 Finance

The Welsh Government’s draft budget for 2021-22 will be published later than in previous years due to the delay in the UK Government’s Comprehensive Spending Review. Welsh Government will work with NHS Directors of Finance to provide advice, resource planning assumptions, and guidance as soon as information becomes available. This does not preclude organisations from continuing to develop their overall plans within reasonable assumptions and scenarios.

The resource planning assumptions will provide an interim resource planning context to enable organisations to develop their own planning assumptions and scenarios. It is anticipated that details of organisation’s financial allocations will be provided in the 2021-22 allocation letter which will be issued in early 2021.

4.4 Regional working

As health board service planning has matured and sub-specialisation of treatment has progressed, more specialist and tertiary services are increasingly planned and delivered from one site at health board or regional levels, and occasionally at supra-regional levels.

Some specialist services have become fragile due to workforce limitations or rising demand and therefore lack resilience. NHS Wales must keep pace with changes to clinical standards and the need to address fragile services or risk delivering worse patient outcomes compared to our international comparators.

Regional approaches are now critical to increasing capacity, stabilisation and recovery, given the impact of the pandemic in both exposing fragile services and also on essential and routine services. Health boards are required to identify service risks and consider opportunities for closer working in order to improve the quality and resilience of services and patient outcomes.

4.5 Partnership working

Partners across sectors should be engaged proactively throughout plan development to ensure that an integrated, whole system approach is taken, aligning with other plans as needed, to take account of social care requirements, including Cluster plans, Regional Partnership Board Area Plans, Care Home Action Plans and Public Services Board Well-being Plans.

NHS organisations must demonstrate the effectiveness of their collective partnership working. This is even more important in terms of reset and recovery following such a time of uncertainty and challenge. Plans must make clear the implications for, and commitments of, individual NHS organisations in delivering jointly agreed priorities.

4.6 Comms and engagement

Organisations must have effective mechanisms in place to engage with stakeholders, including service users and carers, staff, the Community Health Council, partners and the wider public.

All plans for service change must be grounded in evidence, informed and shaped by effective collaborative arrangements with patients, carers, clinicians, staff, local communities and wider partners.

Consideration will also be needed on how the information and plans for 2021-22 are communicated with the public, including those personally affected and awaiting treatment. To help allay these concerns and respond to enquiries, it will be necessary to have a robust communication and engagement plan in place.

4.7 Research and Development

The pandemic has clearly illustrated the centrality of research and evidence to health and care in Wales, and their importance to decision making at every level in the health and care system. Ending the pandemic relies fundamentally on research delivering solutions to diagnosis, treatment and prevention.

NHS organisations should continue to support the substantial platform of COVID-19 research underway across Wales, and undertake priority urgent public health studies, as part of the Government response to effectively treating and preventing the virus.

As a result of the pandemic, non-COVID research has been severely impacted. As NHS Wales prepares for 2021/22, in tandem with the restoration of routine clinical services, NHS organisations should work closely with Health and Care Research Wales and set out plans for the recovery and resilience of non-COVID research, much of which is essential to the treatment and care of patients in the short and long term.

5. STATUTORY REQUIREMENTS

Alongside the priorities and enablers, there are a number of statutory requirements that the planning framework must address. Some of the statutory requirements are listed below – this is not exhaustive but these are the main areas of focus. Boards will need to seek assurance regarding compliance with legislation.

- Legal duty – organisations must produce a plan and meet their financial responsibilities for scrutiny by Audit Wales, and if necessary provide additional evidence as required.
- COVID-19 requirements - [Coronavirus legislation and guidance law](#)
Organisations need to consider and reflect the COVID-19 regulations that have been developed and issued.
- Socio-economic Duty – ‘go live’ 31 March 2021 - [Socio-economic duty](#) The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage. Organisations need to ensure their plans respect the requirements of the duty.
- EU transition - [EU Transition preparing Wales](#)
Organisations will need to consider the impact of the EU Exit and the impact on supply lines and workforce both for COVID-19 activity and essential services.
- Social Services & Wellbeing (Wales) Act 2014 [Social Services & Wellbeing \(Wales\) Act](#) and the [Social Care Wales hub](#)
- Nursing Levels (Wales) Act 2016 - statutory guidance [Nurse staffing levels \(Wales\) Act](#)
- Regulation and Inspection of Social Care (Wales) Act 2016 [Regulation & Inspection of Social Care in Wales Act](#) and the [Social Care Wales hub - Regulation and Inspection](#)
- Wellbeing of Future Generations (Wales) Act 2016 [Wellbeing of Future Generations Act](#) and the [Future Generations Guidance](#)
- Health and Social Care (Quality and Engagement) (Wales) Act 2020 [Health & Social Care Quality & Engagement Act](#)
- Equality Act 2010 [Equality Act](#)
- Health & Safety at Work etc Act 1974 and associated legislation. [Health& Safety at Work etc Act](#)

6. TIMELINE, FORMAT AND PROCESS

Figure 8 below sets out the timetable for the production and submission of Plans. **The deadline for all Board approved submissions is 31 March 2021.**

Figure 8: Timetable for the Annual Planning Framework 2021-22

- Planning Framework issued to NHS Wales – December 2020
- NHS Wales to review and plan over winter 2020
- Engagement with stakeholders – January/ February 2021
- Plans submitted to Welsh Government - 31 March 2021
- Review and consideration of risks - April / May 2021

The Welsh Government will not be assessing the plans submitted in order to make recommendations to Welsh Ministers for approval. The plans will however, be reviewed using the framework as the main criteria along with other evidence.

In this transitional year, the intention is to continue with the delivery measures set out in the 2020-21 Delivery Framework (subject to slight amendments to be confirmed early 2021). During 2021-22, the delivery framework will be redeveloped to create a set of outcomes measures, reflecting the current work on the single integrated outcomes framework. The intention of the new measures is to demonstrate how patients and populations are better off through the delivery of services, and allowing a different balance across our traditional services.

➤ Minimum data set

In addition, building on the experiences of Quarter 3 and 4, a Minimum Data Set (MDS) is once again going to support the development of the annual plans. While it is acknowledged that the toolkit is work in progress, the MDS consolidates the data assumptions from the plans and existing reporting into one data set. Using this information, the Welsh Government is able to draw conclusions nationally and inform strategic decision making.

The intelligence and insight afforded by the MDS will inform the identification of risks and opportunities. The MDS toolkit provides a data triangulation between workforce, planned service activity and finance. It provides assurance and clarity to underpin the narrative plans and how risks will be mitigated.

The MDS now replaces the 'Annex C' templates from previous years as the mandatory data submission.

There is an expectation that plans will be developed proportionately, building on the quarterly plans from 2020-21, and that the MDS will support this development. As planning must be dynamic in the current climate, it is recognised that some change to the data is inevitable over the course of the year.

➤ **Governance**

There remains the need for plans to have been considered via normal governance structures, ensuring appropriate scrutiny and assurance of the full board in an open and transparent manner.

In addition to their role in the approval of plans, Boards must consider their corporate and quality governance arrangements to ensure the identification and analysis of risks and the robustness of assurance arrangements to inform their decision making and commitments and being sighted on any issues that emerge during implementation. Welsh Government will expect each organisation's internal mechanisms to provide visible and robust assurance to the Board on delivery and any necessary corrective action.

There must be clear read across from plans to the relevant risk registers, which will highlight quality, workforce, financial and service risks.

The board assurance framework must clearly articulate sources of assurance which will help to triangulate information and identify areas which require particular focus.

Organisations must be able to demonstrate how they have liaised with partner and supporting organisations such as HEIW, Welsh Health Specialist Services Committee, Emergency Ambulance Services Committee, Welsh Ambulance Services Trust, Public Health Wales, Velindre, NHS Wales Shared Services Partnership, and NHS Wales Informatics Service (Digital Health & Care Wales to be established as a Special Health Authority in April 2021) to ensure that commissioned work is funded, and that there is read across between organisational plans.

Plans for the NHS supporting organisations need to be approved by their own relevant governing body or their joint committees in a timely manner and in advance of individual health board or trust Boards approving their own plans. Joint priorities and funding decisions must be agreed and confirmed, and then reflected in the jointly agreed plans.

➤ **Engagement and Monitoring arrangements**

All health boards and trusts must deliver their plan commitments. Organisations can expect the Welsh Government to monitor, performance manage and hold them to account through a range of meetings and actions throughout the year.

Mechanisms will include:

- Standard returns
- Submission of board and committee planning updates
- Integrated Quality, Planning and Delivery meetings - the previous Quality & Delivery meetings have traditionally focused more on performance, and the Planning meetings have focused on the IMTPs, these will be brought together into a new combined, more streamlined format. This will enable Welsh Government colleagues to engage with health boards and NHS trusts to discuss, challenge and assess their ability to deliver quality services within the policy guidance and statutory obligations set by Welsh Government
- Specific meetings to discuss particular variations from plan or quality standards
- Regular communication and feedback processes for dialogue between NHS finance teams, Finance Delivery Unit and Welsh Government officials
- Joint Executive Team (JET) meetings to include progress against plan delivery
- Organisations in higher levels of escalation can expect significantly increased engagement, meetings and scrutiny from Welsh Government

The creation of an NHS Wales Executive function will have implications for the way performance is directed, managed and scrutinised. Over the coming months the NHS will be kept informed of developments.