

Development of Local Recovery Plans

9th December 2021

Local Recovery Plans

- Required to inform the IMTP (statutory requirement of NHS organisations)
- Aligns service delivery and performance with workforce and financial requirements
- Sets out how the organisation aims to meet strategic goals of the organisation
- Addresses the feedback received from WG and Audit Office
- Has clear deliverables of what is aimed to be achieved by when

Feedback on 2021/22 Annual Plan

- **WG feedback cross four main areas:**
 - **Delivery** (Ensure ILGs do not work as sep. systems, trajectory of recovery for Cancer, Cardiac and Endoscopy, Align plans with the development of Clinical Strategy)
 - **Workforce** (Seek to reduce the significant risk around workforce and the over-reliance on overseas recruitment to fulfil planned delivery)
 - **Finance** (Continue to optimise opportunities and delivery with the recurrent efficiency programme to maintain a sustainable financial position going forward and continue to review options on capital funding to seek to reduce the capital risk)
 - **Recovery** (Plans must optimise delivery and ensure that innovative and transformational approaches are being implemented to achieve this)
- **Audit Office feedback** – clearly set out deliverables and report to Board

Deadlines

- Submission of Plan and MDS to Welsh Government 28th February
- Board sign off 24th February
- Papers due in for Board 10th February
- Sign off by Executives 7th February
- Local Recovery plans and Corporate led sections for submission **4th January**
- 15th January notification to WG required if not able to submit an IMTP...

Financial Situation

- Significant deterioration in the forecast recurrent deficit at the end of 21/22 – Latest forecast (Based on the M6 forecasts) is £47.9m compared to a planned recurrent deficit of £31.4m
- WG allocation letter for 22/23 not due until end Dec. A balanced plan will not be feasible if the allocation letter is just covering core inflationary uplifts plus the funding already confirmed for Planned Care/Unscheduled Care priorities
- Key risks – recurrent overspends in ILGs, Corporate and Primary Care and a number of third sector contracts where funding is non-recurrent.

Strategic Context

Strategic Goals of CTM 2030

- Creating Health
- Improving Care
- Inspiring People
- Sustaining our Future

Primary Care Cluster Plans

The work of the Strategy Groups

- Born well
- Growing well
- Living well
- Ageing Well
- Dying Well

Ministerial Priorities

Covid-19 response

NHS recovery

Continued Implementation of 'A Healthier Wales'

Managing within resources

Mental Health and Emotional Wellbeing

Supporting the health and care workforce

Population health

WG Delivery and Implementation Group
priorities



Corporate Leads

People, Workforce
and OD
Helen Watkins

Finance
Mark Thomas

Planned Care
Recovery
Nicky Croxon

Unscheduled Care
Mark Bradford

Primary Care
Sarah Bradley/
Lesley Woakes

Mental Health
Julie Denley

Digital and
Information
Andrew Nelson

CTM 2030
Strategy/Vaccinations
Clare Williams

CTM
Improvement/VBHC
Marc Penny

Risk and Governance
Cally Hamlyn

Capital Planning
Rosie Cavill

Strategy Group
Directors

TTP
Ruth Treharne

Targeted Intervention
Richard Morgan-
Evans

Population Health
Angela Jones

Recovery Plan requirements - Workforce

1. Identify where there is growth in the workforce and what bands of staff/roles have grown?
2. Are these increases in the workforce establishment?
3. What is your spend on temporary workforce (Bank Agency Medical)?
4. What are your plans to reduce this?
5. What is the impact of sickness absence including the impact of COVID (isolation, CEV) on absence?
6. What vacancies do you have?
7. What are your recruitment challenges and plans to fill vacancies?
8. What opportunities/plans do you have to introduce different roles including advanced use of the Health Care Support Workers / Therapy Support Workers / Physicians Associates/ Paramedics
9. Where can we use alternatives pathways to employment including Apprentices / Kickstart
10. What examples do you have of innovation and the introduction of new roles that could be shared?

Recovery Plan requirements – Finance

- Spreadsheet to complete
- How will you will you meet last year's shortfall recurrently? (Savings plans for 22/23 to address the forecast recurring overspends from 21/22)
- What are the opportunities for further savings? (a new savings target of circa 2%)
- What are the Covid costs predicted to be for next year?
- What are your winter plan costs predicted to be for next year?
- Proposals for managing the recurrent cost pressures of ICF schemes, third sector schemes (ACM, British Red Cross, Care & Repair)
- Identify known cost pressures in 2022/23 and beyond

Recovery Plan requirements – Unscheduled Care

- To be provided following RL/MB meeting Thurs am

Affordable plan: USC: identify programme envelope

Activity (by pop)	Pre 2020 rolling ave or growth profile		Scenario 1		Scenario 2	
	Activity	£	Act	£	Act	£
ED attends						
Ambulance calls						
Ambulance conveyances			Reduce by 20%		Reduce by 30%	
Admits			Reduce by 5% (see schemes)		Reduce by 10% (see schemes)	
Ave LOS			Reduce by 10% (see schemes)		Reduce by 10% (see schemes)	
D2RA			Increase by 40%		Increase by 50%	

Set ILG level targets: Yr 1,2,3

Recovery Plan requirements – Elective Care

Grant Thornton supporting with the demand and capacity

- What would it take to return to the March 2020 baseline?
- Are there opportunities for regional working?
- NC to provide metrics

Further information (not required in recovery guidance)

- Benchmarking exercise to be completed by Finance and Information by 16th Dec
- Pharmacy – set limits and savings plan by 16th Dec