



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 March 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	HDdUHB Draft Annual Recovery Plan 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The draft Hywel Dda University Health Board (HDdUHB) Annual Plan sets out to our organisation and Welsh Government (WG) our priorities for 2021/22. The focus of this plan, first and foremost, is how we continue to address, and recover from the COVID-19 pandemic: how we support our staff to recover after the challenges of the past year, and how we lay the foundations to recover our system/services and support our communities to thrive.

Cefndir / Background

The submission of a three year Integrated Medium Term Plan (IMTP) to WG is a statutory obligation.

However, given the issues relating to, and the consequence of the current COVID-19 pandemic, WG have requested an Annual Plan for 2021/22, rather than an IMTP. Following Board discussions, HDdUHB have agreed that the plan will be termed an Annual Recovery Plan for 2021/22. The plan has been developed to address the delivery of the Strategic Objectives and Planning Objectives, approved by Board in September 2020, as the basis for its plan for 2021/22 in the context of the initial learning from the response to the pandemic.

The year 2020/21 has been incredibly difficult, however there is a lot we can learn from it in moving forward into the next planning year and beyond. We commissioned a piece of work after the first wave of the pandemic to do just this. Our findings about the changes that took place as a result of the first wave were published in our 'Discover' report in July 2020.

To further support this, we are commissioning two further Discover reports – one of which will focus on the experience of our staff and the other on our population.

Our timeline for recovery depends on several factors, many of which are not wholly within our control, or our ability to predict. Over the next year we intend to commission detailed modelling work which will help us better predict the medium and longer term impact of the pandemic on our services. This will support us in planning when and where staff will be deployed over the coming months and years, and our plan to recover our services, with a particular focus on our planned care services.

This draft plan therefore represents a moment in time: our best estimate of how we will support the recovery of staff, our services, and our communities over the planning year 2021/22.

Asesiad / Assessment

Our approach to the development of our Recovery Plan

As directed by the Board, the Annual Plan for 2021/22 has been developed as our recovery plan, building on the Discover report approved by Board in July 2020 and the work of the Transformation Steering Group, Strategic Enabling Group and our Command Structure, to encompass how we support our staff, our organisation and our population/communities to recover, alongside recovery of our whole system.

Expressing gratitude to our staff will be at the very core of the document, in addition to ensuring that they are supported as we recover.

Approval of the Plan and Submission to Welsh Government

Dr Andrew Goodall, NHS Wales Chief Executive, wrote to all Health Boards on 17th March 2021 with regards to the submission of their Annual Plans. He noted the continued dynamic environment that Health Boards are currently operating in, and therefore reflected that plans taken to Boards will only be draft plans at this stage. Final funding packages have not been completed as yet, and consequently draft plans will need to be reviewed in conjunction with Welsh Government colleagues to assess the levels of assumed spending.

Welsh Government Expectations

The NHS Wales Planning Framework for 2021/22 was released in December 2020. NHS organisations are required to provide annual plans set in the context of future recovery and transition from operational response to integrated strategic planning. They are intended to build upon the 2020/21 quarterly COVID-19 planning responses. At a high-level overview, the planning framework focuses on the 5 ministerial priorities, within the context of both COVID-19 and non-COVID-19:

- Reducing health inequalities;
- Prevention;
- Timely access to care;
- Primary and community care;
- Mental health and well-being.

Additionally, two other key priorities have been identified; decarbonisation and social partnership. Whilst the 4 harms remain, the context in which plans must be developed to ensure both direct harm from COVID-19 and indirect harms are considered and addressed as part of the planning:

- Harm from COVID-19 itself.
- Harm from overwhelmed NHS and social care system.
- Harm from reduction in non-COVID-19 activity.
- Harm from wider societal actions/lockdown.

In addition to the enabling plans that are typically produced (e.g. workforce, finance, communications and engagement, and digital), there is also an expectation to include:

- Research and Development.
- Regional working.
- Partnership working.

Plan Narrative and Structure

The draft plan is structured and driven by the six Strategic Objectives and their aligned Planning Objectives, whilst being clear on our priorities for how we will recover throughout 2021/22, both in terms of services and people (our staff and our population/our communities). In order to meet WG requirements, clear sign-posting has been included within the document. The organisation of the document is structured in 7 sections, supported by key technical documents which provide additional detail:

- Introduction and Strategic Context
- Section 1: Rest, Recovery and Recuperation of our staff
- Section 2: Recovery across our whole system
- Section 3: Building for our future
- Section 4: Building our capability to deliver
- Section 5: Finance and Workforce
- Section 6: How will we deliver – our governance arrangements
- Section 7: Future plans to deliver when the pandemic allows
- Concluding remarks
- Technical documents

The technical documents available to support the content of the plan include:

- Acute hospital site specific Urgent and Emergency Care
- Bronglais Hospital Strategy
- Carmarthenshire Integrated County Plan
- Ceredigion Integrated County Plan
- Cluster Plans
- Communication Plan
- Digital Strategy
- Discover Report
- Finance
- Green Health and Decarbonisation Strategy
- Infrastructure and Investment
- Mental Health and Learning Disabilities
- Pembrokeshire Integrated County Plan
- Planning Objectives
- Primary Care
- Regional Plans
- Research , Development and Innovation Strategy
- Test, Trace and Protect
- Vaccination Plan
- Workforce

Additionally, contained within the draft Plan are a number of both new and revised Planning Objectives, the full details of which can be found in the attached annex.

Additionally, we are required to submit a set of standardised Welsh Government (WG) templates (Minimum Data Sets (MDS)) detailing for example, core activity; finance and workforce, at Health Board level. WG have indicated that 'The MDS supports strategic planning and is not a performance management tool. The intention is to analyse and share the strategic information to inform your commissioning and to help inform national, local and regional planning and decision making.'

Finance

Budget Setting

The main Governance framework of relevance relates to the provisions of Managing Welsh Public Money alongside the Accountable Officer Memorandum provided to the Chief Executive. These describe the broad responsibilities of Welsh Government Officials and the Chief Executive's responsibilities.

Officials within the Welsh Government require the Cabinet Secretary's consent before undertaking expenditure or committing to other resource consumption. As a result of this, the Health Board is not empowered to approve a budget which exceeds its resources as allocated by the Cabinet Secretary.

The Chief Executive Officer (CEO) is responsible for ensuring that all items of expenditure, including payments to staff, fall within the legal powers of the Board. The CEO is responsible for demonstrating the efficient and effective use of all resources, ensuring that regularity and propriety are maintained.

In this context, regularity means that expenditure is compliant with the relevant legislation, delegated authority and follows guidance issued by Welsh Government. Propriety and probity means meeting the high standards of public conduct, including robust governance and relevant parliamentary expectations, especially transparency.

In providing advice to the Board, the CEO is required to inform the Chief Executive of NHS Wales "of any such issues that you consider as being of a novel and contentious nature, and of any action which you propose to take before tendering advice to the LHB Board".

The draft plan recognises a planned deficit in the 2021/22 financial year, and that this does not recover the cumulative deficit incurred to date (which was reset to 1st April 2020). As a result of this, the Health Board will be asked to approve a draft budget which will breach its statutory financial duty for the three-year period. The Health Board is not empowered to approve expenditure in excess of the resources allocated to it by Welsh Government.

Consequently, by its nature, Board approval will be "novel or contentious" and as such the CEO has formally written to notify the Chief Executive of NHS Wales.

HDdUHB may also have its accounts qualified by Audit Wales on the basis of regularity, following the audit of the 2020/21 and 2021/22 financial statements, in that its expenditure exceeded that approved by the Welsh Government for the three-year period ending 31st March 2021 and 31st March 2022.

Statement of Assurance

Our governing documents (Standing Orders, Scheme of Delegation and Standing Financial Instructions) state that the Executive Director of Finance is required to ensure that a budget is prepared in accordance with the aims and objectives set out in the Integrated Medium Term

Plan and Medium Term Financial Plan, and focused on delivery of safe quality patient-centred quality services. The budget must:

- Accord with Commissioning, Activity, Service, Quality, Performance, Capital and Workforce plans;
- Be produced following discussion with appropriate budget managers;
- Be prepared within the limits of available funds;
- Take account of ring-fenced or specified funding allocations;
- Take account of the principles of sustainable development; and
- Identify potential risks.

Given the Health Board has, in agreement with Welsh Government, not produced an Integrated Medium Term Plan, the requirements for the Executive Director of Finance to assure the Board that the Draft Interim Financial Plan is in accordance with the Integrated Medium Term Plan and Medium Term Financial Plan is not applicable. The requirement to provide assurance that the Plan accords with Commissioning, Activity, Service, Quality, Performance, and Workforce Plans over a three-year period is also not applicable.

Although only a one year plan has been requested of all Health Boards, by recommending a draft plan which includes a deficit budget for the year, the Executive Director of Finance cannot assure the Board that the plan has been prepared within the limits of available funds or takes account of the principles of sustainable development; as such a deficit will need to be repaid in the longer term.

However, the Board can be assured that the draft plan has been prepared following discussion with appropriate budget managers; takes account of ring-fenced or specified funding allocations; and identifies potential risks.

Further, assurance can be given that HDdUHB will continue to look at every opportunity to reduce expenditure and close the financial gap wherever possible.

Assurance of the process and product

In order to manage the development of the plan, a Planning Steering Group, chaired by the Strategic Programme Director, and with cross-organisation representation, has been meeting on a weekly basis since November 2020. In addition, the plan, its draft structure and content have been discussed at the Board Seminars in December 2020 and February 2021, together with an In-Committee Board session in January 2021.

There have also been on-going dialogue and meetings with the Welsh Government Planning Team throughout the development of the plan.

Argymhelliad / Recommendation

The Board is asked to:

- DISCUSS the draft Annual Recovery Plan 2021/22, and APPROVE the onward submission to Welsh Government.
- APPROVE the new and amended Planning Objectives.
- APPROVE the delegation of budgets across the organisation which enables the continuation of expenditure into 2021/22, recognising that this is a deficit plan with risks surrounding the funding of our deficit and continued COVID-19 response.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All risks apply
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Within the Draft Annual Plan 2021/22
Rhestr Termiau: Glossary of Terms:	Within the Draft Annual Plan 2021/22 SAS Doctors - Specialty & Associate Specialist Doctors HCSW - Health Care Support Worker
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar In-Committee Board People Planning & Performance Assurance Committee Bronze Chairs Silver Tactical Community Health Council

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Annual Plan 2021/22
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Annual Plan 2021/22
Gweithlu: Workforce:	This is a key component in the delivery of the Annual Plan 2021/22
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the Annual Plan 2021/22 and its subsequent monitoring
Cyfreithiol: Legal:	As above

Enw Da: Reputational:	The University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, along with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Annex – New and Revised Planning Objectives for Board Approval

Planning Objective Reference	Executive Lead	Original	Revised
1C	Director of Workforce and Organisational Development	By December 2020, design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme	By October 2021, design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation to priority groups from December 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme
1F	Director of Workforce and Organisational Development	<p>Develop a programme by December 2020 for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	<p>By September 2021 develop a prioritised implementation plan which will outline how we will co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relations matters are managed 4. The way in which learning is delivered through accessible and agile methods encompassing a new vision for the function. <p>The implementation plan will be developed which will identify key milestones during 2021/22 and those which will be delivered in future planning years.</p>

			The resulting changes to policies, processes and approaches will be recommended to the Board for adoption in line with the agreed implementation plan.
1G	Director of Workforce and Organisational Development	Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Develop and implement a plan to roll out OD Relationship Managers across the Health Board from September 2021 (subject to successful recruitment). Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.
2D	Director of Workforce and Organisational Development	By December 2021 This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	On the path to developing a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians, support clinical development in the following areas:- <ol style="list-style-type: none"> 1. Develop a programme to support SAS doctors across the Health Board to obtain article 14 for implementation from Jan 2022 2. By October 2021 introduce an integrated workforce education & governance group which will produce an annual education plan 3. Expand the HCSW development programme utilising the All Wales Career Framework to drive compliance 4. Introduce joint training opportunities across Health & Social Care
2E	Director of Nursing, Quality and Patient Experience	By March 2021 develop a programme of activities which promote awareness of the Health Board charity and the opportunities available to raise and use funds to develop community engagement in line with the social model for health. Develop clear processes for	From April 2021 develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to develop community engagement in line with the social model for health. Develop clear processes

		evidencing the impact of fundraising activities and expenditure on our staff, the patients and the public with the aim of being a charity in the top quartile in our region within the next 3 years. Implementation of the programme to start from April 2021	for evidencing the impact of fundraising activities and expenditure on our staff, the patients and the public with the aim of being a charity in the top quartile in our region within the next 3 years.
2H	Director of Workforce and Organisational Development	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	By December 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.
5H	Director of Primary Care, Community and Long Term Care	<p>Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p> <p>These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional /skilled workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care 	<p>To develop an initial set of integrated locality plans by September 2021 incorporating the plans developed by our clusters, based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p> <p>These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional /skilled workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care

		3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life (See specific requirements 5.H.i)	3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life (See specific requirements 5.H.i)
6G	Director of Finance	Develop a plan and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.	Develop a plan during 2021 and begin to implement in the next year, to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.
New	Director of Workforce and Organisational Development	By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.	
New	Director of Workforce and Organisational Development	Develop a plan by July 2021 to optimise the resources from internal/external charitable funds to impact positively on staff health and wellbeing	

Hywel Dda University Health Board Planning Framework Draft Recovery Plan 2021/22

Draft to be approved for onward submission to Welsh Government
25th March 2021



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Document navigation

Each chapter highlights which of our **6 Strategic Objectives** it is addressing. These strategic objectives relate to both our people (staff, service users and communities) and our services:

- | | |
|---|--|
| 1. Putting people at the heart of everything we do | 4. The best health and wellbeing for our communities |
| 2. Working together to be the best we can be | 5. Safe, sustainable, accessible, and kind care |
| 3. Striving to deliver and develop excellent services | 6. Sustainable use of resources |

Planning Objectives: Each chapter then shows how we are delivering each of the Planning Objectives that sit under those Strategic Objectives.

Gold Command Instruction: A number of ‘**Gold command instructions**’ are also referred to within the Plan. These are operational instructions provided by our command and control structure at the highest level (Gold level).

Welsh Government Signposting to the NHS Wales Planning Framework 2021/22 will be indicated at the beginning of relevant sections and can be identified using this arrow

Foreword

A Plan for recovery from the pandemic



The focus of this Plan, first and foremost, is how we, Hywel Dda University Health Board (the University Health Board), recover from the pandemic: how we support our staff to recover after what has been an exhausting year, and how we lay the foundations to recover our services and support our communities.

At the time of writing this Plan we continue to be in the grip of the COVID-19 (COVID) pandemic. We are experiencing the highest level of demand for services that we have ever known. Our staff continue to work tirelessly, almost a year since the first wave of the pandemic. We are delivering the biggest vaccination programme in the history of the NHS and we are working on how to recover our planned care services, many of which have been severely impacted due to the demands of the pandemic. The year 2020/21 has been incredibly difficult, but there is a lot we can learn from it in moving forward into the next planning year and beyond.

We commissioned a piece of 'Discover' work after the first wave of the pandemic to do just this. Our findings about the changes that took place as a result of the first wave were published in our 'Discover' report in July 2020.

We learnt that some of our long term ambitions, articulated in our strategy, 'A Healthier Mid and West Wales', have been partly delivered through necessity: for example, a shift towards delivering some services virtually, through digital platforms, which could have a positive impact on our productivity and decrease our carbon footprint by reducing the need for patients to travel. Some of our ambitions to transform our hospitals and patient pathways seem more achievable having seen how pathways were transformed in a matter of days during the first wave of the pandemic.

The Board recently commissioned a second 'Discover' phase to understand more about the experience of staff during the pandemic. Learning from this second 'Discover' phase will be used to inform the organisation's approach to supporting the rest, recovery and recuperation of staff over the coming years.

Our timeline for recovery depends on several factors, many of which are not wholly within our control, or our ability to predict. Over the next year we intend to commission detailed modelling work which will help us better predict the medium and longer term impact of the pandemic on our services. This will support us in planning when and where staff will be deployed over the coming months and years, and our plan to recover our services, especially our planned care services.

This Plan therefore represents a moment in time: our best estimate of how will support the recovery of staff, our services, and our communities over the planning year 2021/22.

Introduction and strategic context

Refreshing our Strategic and Planning Objectives

During the summer of 2020, between the first and second waves of the pandemic, our Chief Executive led a piece of work to take stock of the decisions made by the Board over the past three years, our progress to date in achieving our strategic vision, and our learning from the first wave of the pandemic.

From this, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation – the horizon we are driving towards over the long term – as well as a set of specific, measurable Planning Objectives, which move us towards that horizon over the next three years. Our Annual Plan for 2021/22 should be understood within the wider context of this refreshed set of Strategic Objectives and Planning Objectives.

The University Health Board has made many decisions over the last 3 year, many of which are broad and wide ranging, including a major re-organisation of hospital based services in the south of the Hywel Dda area, and a shift towards a 'social model of health' and long-term community-driven focus on prevention. Other decisions relate to more specific service issues such as the development of new health services or health care facilities. All of these decisions have moved us towards the future we set out in our health and care strategy, 'A Healthier Mid and West Wales'.

Until this point, however, these accumulated decisions had not been gathered together and organised in a way which:

- Provides clarity about our priorities
- Provides a steer as to how work should be planned, informing our planning cycle
- Allows the Board to measure whether progress is being made.

The COVID pandemic and our response to it has underlined the need for clarity in setting out our objectives as a Health Board, enabling the Executive Directors and their teams to think creatively about how they can be achieved. Indeed, one of the key lessons for the University Health Board from our learning about the first wave of the pandemic (captured in our Strategic Discover Report, July 2020), is the importance of having a small number of clear organisational objectives. The refreshed set of Strategic and Planning Objectives do just that. Here is the view of one staff member:



'I'd like to see us change the way we look at plans and priorities and strategy going forward. We tend to include everything [in our plans]. We need to get behind single issues that we can all contribute to. We need to be brave. We need to prioritise one issue we can all get behind – something common to us all in service delivery – for example transport. We can make such a massive difference. We end up dividing everything up between us. We never look at the core issues. We need to be far more focused. We need to take a task and finish approach. We may all have more than one objective, but we need a single priority.'

Introduction and strategic context

Our Strategic Objectives

Our 6 strategic objectives are shown below:

- | | |
|--|---|
| 1. Putting people at the heart of everything we do | 4. The best health and wellbeing for our communities |
| 2. Working together to be the best we can be | 5. Safe, sustainable, accessible, and kind care |
| 3. Striving to deliver and develop excellent services | 6. Sustainable use of resources |

The strategic objectives encompass both our organisational values and our objectives around services.

Developing our Board Assurance Framework – how the Board will measure progress towards these Strategic Objectives

These six strategic objectives set our direction over the long term and as such will guide the development and delivery of our shorter term planning objectives over many years. If the strategic objectives are the points on the horizon we are aiming for, our planning objectives (as set out below) are the specific 1 to 3 year actions we are taking as steps towards them.

The Board’s established assurance committees will play a key role in scrutinising and reporting back to the Board on the implementation plans underpinning our planning objectives as well as the delivery of those plans. This allows the Board to focus on progress towards our strategic objectives through the Board Assurance Framework, focussing its agenda on “making our boat go faster”. Measuring progress against our strategic objectives will be key to informing the board’s agenda and work of its Transformation Steering Group and Strategic Enabling Group

Work is ongoing to develop our revised Board Assurance Framework, which is made up of two elements – our measures of progress and the principle risks that could slow or prevent that progress. A series of Executive Team workshops are currently being delivered by the Governance Team to agree these risks and the controls, assurance and mitigations in place to manage them. These will be presented to Board and incorporated into this Plan in June 2021.

As mentioned above, the process of selecting and developing measures of progress in relation to the six strategic objectives is ongoing but set out below are initial suggestions. The Board and Executive Team will continue to develop its thinking, creating new measures as well as better using those already available.

Introduction and strategic context

How we will measure progress

Strategic Objective 1 – Putting people at the heart of everything we do

At a general level:

- Feedback from patients and their families via the Friends & Family Test
- Relevant areas of feedback from our staff via the Staff Survey
- Feedback from engagement with our local population via the planned “Public facing Discovery” engagement exercise planned for quarter 1 2021/22

At a specific level

- Potential for service level bespoke “patient satisfaction surveys”
- Specific feedback from our partnership and staff-side groups
- Potential to adjust the PADR process to seek direct feedback from staff on engagement and involvement
- Response times, trends, themes and service hotspots identified from individual patient feedback (including plaudits, complaints and claims) via regular patient experience reports to Board

Strategic Objective 2 – Working together to be the best we can be

As an Organisation

- Relevant areas of feedback from our staff via the Staff Survey
- Potential to adjust the PADR process to seek direct feedback from staff on engagement and involvement
- Potential to develop measures of effective team working across the organisation via the Workforce and OD Team

As a Partner

- Potential to develop a partnership survey via the Engagement Team
- Potential to develop measures of the impact achieved in our partnership work via the Engagement Team

Strategic Objective 3 – Striving to deliver and develop excellent services

- Potential to develop a way to consistently and comprehensively measure the gap between excellent services and current delivery for all our service areas
- Scope and scale of our Research & Development and Innovation programmes via regular reports from the R&D team
- The number of completed and embedded improvement programmes across the organisation via the Quality and Service Improvement Team
- The number of staff who have successfully completed required education and training (including mandatory and professionally required education) via the Workforce and OD Team

Introduction and strategic context

How we will measure progress

Strategic Objective 4 – The best health and wellbeing for our communities

- Wellbeing assessments undertaken by our 3 local Public Service Boards (including measures of community cohesion/connection)
- Measures of the health inequalities, health status and health outcomes for our population via the Director of Public Health’s Annual Report
- Potential to develop more specific/bespoke measures for the most vulnerable families and individuals in our communities via the Director of Public Health

Strategic Objective 5 – Safe, sustainable accessible and kind care

- Measurements of harm and harm avoidance via the Director of Nursing, Quality and Patient Experience’s annual Quality Statement/Quality Report
- Measurements of sustainability in workforce including use of non-substantive staff, staff demographic profiles, workforce availability assessments and training pipelines via the Director of Workforce and OD
- Measurements of physical estate sustainability including backlog maintenance
- Measurements of service sustainability in light of demographic and public expectation changes
- Potential to develop measures of accessibility to our services including physical (journey times, patient/staff mileage, public transport options and parking), digital and personal (convenience of appointment times, language, cultural and ease of access for disabled and disadvantaged/excluded members of the population)
- Potential to develop measures of kindness – as a first step, gaining a clearer understanding of what “kind” services mean to our population and staff via staff and public engagement during 2021/22

Strategic Objective 6 – Sustainable use of resources

- Compliance with our breakeven duty and delivery of our “Roadmap to Financial Recovery” set out elsewhere in this plan
- Measures of our carbon usage against government targets for public services
- Potential to develop measures of biodiversity on all our sites
- Potential to develop landfill usage including food waste
- Potential to develop measures of water usage
- Potential to develop measures of medicines and radio-isotope wastage from our services

In addition to bringing together our existing measures and exploring the development of new ones as suggested above, the Board will explore the development of two additional overarching measures that address all six strategic objectives:

- Assessing whether we are an employer of choice – being seen as an organisation that people wish to work for
- Assessing the degree of public confidence in us – are we delivering what they need and whether we are seen as an exemplary local organisation

Introduction and strategic context

Our Planning Objectives

A set of approximately 10 Planning Objectives sits underneath each one of these Strategic Objectives. A number of the Planning Objectives are also underpinned by specific requirements, including those of Welsh Government and our regulators, which are to be addressed in their delivery.

In developing the Planning Objectives, all outstanding decisions and commitments by the Board were reviewed and a clear audit trail established to demonstrate how outstanding commitments are reflected in the new objectives. This detailed audit trail was presented to the 'People, Planning, and Performance Assurance Committee' for scrutiny in October 2020.

The organisational objectives and commitments were then reviewed and themed, and the final Planning Objectives were agreed between the Chief Executive and members of the Executive Team. Some of our Planning Objectives are very ambitious. We learnt during our response to the pandemic that we can often achieve things that may not have seemed possible previously. A process has also been put in place to allow staff members across the system to propose new Planning Objectives in support of our strategic vision.

Following Board ratification, Executive Directors and their teams have been developing their detailed delivery plans for each of the Planning Objectives. The Planning Team continues to engage with operational teams about their detailed plans, as part of our new approach towards planning. In this new approach, the development and implementation of Planning Objectives is a continuous process, informing our planning cycle. A technical document containing delivery plans is available.

References to the Planning Objectives are made throughout this Annual Plan.

Introduction and strategic context

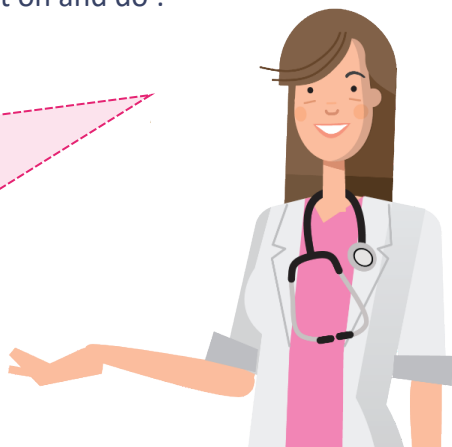
Our response to the COVID-19 (COVID) pandemic – what we learnt

What we learnt from our clinical, operational and corporate engagement

Following the first wave of the pandemic we engaged with over 100 key leaders across clinical, operational, and corporate functions. The pandemic had forced many clinical services and corporate functions to work in radically different ways; we wanted to find out about these changes and innovations, and apply this learning to expediting our strategy, 'A Healthier Mid and West Wales'. We also wanted to understand how the lockdown and new ways of working (such as reduced car journeys, exercise and local sourcing) impact on our ability to deliver our wellbeing objectives, in line with the Well-being of Future Generations (Wales) Act 2015. Here is a summary of our learning.

- **Technology enabled care:** Technology has been used to introduce virtual consultations with patients. Assessments and clinics have taken place through smartphones and patient platforms such as Attend Anywhere.
- **Common vision and shared goals:** People told us how powerful it had been for teams and departments to work towards one clear goal: to prepare for and manage our response to the pandemic. Although in reality teams have many different objectives, we learnt that we needed a smaller number of clear goals for the organisation in future, to continue to mobilise change.
- **Working digitally:** The introduction of Microsoft Teams had changed our ways of working. People told us that this enables remote working, with less paper and less travel. It facilitates collaboration, with people connecting across sectors, and jointly working on documents.
- **Empowerment and autonomy to act:** People valued having the autonomy and freedom to make decisions within the framework of the command structure, and this led to efficient and effective decision making. The people that we interviewed told us that decisions about services were 'clinically led and need-driven', and benefited from having a lighter touch governance structure in place, without the need to submit detailed reports and wait for decisions to be approved. Decisions were made quickly through having regular, short, focused meetings, and through an increased multi-disciplinary approach to decision making. They told us that 'local decisions were made by local teams', and that they felt empowered to 'get on and do'.

'We changed whole pathways within 2 weeks. We were given the freedom to do it [...] We had clinical approval and [the changes] were led by clinicians. This was a good opportunity where we gathered everyone together and as we had limited time we had to get it done. Previously, logistically it wasn't coming together with clinicians.'






Introduction and strategic context

Our response to the COVID-19 (COVID) pandemic – what we learnt

What we learnt from our clinical, operational and corporate engagement (continued)

- **Workforce flexibility and ‘can do’ culture:** We heard many positive examples of staff flexibility and adaptability in response to the pandemic; of people’s willingness to work outside traditional role boundaries, take on additional responsibilities, and support changes to services and rotas.
- **Camaraderie:** This was the word used most to describe the working culture during the pandemic.
- **Restructured services and pathways:** We heard countless examples of how services had been restructured in terms of where and how they are delivered to patients. Some examples involved a shift to delivering services in community settings, and changes to staff rotas. We also heard examples of how restructured pathways led to admission avoidance and early supported discharge from hospital and all hospitals divided into red and green zones.
- **Integrated, collaborative partnership working:** Many pathways between primary, community (including local authority), and acute care have been streamlined. Staff have been working across traditional boundaries and sectors, breaking down silos. These examples of partnership and integrated working are relevant to our ambition to take a whole system approach to transforming health and care.
- **The shift to virtual consultations and virtual outpatient services:** Out of necessity and to enable safe and sustainable outpatient services has come one of the most profound transformations to the way the Health Board provides treatment.



‘The biggest change has been the virtual clinic work in outpatients - I mean for us we’ve been going on about this for years, getting the clinicians on board has been hard, and they’ve been angelic on how wonderful it is. We’re now looking at this across all the services for all the sites. For us as a team, we are used to being mobile on different sites and we’ve tended to work more virtually.’

‘We have also moved to telephone follow up conversations and this has worked very well – especially for elderly patients looking to minimise exposure. The difference has been 70% of face-to-face discussions now being down to around 10%.’



Introduction and strategic context

Our planning assumptions

A key challenge in planning for 2021/22 is the significant uncertainty about how the COVID pandemic will unfold through the year. The current restrictions that have been in place since Christmas 2020 have played a significant part in reducing the incidence of COVID across the country and in particular amongst the population in Hywel Dda. As restrictions are eased incidence is likely to rise, and although the vaccination programme is intended to have an impact on that, there is always the prospect of a further variant of concern that proves resistant to the vaccine.

In the absence of a national model, the University Health Board's modelling cell have been developing scenarios for Hywel Dda that will give some indication of the potential demand trajectories. These effectively form the basis of a **worst case (scenario 22)** and a **reasonable worst case (scenario 23)** for Hywel Dda. In order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine, it is suggested that the University Health Board develops its contingency plans on the basis of **the median of scenario 22 (the worst case scenario)**.

Both scenarios are based on the following assumptions:

- As restrictions are eased, incidence and transmission will increase
- Restrictions will continue to ease until we get to a level 2 alert level in time for the school summer holidays
- There is an increase in transmission from September as autumn arrives and the known seasonal impact starts to impact
- Further restrictions are introduced nationally next winter to prevent a return to the levels of system pressure seen across the NHS Wales in the recent second wave
- Rate of transmission (R_t) values:
 - Variable R_t based on expected restriction easing timeline
 - New variant may further increase R_t by between 0.4 and 0.7, meaning actual R_t might be higher than expected
- Vaccine efficacy:
 - Scenario 22: 0% (this is what could happen if a new variant emerges which is resistant to the vaccine)
 - Scenario 23: ~50% (based on AstraZeneca single dose)
 - Actual efficacy might be higher
- Vaccine delivery rate:
 - 0.45% daily vaccination rate to incorporate the need for two doses, although this may be lower than actual daily rate
- Non-COVID:
 - Twelve week short term forecast using recent actual demand
 - Twelve week assumption that a gradual increase or decrease to near normal demand
 - Demand will return to 95% of historical normal demand
 - If demand trajectory reaches normal demand sooner, then historical demand is used instead (ending the gradual increase or decrease sooner)
 - Remainder of 2021/22 using adjusted normal demand



Introduction and strategic context

Our planning assumptions (continued)

Scenario 23 (reasonable worst case) suggests that by late summer the vaccine will have had a significant impact on hospital admissions to the point where there are virtually no COVID patients in a hospital bed.

However, it is suggested that in order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine, the University Health Board develops its contingency plans on the basis of **the median of scenario 22 (the worst case scenario)**. This is chosen as it most closely represents the existing non-COVID demand figure in hospital, and the maximum projected COVID position is similar to that which the Health Board has experienced during the second wave. Therefore the University Health Board should develop plans that ensure it can manage:

- A COVID demand of 250 hospitalised patients
- A non COVID demand of 695 hospitalised patients

As a consequence, our Recovery Plan for 2021/22 is based on an expectation that our COVID arrangements are in operation for the coming 12 months, but given the uncertainties, our tactical group will be limited to only entering financial commitments on a quarterly basis. Where this is not possible/desirable, the tactical group will escalate to the Gold Group which may escalate to full Board. In the financial section of this Recovery Plan our financial assumption is currently that additional costs are limited to the first two quarters of the year.

Section 1: Rest, Recovery and Recuperation of our Staff

Introduction to Section 1

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services

These three Strategic Objectives are grounded in the University Health Board values framework, and are based on what our staff told us is important for them at work. They are also reflected in our 'Workforce, Organisation Development and Education Strategy for 2020-2030', which will be implemented at pace during the next planning year.

During the past 12 months, our staff have responded to the needs of our population in dealing with the pandemic and have gone above and beyond the call of duty at every opportunity. They have at times compromised their own health and wellbeing and home and family life to support our patients and colleagues and have worked to ensure that appropriate 24/7 care has been available to meet patient needs across our three counties.

We have recruited additional staff over the last twelve months to supplement our stable workforce and sought help from an army of volunteers who have stepped up to help us maintain our services. Although 3044 offers of employment were made, due to the temporary and transient nature of these appointments, the increase to our workforce over a 12-month period has been 825 whole time equivalent.

Our Board could not be more proud of how our clinical and non-clinical staff groups have pulled together, supported their colleagues, and worked so diligently to care for our patients. Our response to the vaccination programme has also been one of which we can all be very proud.

It is within this context that the first section of this plan identifies the things we will put in place to support the rest, recovery and recuperation of our staff.

Section 1: Rest, Recovery and Recuperation of our Staff

Looking after our staff

During the pandemic, the Board has put staff health and wellbeing at the forefront of its COVID response platform, with evidence based plans in place to support each phase of the pandemic. These were monitored through our Workforce Bronze Group and the command structure.

We ensured that all staff designated as Clinically Extremely Vulnerable did not remain in the workplace but were assisted to work from home. We invested in the Staff Psychological Wellbeing Service, including an expansion in counselling provision. We have also provided:

- A rapid access and response service to our in-house Staff Psychological Wellbeing Team
- An Employee Assistance programme to provide 24/7 access, including Welsh language counselling provision and Black, Asian and Minority Ethnic counsellors. All staff were given an information card on how to access these services
- Virtual listening spaces where colleagues can come together, be themselves, have time to be listened to and connect with each other at a deeper level
- Bereavement support services for personal and professional grief and loss
- Regular VLOGs from our CEO and Chair
- Occupational Health Support for Managers and staff in relation to encouraging staff to complete COVID risk assessments in order to safeguard their health and wellbeing
- Virtual wellbeing webinars on aspects of self-managing covering topics such as Team resilience; Mindfulness; SOS on stress Management
- Widespread training for staff to undertake clinical supervision roles (Jan – April 2021 = 184 staff)
- A dedicated intranet page accessed over 2400 times with all wellbeing resources contained in one source, supplemented by twice weekly resource messages on global and staff sharing their wellbeing stories of coping strategies
- A specific response and communication to support staff who have been at home shielding
- A coaching provision network for 170 of our front line service leaders to maintain resilience and offer support. Here is some feedback from staff:
 - 'I have made huge progress in terms of overcoming barriers to my project...these sessions are hugely valuable'
 - 'very useful and illuminating, laid some of my anxieties to rest'
 - 'I am finding them beneficial to me in terms of my role and all the challenges that it is presenting here....'
 - "I was thinking that perhaps the timing wasn't right but it was perfect and helped me think a few things through'

We are enabling staff who were unable to take their full annual leave entitlement during the 2020/21 leave year due to COVID pressures to carry over extended periods of leave. This will enable them to take appropriate rest and relaxation in 2021/22.

As we move through the phases of the pandemic and staff have more time to reflect on their experiences and come to terms with events, it will be vital that the health and wellbeing support continues into the medium and long term.



Mental health & wellbeing services available to support you

Staff Psychological Wellbeing Service (appointments)
9am-3.30pm – **01437 772527**

Care First – 24/7 Independent Counselling Service -
0800 174319

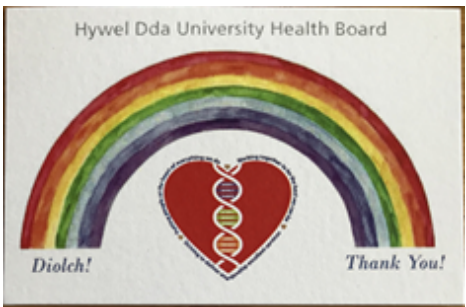
Clinical Health Psychology Service (all Covid-19 acute staff) - 7 days a week **01267 246917**

Section 1: Rest, Recovery and Recuperation of our Staff

Thanking our staff and volunteers

The Board has made a commitment to give thanks to our staff and volunteers for their efforts, time and personal sacrifices during the pandemic. Following the first wave, a 'thank you' card was sent out to all our staff and volunteers and the feedback was overwhelmingly positive, showing that a small gesture of gratitude can go such a long way. Now that our staff experiences and sacrifices have continued into the autumn and winter periods of the pandemic, it is even more important to give staff permission to rest and to put in place a 'thank you' package to enable their recovery and the restoration of their wellbeing.



Our Chair has established a reference group including internal and external personnel who are working together to develop this package and 'thank you offering' for staff. The reference group will focus on how we celebrate our staff and patient stories; how we celebrate our success during and emerging out of the pandemic; how we recognise individuals and team contributions; and how we offer resources, time and space for staff recuperation.

Longer term recovery

We will put in place measures to support staff recovery in the longer term, including any emergence of post-traumatic stress, chronic exhaustion, and episodes of long COVID experienced by staff. The benefits of green health principles will be built into our approaches to estate management and our intentions for re-purposing of our facilities and the design of new ones.

One of the learnings coming out of the first wave of the pandemic was the adverse effects of the virus on the Black, Asian and Minority Ethnic members of our community. Consequently, the Chair undertook a Listening Exercise with Black, Asian and Minority Ethnic staff members and established a Black, Asian and Minority Ethnic Advisory Group to the Board. This group is informing our approaches to how we relate to Black, Asian and Minority Ethnic staff members and their experiences of working with us, and how we can hear their voices more clearly and embrace their diversity more broadly in our working culture. Over 70 members of staff have joined our Black, Asian and Minority Ethnic network and this will be vital to support our cultural change programme going forward.

Our staff side partners have also been crucial throughout the pandemic, working together with us to support our staff. Bi-monthly virtual Partnership Forums have continued and new twice-weekly meetings between our Director of Workforce and the staff side chairs have resulted in a different and deeper level of trust and a greater understanding of experiences of our staff, our leaders and members of Workforce and OD. This dialogue has enabled an exploration of how we treat our staff, how we can create healthier working cultures and how we really can put the human being at the centre of all that we do, rather than being driven purely by policy and process; establishing mutual respect with our staff, and being mindful that staff have responsibilities outside of work as well as within it. Our approach to HR management has been disrupted for the better and is informing how we go forward to implement our ten-year strategy together. These experiences have pricked our curiosity about the art of the possible in creating a workplace where staff wellbeing and joy at work can be paramount.

Section 1: Rest, Recovery and Recuperation of our Staff

Discovery and delivery of what matters to staff

New Planning Objective: By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.

After phase one of the pandemic, the Board commissioned a Discovery report into how, why and what changes and innovations were made in response to the pandemic to enable us to respond to our patient and public needs. Rich evidence of service changes and innovations emerged with wide changes in working practices, workforce agility, and use of technology, to name but a few. This was important learning to support us to recover services, to build on what worked well, and work towards a 'new normal'.

The Board has commissioned a second phase of our 'Discovery' work, which will focus on staff rather than services. This second Discovery phase has in part already begun and will now accelerate and continue through Quarter 1 of 2021/22. Its outputs will inform the 'Thank you offering' to our staff and our approach to support their rest, recovery and recuperation. Other surveys around Health and Wellbeing, Stress and Burnout, and the National Staff survey conducted in November 2020 will also be used to inform this Discovery work, along with the launch of the Medical Engagement Scale (due in April). We also have a growing body of evidence from our staff stories and quotes, shared through our Workforce and Organisational Development colleagues; staff side, Chair and Executive visits; Clinical leads; Heads of Nursing; new COVID recruits and coaching experiences. Further work is planned to broaden and deepen the Discovery process over the next period, including:

- A survey of front line staff about what recovery means to them and what aspects of working life they have appreciated and would want to take forward
- A survey of key front line managers about lessons from leading through COVID and aspects of our culture that help or hinder
- A series of group dialogues with the following:
 - The Board
 - The Black, Asian and Minority Ethnic network
 - The Enfys network
 - Apprentices
 - New COVID recruits
 - Various staff focus groups

A discrete Taskforce will be established to explore pathways into permanent roles for COVID recruits who have joined us since March 2020. This will also form a part of the recognition process for members of the public who answered the call to join the NHS in response to the pandemic.

We will analyse and triangulate these various data sources to formulate a rest, recovery and recuperation plan for our staff for the short, medium and long term. It will lay the foundations of a positive working culture which supports the wellbeing and continued enjoyment of our staff.

Section 1: Rest, Recovery and Recuperation of our Staff

Using our charitable funds

New planning objective: Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds.

Our charitable funds have been used to support our staff in the various waves of the pandemic. Over the last 12 months, we have been overwhelmed by the generosity of our local communities and the eagerness of our public to fundraise and support the NHS in so many different ways. The Hywel Dda Health Charities NHS COVID Appeal received donations from the general public wanting to thank their local NHS for caring for our local communities at such unprecedented times.

Hywel Dda Health Charities has also benefitted from monies raised nationally through the NHS Charities Together fundraising campaign. Thanks to these donations, we have been able to purchase a wide variety of items above and beyond what the NHS is routinely able to provide for the benefit of our staff and volunteers. Staff were invited to request the items that would make the biggest difference to support their welfare and wellbeing from our charitable funds to enable us to prioritise where we could help the most.

Hywel Dda Health Charities has successfully applied for grant funding of £242,000 from NHS Charities for a range of projects to support staff health and wellbeing, both physically and psychologically. The bid includes:

- A nature based eco therapy programme for staff at risk of stress and burnout or those on sick leave
- A Health and Wellbeing Champions network development programme and activities fund
- Bereavement support and training for staff
- Provision of outdoor gymnasiums at each of our four acute sites
- A lifelong learning Recovery and Education Fund where staff can apply for small grants to learn a new skill beyond their professional work requirement
- An Arts in health and wellbeing activities fund for staff

These will be complemented by further investment in the in-house Staff Psychological Wellbeing team of clinical psychologists and a Mental Health trainer from NHS exchequer funds.

Section 1: Rest, Recovery and Recuperation of our Staff

Using our charitable funds

Planning Objective 2E: From April 2021, develop a programme of activities to increase our income from both new and existing opportunities and income streams to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. Develop user friendly grant-making procedures, whilst maintaining good governance, so that staff are empowered to access our charitable funds and be innovative and proactive in their approaches to making a difference. Maximise opportunities to extend our reach and become more visible internally and externally so that more people across our region are aware of the charity's existence, its purpose and the importance of their support.

Hywel Dda Health Charities is the official charity of the University Health Board. Our aim is to raise and distribute funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across The University Health Board.

- We will increase our income from both new and existing opportunities and income streams and will assess the value of investing in each source of income to focus on those with the biggest returns which will help us to deploy our resources effectively
- We will launch a staff lottery scheme to support staff health and wellbeing and fund projects to support the rest, recovery and recuperation of staff
- We will work with Workforce and Organisational Development colleagues to engage with staff to fully understand what staff need to support their recovery, health and wellbeing and how our charitable funds can support the rest, recovery and recuperation of staff
- We will ensure that our grant-making procedures are user friendly, whilst maintaining good governance, so that staff better understand how we operate and are empowered to access our funds to support their rest, recovery and recuperation and be innovative and proactive in their approaches to making a difference.

We will maximise opportunities to extend our reach and become more visible internally to staff and externally to our communities so that more people across our region are aware of the charity's existence, its purpose and the importance of their support.

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 1A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years

- This will include the development of a reporting dashboard, shared at appropriate frequencies with stakeholders and forums to ensure performance progression
- It will also encompass the design, project support and delivery implementation of the Improvement Together framework from a Workforce and OD perspective

Planning Objective 1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme

- The design of this programme will include evidence base research to identify best practice and reviewing customer satisfaction from patient feedback
- Programme content will need to be agreed and multi-skilled tutors recruited

Planning Objective 1F: Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:

1. the way the Health Board recruits new staff and provides induction;
2. all existing HR policies;
3. the way in which employee relation matters are managed and
4. equitable access to training and the Health Board's staff wellbeing services.

The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption

- The implementation plan for each new area above will be developed which will identify key milestones during 2021/22 and those which will be delivered in future planning years
- The resulting changes to policies, processes and approaches will be recommended to the Board for adoption as part of our governance structure

Planning Objective 1G: Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.

- A team leader and organisational development Relationship Managers will be appointed in year and connected to the delivery teams across Hywel Dda
- Initial relationships will be developed and a programme to ensure role integration put in place

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 2D: By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this

- An integrated Workforce and Education Group will be established to lead a collaborative approach in implementation

Planning Objective 2G: By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme

- Plans will be implemented to expand the Apprenticeship Academy and Future Workforce Office
- A new Kick-start programme will be instigated for individuals aged 16-24

Planning Objective 2H: By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.

- Research into best practice will inform programme design and delivery of the leadership talent management and succession planning strategy
- Accelerated delivery of coaching programme skills development

Section 2: Recovery across our whole system

Introduction to Section 2

WG Signposting

Prevention
Reducing Health Inequalities
Primary and Community Care
Timely Access to Care
Social Partnerships
Planned Care
Mental Health
Regional

This chapter addresses the following Strategic Objectives:

- | | |
|--|--|
| 1. Putting people at the heart of everything we do | 4. The best health and wellbeing for our communities |
| 2. Working together to be the best we can be | 5. Safe, sustainable, accessible, and kind care |

Section 2: Recovery across our whole system

Introduction to Section 2

This section sets out our plans to recover services across the whole system.

Our collaborative model and approach is informed by A Healthier Wales, A Healthier Mid and West Wales, the Primary Care Model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Service Board's Wellbeing objectives and the priorities articulated by the 7 Primary and Community Cluster Plans. The 7 Clusters remain at the forefront of our work programme and each Cluster has fully reviewed and revised their Integrated Medium Term Plans (IMTPs) in line with contractual requirements and to help shape the vision of the Health Board's Annual Plan. Each of these IMTPs articulate: Reflections of 2020 COVID service delivery and impact on Cluster working and Cluster planning; One year in reflections on the 2020/23 Cluster Plan content and ongoing relevance to direct future Cluster working; Key Cluster Actions for 2021/22; Cluster workforce Implications for 2021/22; Cluster financial implications for 2021/22; and Strategic influence / links / alignment with Health Board Annual Plan 2021/22.

These plans are focused on the principles of sustainable and resilient communities, timely advice and support on health and wellbeing, maintaining social connection, independence and activity. We will work in partnership with Local Authority Partners and the Third Sector in 2021/22 to deliver our priorities. The integrated County and Cluster plans will move us key steps forward in delivering the following:

1. Helping Strong Communities – to work in a place based way creating networks and supporting carers
2. Help to Help Yourself – to support self care and proactive care building on self management services that are in place and have capacity to expand and provide the skills to enhance self care.
3. Help when you need it - increasing time spent at home through a reduction in hospital admission and safe and speedy discharge through Intermediate Care
4. Ongoing Help when you need it – supporting those who have ongoing need for care and support
5. Help in Hospital – ensuring safe transfer and response when needed. Each of our 4 acute hospitals has articulated how it will meet each of the 6 urgent and emergency care targets (technical document)

Our success will be measured and reported through a set of whole system metrics (technical document).

Section 2: Recovery across our whole system

Working in Partnership Across the Whole System

Throughout the pandemic our local and regional partnerships have worked together to plan, communicate and respond to the needs of our population to ensure that we collectively impact the wider determinants of health and wellbeing.

Planning Objective 5H: Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.

These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional /skilled workforce that enables new ways of working in order that the following principles are achieved -

1. Increased time spent at home
2. Support for self care
3. Reduction in hospital admission
4. Safe and speedy discharge
5. Support for those at the end of life

Through 2021/22 we will develop detailed implementation plans to deliver our priorities and service model for the population to:

- Deliver an integrated primary and community model through learning the lessons and hearing the stories of our staff, partners and population
- Design our organisational and partnership structures for effective delivery of cluster, county, regional and national needs and priorities
- Deliver care and support through an integrated multi-disciplinary workforce in the community where teamwork, career progression and excellence of care are central to our culture
- Deliver through a technology enabled care first approach, based on our regional learning
- Redesign our community estate to better meet the place-based needs of our population
- Demonstrate improving outcomes and patient experience for our populations, patients, carers and staff wherever they live based on 'what matters' to them

Planning Objective 6D: Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level

- We will identify opportunities for using technology to support our population, embed this to support proactive, self care and long term care and measure outcomes using Patient Reported Outcome Measures, Patient Reported Experience Measures, and Family Reported Outcome Measures

Section 2: Recovery across our whole system

Helping strong communities

Planning Objective 4C: For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022

In 2021/22, there will be a regional focus co-ordinated through the Regional Partnership Board on reviewing the outcomes and learning from the wide variety of funding streams provided by Welsh Government to deliver the priorities of the Public Service Board Well-being plans and ensure we achieve the very best outcomes for our population in return for the investment in our Healthier West Wales transformation programme. We will also be actively assessing the opportunities for further integration within the Welsh Government’s White Paper ‘Rebalancing Care and Support’ and considering how these might help us delivery our shared ambitions in the future.

Planning Objective 2A: Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024

In 2021/22 we will establish a Health Board Carers’ Strategy Group with representatives from key directorates acting as Carer Champions (ensuring the voice of the Carer is considered in service delivery and design) to develop a University Health Board specific plan for Carers to:

- Roll-out the regional Investors in Carers scheme across a broad range of settings, teams and departments encouraging participants to progress through the three levels
- Support Carers to be involved with hospital discharge planning arrangements. (Through advice and support to Carers and delivery of bespoke training to ward and community based staff)
- Deliver increased support to employee Carers through our health board Employers for Carers Statement of Intent
- Commission information, advice and outreach services from third sector partners to support the empowerment of unpaid carers, including young carers and young adult carers

Section 2: Recovery across our whole system

Help to help yourself

Planning Objective 1D: By September 2021 propose new planning objectives for the following year to pilot and test innovative approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.

The early identification of people's needs through multi-professional and organisation care planning and the provision of timely and accessible support, particularly to enable proactive and self care are key components to our strategy and a social model for health and wellbeing. Our key Actions for delivery in 2021/22 are:

- **Equitable Principles & Standards** : We will finalise, embed and monitor the Principles and Standards for Proactive Care provision for the Region which will include targeted and coordinated responses based on stratified need, a focus on what matters most to people and the provision of digital and technological solutions as an integral part of our offer
- **Self Care** : We will provide all people living with a long term condition and their carers access to self-management, education and support as part of their usual care pathway
- **Digital Solutions for Access & Care** : We will embed virtual clinics for our population to support safe, effective and equitable access to review across the Region including further rollout of e-Consult and Attend Anywhere in Primary Care settings (GP Practices & Community Pharmacies)
- **Primary Care Sustainability & Contract Reform** : We will work with the four contractor professions to stabilise service provision as we move into the recovery phase post COVID pandemic. Our key priority will continue to be to support service modernisation, that provides timely and appropriate access to local services, using contract reform as a driver for change. We will develop a plan to return the remaining University Health Board managed practices to independent contractor status providing that the platform to enable this to happen is sufficiently flexible to meet the needs of GMS contractors, utilising the Pacesetter Programme commissioned the Royal College of General Practitioners
- **Regional Implementation of Cluster Plans** : We will implement three of the key priority Cluster projects - Social Prescribing, Respiratory Nursing and Pre-Diabetes
- **Place Based Integrated Teams** : We will develop integrated place-based teams to support continuity of care and the building of professional relationships across our system for population groups across the life course, and link teams to a review of Primary and Community estate underpinned by a Five Facet Survey undertaken at the end of 2020/21

Section 2: Recovery across our whole system

Help to help yourself

Planning Objective 5I: undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB

In 2021/22 we will undertake a comprehensive assessment of all Children’s and Young People Services and develop a detailed plan for implementation.

As part of this the School Nursing Service will focus on supporting emotional wellbeing, vaccination and health promotion for school aged children with the wider Children’s Community Nursing Service and the Healthy Child Wales Programme will be embedded and delivered.

Section 2: Recovery across our whole system

Help when you need it – community and acute

Planning Objective 5J: Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model

Timely and appropriate response to the changing needs of individuals is an essential element of our plan. In 2021/22 we will deliver the 'Contact First' / Urgent Primary Care model in order to co-ordinate our urgent care response to the exacerbating health and care needs of our population and maintain people in their own homes and communities. When urgent care works well it contributes to **'Help in Hospital'** by ensuring that the population only attends acute hospital when their needs require it, enabling people to return home from hospital quickly to recover in the best place for them.

The Six Goals Framework for urgent and emergency care provision allows us to describe our whole system approach to optimising patient flow through acute hospitals and enhance access to emergency services routinely and at times of escalated. A detailed implementation plan will be developed in quarter 1 for Committee scrutiny.

Our key Actions for Delivery in the community 2021/22:

- **Equitable Principles & Standards:** We will implement and monitor our Regionally agreed Principles and Standards for Intermediate Care and our Regional Discharge Principles and Standards based on the Welsh Government Discharge Requirements
- **Crisis response:** We will implement the three key features of 'Contact First' through the provision of a 24/7 hub for clinical advice that can effectively take enquiries / dispositions from '111' and / or primary care and through assessment 'stream' to more appropriate local response pathways and schedule local 'wait and treatment' response. The 'Clinical Hub' will also embed the Physician Triage Assessment & Streaming (PTAS) service with WAST to reduce unnecessary / inappropriate conveyance to hospital
- **Home based intermediate care:** We will increase capacity for home based care and pathways including integrated falls prevention, carer support, respiratory illness exacerbation , rapid access to diagnostics and acute nursing response in the community
- **Discharge to Recover and Assess:** We will take a proactive approach to community led discharge planning, implementing a 'Home First' culture and fully implementing the Discharge to Recover and Assess (D2A) pathways. This will require us to increase our capacity with Local Authority Partners for home based care, intermediate and interim bed based care and reablement

Section 2: Recovery across our whole system

Help when you need it – Primary Care

Planning Objective: A new planning objective will be developed through quarter 1 for Primary Care

Contract Reform:

With the national focus considering contract reform across all professional groups it is hoped that this will lead to greater parity and transparency of contractual arrangements across all four contractor professions.

The University Health Board has continued with the work of its Access Forum during the pandemic and has an identified work programme for 2021/22. A programme of work, agreed with the Local Medical Council (LMC) to undertake a systematic review of Local and National Enhanced Services will be completed in 2021/22 with a view to adjusting content and remuneration to ensure they remain fit for purpose and deliver timely and cost-effective care to patients.

Key Actions for delivery in 2021/2022:

- Commissioning of a Five Facet Survey of our General Medical Practice estate to underpin the development of a Primary Care Estates Strategy
- Evaluation of the use of digital solutions to improve timely access to care
- Development of a proactive package of sustainability support
- Development of a plan to allow the return of University Health Board Managed Practices back to independent contractor status
- Undertake a systematic review of NES/LES
- Support the scale up and roll out of Cluster identified priority projects
- Reinstate contract management in line with the reset of services

Key actions for Community Pharmacy delivery in 2021/22:

- Publish the Pharmaceutical Needs Assessment (PNA) by October 2021
- Implementation of the Community Pharmacy Cluster Lead role
- Roll-out of Community Pharmacy Walk-In Centres aligned to sustainable service provision and unscheduled care pathways
- Reintroduction of suspended Enhanced Services e.g., Sore Throat Test and Treat and roll out training for Triage and Treat to increase the number of pharmacies offering the services, as part of the recovery programme
- Investment in Independent Prescriber roles linked across Pharmacy and General Medical Practice
- Reinstate contract management in line with the reset of services
- Commissioning of any ongoing vaccination programmes directed by COVID pandemic response plan
- Commitment to maximise the use of digital solutions to support the ongoing modernisation of service provision



Section 2: Recovery across our whole system

Help when you need it – Primary Care

Key actions for Community Dental delivery in 2021/22:

- Implementation of the Contract Reform in line with national guidance
- Complete a review of the commissioning arrangements for in hours urgent access and out of hours dental services
- Complete a review of the pathway for paediatric, special care and tier 2 minor oral surgery dental services including the development of a specialist services and a review of General Anaesthetic provision
- Complete a review of the pathway for paediatric dental services including the development of a specialist service and a review of General Anaesthetic provision
- Complete a review of the orthodontic waiting lists which have been generated as a result of the COVID pandemic
- Commitment to maximise the use of digital solutions to support the ongoing modernisation of service provision

Key actions for Optometric Service delivery in 2021/22:

- Implementation of the pathways developed throughout the red phase of the pandemic with a shift of resource to support service development
- Reinstate contract management in line with the reset of services;
- Commitment to maximise the use of digital solutions to support the ongoing modernisation of service provision
- Complete a review of the Glaucoma pathway through regional working with Swansea Bay University Health Board
- Develop and implement an improved service specification to support the Complex Contact Lens pathway
- Work with South West Wales Regional Optometric Committee (SWWROC) and Optometry Wales to establish urgent eye care access via 111. This service will allow patients to access the most appropriate advice and services for eye related advice or care

Section 2: Recovery across our whole system

Ongoing Help When You Need It

The timely and proportionate provision of information, advice and assistance for people with long term health and care needs will adhere to value based healthcare principles. Our key focus in 2021/22 is to increase ‘days spent at home’ for people with ongoing and complex needs . We will ensure that this population receive the greatest proportion of care and treatment at home , only seeking hospital care when no other alternative is identified, and delaying residential / nursing care until absolutely necessary. Key Actions for Delivery 2021/22 :

- **Equitable Principles & Standards:** We will implement the agreed principles and standards for palliative care provision for the region. We will implement and monitor the agreed regional escalation and risk management policy for Care Homes. We will approve, implement and monitor the regional escalation and risk management policy for domiciliary care with Local Authority Partners, including the review of medicines management in domiciliary care and care homes.
- **Palliative Care:** We will finalise our Palliative Care Strategy, identify and set out our plan to address gaps in best practice and ensure equity of provision and outcome for our whole population across the region. This will ensure we develop sufficient capacity to provide care at home for people at the end of their life
- **Dementia:** We will finalise our Dementia Strategy, identify and set out our plans to address gaps in best practice to improve outcomes for our population across the region
- **Integrated Care Planning & Teams:** We will develop consistent approaches to care planning which is co-ordinated, collaborative and communicated and we will align specialist professionals and advice in the integrated community teams to facilitate the shift of care into community based clinics and support the development of local holistic skills for generic teams

Planning Objective 5P: During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.

- **Care Homes:** We will undertake a Market Stability Assessment regionally. We will review the Pre-Placement Agreement with our partners in the independent sector and Local Authorities. We will embed the use of the Findaplace website in order to provide bilingual information about care homes and vacancies for patients, families and carers. We will work with care homes and care agencies to enhance sustainable models of care for our local populations including testing and vaccination to support care home residents and staff
- **Domiciliary Care:** We will work with our Local Authority partners to develop plans to address sustainability in the market. This includes our commitment to reducing deconditioning of patients in hospital and proportionate assessment of care requirements on discharge to optimise capacity of this finite resource. Further we will explore models that will compliment domiciliary care provision whilst not destabilising the sector

Section 2: Recovery across our whole system

Ongoing Help When You Need It

Planning Objective (No reference number assigned): To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.

Planning Objective (No reference number assigned): Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda

Strategic Direction:

- **COVID Learning:** The priority action for 2021/22 and onwards is to take the learning from the COVID pandemic and ensure that the good work and innovation is not lost as we move back into the reset of contract management. The use of technology both just prior to the pandemic (Pacesetter programme of E-Consult), the use of Attend Anywhere and the wider consideration of the use of digital solutions to assist in patient care and disease monitoring needs further consideration, to ensure that patients have timely and appropriate access to care
- **Primary Care Estates Strategy:** Priority is also given to the development of a Primary Care Estates Strategy, linking with the work that has been commissioned by WG with Archus as well as considering the learning from the pandemic, both in terms of technology as well as IP&C measures. This will be underpinned by a Five Facet Survey which the University Health Board is taking through a procurement exercise during the latter quarter of 2020/21. Due to the contract relaxation the revised programme of annual returns and visits has been suspended but will be brought back into the work programme of the team as soon as the contract reset allows
- **Clusters:** Cluster continue to remain at the forefront of our work programme both in terms of future service development and sustainability of General Practice. Throughout the pandemic through Cluster working Practices have been supported to ensure that they have future proofed IT systems and processes in place that support remote working, investment in Practice premises through Improvement Grants to ensure all necessary IP&C measures are in place and to consider revised business continuity plans to support the future development of working across contractor professions for a sustainable service model. Each Cluster has fully reviewed and revised their IMTPs in line with the contractual requirements and to help shape the vision of the University Health Board's Annual Plan
- In demonstrating its commitment to **Cluster models of delivery**, the Board has supported the scale up and roll out of three of the key priority projects (Social Prescribing, Respiratory Nurses and Diabetes) identified by the Leads to be implemented from 2021)
- **Pacesetters:** The pandemic has given some Practices a sense of stability that otherwise could have seen them face significant pressures through managing patient demand and expectation coupled with workforce pressures. Through the Pacesetter programme the RCGP were commissioned to deliver their sustainability support programme to a maximum of 10 Practices within the University Health Board area during 2020/21. Whilst this work has mainly been conducted remotely the feedback has been positive and has played a part in actively supporting Practices to remain as independent contractors whilst putting practical support solutions in place. Moving into 2021/22 we would want to build on this work and have an agreed framework for support that promotes sustainable General Practice

Section 2: Recovery across our whole system

Help in Hospital and Field Hospitals

Gold Command Instruction

To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID patients and 695 non-COVID non-elective patients (i.e 945 beds in total). This capacity is to be immediately available, or ready for use within a maximum of 3 weeks' notice for the duration of 2021/22.

Implications for our Field Hospitals

The use of our 6 field hospitals into 2021/22 is built upon the outcomes of our modelling scenario 22 described in the introduction, with particular reference to the anticipated number of patients we will see and what the demand will be for our beds. Based on this, the following is planned:

- The University Health Board will retain Ysbyty Enfys Selwyn Samuel and Carmarthen Leisure Centre as the Health Board's future field hospital surge capacity until 31st March 2022 which will require us seeking planning permission approval from Carmarthenshire Local Authority
- Continue the retention of Cardigan Leisure Centre as a Mass Vaccination Centre
- Serve notice on the contracts with Parc Y Scarlets for the Barn area and with Bluestone
- Return Plas Crug to Ceredigion Local Authority

This provision will mean that the University Health Board continues to have access to beds if there is a future demand in line with this Gold command instruction.

Section 2: Recovery across our whole system

Mass Vaccination

Gold Command Instruction

To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.

Faced with the biggest contribution to population health in decades, our ambition is to deliver the largest vaccination programme through unprecedented challenges. Challenges due to changes to policy and supply of vaccines and the competing demands of accelerated COVID transmission and increased pressures across the NHS system.

In 2021/22 our COVID vaccination programme will protect those who are at most risk from serious illness or death from COVID and deliver the vaccine to them, and to those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), the University Health Board will reach all its population in priority groups 1-9 by mid-April 2021, with a first dose, and completed a second dose vaccination where due. We will offer vaccination to the rest of the eligible adult population according to the latest Joint Committee guidance by the end of July 2021. We do not yet know supply for this phase, so there is further planning to do that will take account of supply, the latest Joint Committee guidance and the delivery environment.

Our plan sets out our delivery channels, volumes to be delivered in each, vaccine handling/storage and equitable distribution arrangements. Data entry, handling, security and data quality arrangements are also included as well as a robust and effective call/recall system. Weekly public facing and management facing dashboards are also included in the implementation plan to support communications and transparency. **(Technical document)**

Section 2: Recovery across our whole system

Test, Trace and Protect;

Gold Command Instruction

- Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by Welsh Government
- Through 2021/22 continue to support and provide regional co-ordination to the Test, Trace and Protect service across the 3 counties of Hywel Dda

Test, Trace, Protect Programme

The University Health Board, working with partners in Public Health Wales and Local Authorities, will deliver a robust Test, Trace, Protect (TTP) programme through 2021/22. The Test, Trace and Protect Programme is fundamental to helping us find a way to live with the disease until the vaccine has been administered more widely to our population.

Testing and Sampling

The University Health Board has developed a testing infrastructure to ensure that anyone who needs a RT-PCR antigen test can access one. The University Health Board delivers sampling in the community for asymptomatic pre-operative and pre-chemotherapy patients, symptomatic care home residents, whole home testing in care homes where a positive case is found, and in hospital for emergency admissions and within ward settings. We will achieve implement testing every 5 days for all inpatients across acute, community and mental health and learning disability beds. Testing for all these categories is undertaken via the Public Health Wales laboratories.

All community symptomatic testing for the general public and critical workers is undertaken via the UK Portal and the Department of Health and Social Care Lighthouse Laboratories. Routine testing of asymptomatic care home staff is also undertaken via this route.

The University Health Board has a number of community testing sites across all three counties, with plenty of capacity, and has the ability to flex additional testing at speed in response to local outbreaks. The University Health Board will provide the offer of twice-weekly testing using Lateral Flow Devices (LFDs) to all asymptomatic patient-facing Health Board staff and students. The roll-out plan will be complete by 31 May 2021. This offer is also being extended to Primary Care Contractors.

Routine asymptomatic LFD testing is being offered extensively across other sectors, including social care, education and private businesses. The detail regarding COVID sampling and testing can be found in the Testing Operational Delivery Plan. [\(Technical document\)](#)

Section 2: Recovery across our whole system

Test, Trace and Protect;

Contact Tracing

Contact tracing is undertaken regionally on a county basis. The University Health Board has provided direct support to the Regional Response Cell to support the contact tracing within the hospitals. In addition to the ongoing work of the Infection, Protection and Control teams in both the hospital and community. The core elements of the contact tracing is undertaken by the local authority teams working in partnership with the Regional Response Cell staffed by Public Health Wales and The University Health Board nursing team.

Future of TTP

We will develop and implement the medium and long-term plan for TTP in line with WG guidance. Public Health Wales, the University Health Board and Local Authorities will review plans once further information is available. This will include the need to be agile and flexible, to respond to any changing circumstances, including the easing of lockdown and the potential impact of the vaccination programme.

Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

Planning Objective 5G: Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.

Our plans for 2021/22 will build on the changes we made in response to the pandemic, which accelerated some of our ambitions for transforming mental health services. A detailed implementation plan for the next stage of the Transforming Mental Health programme will be developed in quarter 1.

Our response to the pandemic

A core principle of our vision was the development of 24/7 community services across Hywel Dda footprint. We began piloting the integration of Community Mental Health Teams to deliver a 24/7 drop in service in Ceredigion, before the pandemic. During the pandemic, we built on this by co-locating and integrating our Crisis Resolution Home Treatment Teams and Community Mental Health Teams to provide 7-day mental health services. We also tested the development of a temporary Centralised 136 Assessment Unit.

Places of safety for people in mental distress

During the pandemic we worked with partners, including the third sector, to provide ‘out of hours’ sanctuaries and pilot hospitality bed provisions, providing places of safety for people in mental distress who are detained by the police under Section 136 of the Mental Health Act.

Partnership work with the third sector

During the first wave of the pandemic, third sector-commissioned services adapted to offer telephone/online services on a 3-county basis where possible. Throughout the pandemic work has continued to work closely with the third sector and referrals to those services are up by 20% during the pandemic. They also do a huge amount of work to continually update local directories of services.

Mental Health and Learning Disabilities Single Point of Contact (SPoC)

After the first wave of the pandemic we reported that, due to competing priorities, work to develop a Mental Health and Learning Disabilities single point of contact (SPoC) had halted. Since then however, work to develop this service has progressed at pace, and the Directorate has secured Welsh Government funding to pilot a SPoC for mental health services via 111. The pilot began in January 2021 and triages calls from people requiring mental health support at all levels of need, including calls from carers. Over time, we will build a multi-disciplinary team element to this 111 service, providing a ‘one-stop shop’ approach to people requiring mental health support. We are training primary care staff to take part in the pilot, so that locally staff will know how to signpost people to services.

Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

The post-COVID mental health crisis

We are expecting some of the social impacts of the pandemic to impact on people emotionally, presenting as anxiety or depression, or as practical unmet needs, rather than as mental health conditions which require diagnosis and treatment. We therefore expect that people will need more Tier 0 / Tier 1 type of support. Our Single point of contact service will provide a triage service which will help to signpost people to appropriate sources of help.

Learning Disabilities

- The Directorate has arranged for a dedicated resource to lead work on Learning Disabilities over the next year, which includes work on the 'Improving lives, Improving Care' review of the care and treatment of people who are inpatients in learning disability hospitals
- The Directorate will be undertaking an organisational change process, to include Community Learning Disability teams, and a review of residential units
- We will ensure that the community team is well resourced and proactive. We will continue to provide an inpatient assessment function – there is therefore no need to go out to consultation on changes to services

Specialist Child and Adolescent Mental Health Services

- Work is ongoing to scope options for filling our vacancies. We are exploring other types of roles to backfill areas of deficit – however, certain statutory duties may only be undertaken by medics, in line with the Mental Health Act and Mental Health Measure

Autistic Spectrum Disorders and ADHD

- The directorate continue to receive a large volume of referrals to these services. These are referrals to undertake diagnostic assessments
- The team numbers are small and require suitably trained staff this means that service provision is highly sensitive to vacancies and absences

Together for Mental Health Delivery Plan

- This Plan is not only the responsibility of the University Health Board but also partners within education, social care, and social justice
- We have recently established a task and finish group to agree which partners are progressing and reporting against which milestones, and therefore will set out the work programme
- We will be reporting against these milestones in June 2021

Section 2: Recovery across our whole system

Planned Care

Gold Command Instruction

To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with Welsh Government.

As the second wave of the pandemic has progressed, our modelling scenarios have deviated significantly from the original assumptions which underpinned our initial planning. Whilst community incidence and COVID related hospital admissions continue to show a downward trend since the introduction of the national lockdown measures, we also continue to experience a significant impact on extended Length of Stay (reflective of system-wide pressures across our community and care sector) and resultant bed occupancy levels which are also impacted by periodic outbreaks across our hospital sites. Due to continuing uncertainty regarding a number of variable factors which are likely to influence our recovery progress during 2021/22, we are undertaking further modelling work (in partnership with Lightfoot Solutions) to inform trajectories for likely demand and waiting list patterns during 2021/22. These will be reflected in subsequent revisions to this plan in the months ahead.

Planned Care Recovery Planning – Q1/2 2021/22

Our planned care recovery capacity assumptions for Q1/2 of 2021/22 broadly reflect those set out in our previous 2020/21 Q3/4 plan. These anticipate the continuing challenges we expect to face in managing COVID and non-COVID related demands on our system in the months ahead whilst endeavouring to protect 'green' planned care pathways on each site, all against the backdrop of a significant and sustained staffing challenge.

Our review of the capacity pre-COVID, as a response to COVID and in the plans to upscale the resumption of planned care that was paused during COVID, identifies that our capacity in real terms will not match that available before March 2020. The plans under development will achieve the maximum capacity available to us to enable the greatest opportunity for the greatest number of patients in the safest possible manner within our site set up.

At all times the following principles have been used to frame the discussions and decision-making process: Options will meet the University Health Board's strategic objective to offer services that are safe, sustainable, accessible, and kind; Options will adhere to prudent, value-based health care principles; Value stakeholders; and maintain a neutral stance on site specific use.

We will use the 4S (space; staff; stuff; systems) methodology where appropriate to assess the likelihood of being able to provide the same capacity as pre-COVID services allowed, leading to a comprehensive assessment of our ability to manage urgent and prioritised patients, whilst maintaining, as best as possible within site constraints, safe separation of COVID and non-COVID in-patient pathways (for example in Worthybush the Green Clinical Decision Unit is currently located within the area previously utilised as the Paediatric Ambulatory Care Unit (PACU). This arrangement will continue during Q1 pending a further review of capacity requirements at the hospital. Current pathways for children will continue during this period).

Section 2: Recovery across our whole system

Planned Care

Planned Care Recovery Planning – Q1/2 2021/22 (continued)

In addition, site specific plans and single-issue reports, including theatre capacity, staffing capacity and a position review have contributed to providing clarity on some specific points of challenge.

For consistency, we have presented our assessment of capacity under 3 key themes:

- What can be generated through our theatre capacity across our four sites ?
- How is this supported by adequate post-operative critical care pathways?
- The supporting bed base available to support patient flows ?

We will use a risk stratification model, supported by NHS Wales and the Royal College of Surgeons, to assess and prioritise all existing and new patients, taking into account length of wait and clinical urgency, including suitability for virtual or Face-to-Face appointments categorising patients according to five levels of urgency

Medium-terms plans for the potential expansion of Planned Care capacity (Q3/4 2021/22 and beyond)

- It is clear that in order to address the backlog on non-urgent cases which have developed through COVID, a different approach will be required. With this in mind, we are developing proposals for a modular solution at our Prince Philip Hospital site, which is designed to further enhance our ability to provide protected 'green' pathway capacity for planned care patients.
- The proposed solution is for two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite. The proposal, which is currently in draft stage and is unlikely to be operational before Q3 2021/22, would enable an approximate increase of up to 5,000 patients per annum beyond our current plans. The benefits are threefold:
- All appropriate Orthopaedic day cases can be carried out in a dedicated DSU laminar flow theatre, ultimately freeing space in main theatres and Trauma and Orthopaedics ward to treat a greater number of inpatients. Demand in the facility can be utilised to create revenue for the Health Board and elevate the Orthopaedic department as a go to location in Wales.
- Increased Endoscopy sessions will result in a higher number of patients treated within a facility fit for purpose
- The vacated departments within the main hospital site can be utilised for an array of opportunities, for example, a dedicated Urgent Suspected Cancer ward and/or a relocated Critical Care Unit
- Costs are currently being reviewed but take into account equipment, staffing and rental costs, and would be in the region of £12m over a 3-year period
- This work will be further developed as a result of our current collaboration with Lightfoot, in order to further model our return to a zero wait position



Section 2: Recovery across our whole system

Outpatients

The impact of the pandemic will be felt for some time to come and therefore our services and systems must adapt and change in order to find alternative ways of delivering care to patients what have been waiting.

Outpatient Strategy

We will continue our approach to deliver services differently and maximise the use of digital tools in our recovery planning. Additional resources have been secured in order to support the transformation work at pace with key actions in 2021/22:

- Digital innovation has been a key part in the delivery of outpatient services during COVID. Working on the assumption clinicians are undertaking ‘face to face’ consultations for the most urgent cases only, and to endorse new ways of working as set out by Welsh Government, we will continue to rollout digital services across the system (e.g. Consultant Connect; Attend Anywhere Patient Knows Best; Microsoft Teams / Booking App), including virtual clinics, Seen On Sight and clinical validation.
- All scheduled care services are encouraged to utilise Seen On Sight and Patient Initiated Follow-Up. Targeted resources have been deployed to those specialities where it is anticipated this option could be more widely utilised.
- Those services that are receiving electronic referrals have been configured to now enable the receiving clinician to indicate the preferred consultation method, enabling services to manage face-2-face and virtual booking processes more effectively and only using face-2-face outpatients’ slots where necessary. This also identifies patients suitable for straight to test/one stop from point of referral, e.g. Dermatology, Cardiology, and Respiratory. There are four services that require this update to the system, which is in progress. Those services that are not yet receiving referrals will have this update added during configuration.

Section 2: Recovery across our whole system

Outpatients – (Continued)

Outpatient Transformation

- We have adopted a range of new approaches to the delivery of outpatient care, as reflected in our Outpatient Transformation Plan published in April 2020. Mindful that future increases in the number of referrals received and increases in outpatient activity have the potential to create new demand for new and follow up care. We are working closely with our clinical teams to adopt new and innovative approaches to care delivery to mitigate the risk of further increases in the total number of patients awaiting care
- We will continue to implement solutions to further reduce follow-ups with a focus on working differently. The pandemic has allowed us to rapidly deploy virtual consultation methods and encourage clinical teams to carefully consider options for reviewing patients virtually, than automatically booking patients into be seen face-to-face or cancelling appointments; encouraging a change in clinical behaviour
- We will maximise the use of Video Group Clinics and through video platforms to support and care for patients, including: Therapies; Pain Management; Dementia care; Diabetes; Children's Speech and Language Therapy; Heart failure care; Dietetics; Neonatal therapies; and patient education programmes
- Work to expand delivery continues and we will review the effectiveness of Consultant led group consultations where these are indicated

Cancer

The key actions for Cancer services in 2021/22:

- Single Cancer Pathway : We will achieve the new Single Cancer Pathway target of all patients with a suspicion of cancer to be seen and treated by day 62 of their pathway from the point of suspicion
- Rapid diagnostic clinics: We will establish a Rapid Diagnostic Clinic for vague symptom patients
- Acute Oncology Service: We will develop in-house 24/7 Acute Oncology Service triage service funded from savings made via the Swansea Bay Service Level Agreement



Section 2: Recovery across our whole system

Pharmacy and Diagnostics

In supporting our Planned Care recovery, there are key actions relating to Pharmacy and Medicines Optimisation , and Diagnostics

Key actions for Pharmacy and Medicines Optimisation in 2021/22:

In line with "Pharmacy: Delivering a Healthier Wales, through health, well-being and prevention, working with our population and healthcare professionals to optimise the benefit obtain from medicines", we will:

- Enhance patient experience by developing clinical pharmacy to support key clinical pathways across the interfaces e.g. Pain Management Team, Antimicrobial Stewardship, Polypharmacy in Frailty & Palliative Care, anticoagulation
- Extended pharmacy led discharges and improve compliance (in collaboration)
- Develop learning and leadership plans including integrated training posts, increasing non-medical independent prescribing & development of roles at all levels to reflect changes to the way we work (e.g. Tech administration at ward level)
- Implement Health and Social Care medicines optimisation in collaboration with Local Authority partners to improve movement across interfaces, reduce risk of delayed discharges and improve Medicines Optimisation for patients in the care setting (whether that's in their own home or a care home)
- We will maximise innovation through Technology by:
 - Transforming access to Medicines Services (TrAMS)
 - Implementing the new pharmacy system , and the progression of e-prescribing and medicines administration
 - Expansion of Dose Error Reduction System library network to maintain and respond to changes in practice
 - Roll-out of current technology to deliver efficiently (e.g. dispensary robots), call switching technology in Medicines Information
 - Promote research and development

Key actions for Diagnostics in 2021/22:

- Additional resource will be investigated via private suppliers however, radiographers to staff the additional capacity remains problematic.
- We will pursue national discussions won additional resource made available for regional or national solutions to reduce the backlog
- Complete a review of the radiography workforce as part of the transformation programme.

Section 2: Recovery across our whole system

Single Point of Contact

Planning Objective 1E: During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:

1. Keep them regularly informed of their current expected wait
2. Offer a single point of contact should they need to contact us
3. Provide advice on self-management options whilst waiting
4. Offer advice on what to do if their symptoms deteriorate
5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
6. Offer alternative treatment options if appropriate
7. Incorporate review and checking of patient consent

This process needs to roll out through 2021/22

Planning Objective 1B: Building on the success of the command centre, develop a longer-term sustainable model to cover the following:

- One single telephone and email point of contact – the “Hywel Dda Health Hub”
- This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers
- All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact
- Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)
- Further develop the incident response and management cell set up to support our COVID-19 response
- Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions
- Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years

Section 2: Recovery across our whole system

Single Point of Contact –(continued)

Single Point of Contact (SPOC) - The Hywel Dda Health Hub

A Command Centre was set up as part of the COVID response, to provide staff with a single point of contact, and has proven capable of receiving and responding to queries in a timely way through phone and email. Patients contacting the University Health Board have multiple pathways to services, such as switch boards or direct service numbers with varying levels of call response due to the type of call handler.

Key actions for delivery in 2021/22:

- We will develop a contact and response service in order to effectively develop the personalised SPoC strategy for the significant number of patients that have been identified as routine (Risk category 3 and 4 in current Welsh Government guidance) and who would not be covered under current direct Consultant contact.
- Our Orthopaedic Services will be the initial pilot service for this work in 2021/22 and will shape the initial development of the SPoC prior to other services being brought into the programme, with otorhinolaryngology and ophthalmology next. In line with professional body guidance, Orthopaedic Consultant teams have considered those who are on their waiting lists and have made contact with patients directly. This will allow us to understand the demand and develop a robust response mechanism for all contacts. This will be a pathfinder for roll out to other specialty routine waiting list cohorts throughout 2021/22, informing and shaping the development of the COVID Command Centre and its transition to the Hywel Dda Communication Hub.

Section 2: Recovery across our whole system

Regional solutions

Planning Objective 5N: Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative

Key actions for Swansea Bay Regional programme and ARCH in 2021/22:

- **City Deal Campuses Programme** will submit the strategic business case in quarter 1 of 2021. In parallel we will continue the development of Pentre Awel in collaboration with Carmarthenshire County Council
- We will promote the **ARCH Innovation Forum** which will provide guidance, advice, support, and signposting from a multi-disciplinary stakeholder group to regional innovation projects
- **Cataracts:** It is recognised that the only way to enable cataract activity to operate at a sustainable level is at a regional level. The proposals being developed will not replace the specialist and current cataract pathways and is proposed on the understanding that ophthalmology will have its pre-covid capacity in both Health Boards acute and community sites. It is unlikely that this solution will be in the form of a demountable unit, as this is unlikely to be delivered within 12 months
- **Dermatology:** We will recruit to joint consultant posts, both dermatology and plastic surgery and the links with the GP training programme will be strengthened to maximise General Practitioners with Extended Roles in Dermatology
- **Endoscopy:** The 2021/22 work programme will align with the national programme to establish regional facilities and the wider focus on the provision of planned care
- **Pathology:** Completion of the Pathology outline business case
- **Hyperacute Stroke Unit:** We will look to revisit the work undertaken prior to COVID

Section 2: Recovery across our whole system

Regional solutions – (Continued)

Key actions for the Mid Wales Joint Committee in 2021/22:

- **Ophthalmology:** We will implement consistent Primary Care support in the Ophthalmology pathway and address the continued gaps in Optometry service provision across the South Meirionnydd area.
- **Cancer:** We will complete a review of the pathways for community based oncology services to identify opportunities for increasing provision across community sites together with the development of a plan for a Mid Wales to deliver chemotherapy services in the community
- **Urology:** We will Re-establish Urology services at Bronglais General Hospital and develop a Mid Wales focused pathway with outreach services across the region
- **Respiratory:** We will develop a Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services
- **Digital:** We will complete a review of digital platforms introduced for clinical pathways since the start of the COVID pandemic to inform a clinically agreed digital development plan
- **Dental:** We will complete a review of existing community dental service provision and current waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery planning.
- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions:** We will implement the Bronglais General Hospital Clinical Strategy
- **Cross Border Workforce arrangements:** We will Development cross border workforce arrangements including joint induction and training programmes, and establish a nurse training centre in Aberystwyth for Mid Wales
- **Rehabilitation:** We will develop a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of a MDT approach.

Section 2: Recovery across our whole system

Therapies

Planning Objective 4E: Implement a plan to train all Health Board Therapists in “Making Every Contact Count”, and offer to their clients by March 2022

Making Every Contact Count (MECC) is an approach that supports public-facing workers to use opportunities during their routine contacts to enable people to consider their health and wellbeing through the delivery of brief advice (1-2 minutes) or brief interventions (5-10 minutes). It is a widespread intervention, across Wales and beyond, with good evidence of its positive impact. MECC has been used primarily to encourage behaviour change on smoking, weight, alcohol and physical activity. However, we envisage a broader conversation picking up any one of the many factors that influence health and wellbeing (the social model of health) that is relevant to each person. Having a brief non-judgemental conversation, when the appropriate opportunity comes up, can support people to take responsibility for their own health and wellbeing. MECC can lead to improvements in people’s health, help people consider their health behaviour and make changes, reduce health inequalities, and help people better manage long-term conditions. Making these interactions a routine part of every health worker’s professional and social responsibility will integrate prevention into our core work. We intend to use MECC to deliver the following priorities through 2021/22:

- Delivery of half day planning session with Team Leaders
- Delivery of online 1 hour Brief Intervention (Level 1) training to 203 therapy staff
- Delivery of 15 x 12 hour Brief Intervention (Level 2) training to 245 identified therapy staff. Each course will have a maximum cohort of 17 staff.
- Delivery of 4 x 15 hour (2 day) MI training course (Level 3) for 70 identified staff. Each course will have a maximum cohort of 18 therapy staff
- Delivery of evaluation methodology and project report.

Planning Objective 5L: Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019

This centres on reducing the risk of malnutrition in our patients both in acute and community settings – ‘Make Malnutrition Matter’. The work has begun during 2020/21 and will continue through 2021/22 with the following being the priority areas for continued development:

- Recruitment to remaining community Malnutrition posts and strategy lead post
- Deliver the QR code development work
- Restart Ward based Nutrition Champion and Quality Improvement work following the pause due to COVID

Section 2: Recovery across our whole system

Therapies – (Continued)

New Planning Objective: A new planning objective will be developed in quarter 1

COVID – Impact, recovery and rehabilitation

- Acute & Community Rehabilitation Pathways will be developed for those impacted directly by COVID (Population 1)
- Deliver stratified, multi morbidity, symptom Management programme Levels 0 – 3 across the University Health Board, including for those directly impacted by COVID.
- Define capacity for community response and rehabilitation for those impacted by COVID, linking with County Plans to review Integrated Care Fund/Transformation Fund funded posts to develop plans for 2022/23 and beyond
- Agree Long COVID and Level 3 Multi-Disciplinary Team Service model

Section 3: Building for our future

Overview of Section 3

WG Signposting

Decarbonisation

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do

2. Working together to be the best we can be

3. Striving to deliver and develop excellent services

4. The best health and wellbeing for our communities

5. Safe, sustainable, accessible, and kind care

6. Sustainable use of resources



Section 3: Building for our future

Transformation Steering Group

The Transformation Steering Group (TSG) was initially established in June 2020 as a result of a Gold Command Requirement with 3 aims:

- Learn from the pandemic and our response to it
- Translate that learning into practical applications
- Enable the Board to continue transforming our services today and over the lifetime of our health and care strategy

As part of its review and development of refreshed Strategic and Planning Objectives, the Board agreed a more comprehensive Planning Objective in September 2020 to place on-going transformational thinking into its mainstream governance structures. This Planning Objective is:

Planning Objective 3D: During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.

The role of the group established to deliver this planning objective is to develop, debate and hone new Planning Objective proposals for the Board to consider. These proposals will be aimed at helping the Board make faster progress towards its Strategic Objectives. The group does this by sponsoring or undertaking research in areas requested by the Board, and also directly from our staff, partners, stakeholders, public and thought/industry leaders.

The product of this process will be newly formulated Planning Objectives which will be presented to Board for consideration in its Integrated Medium Term Plan.

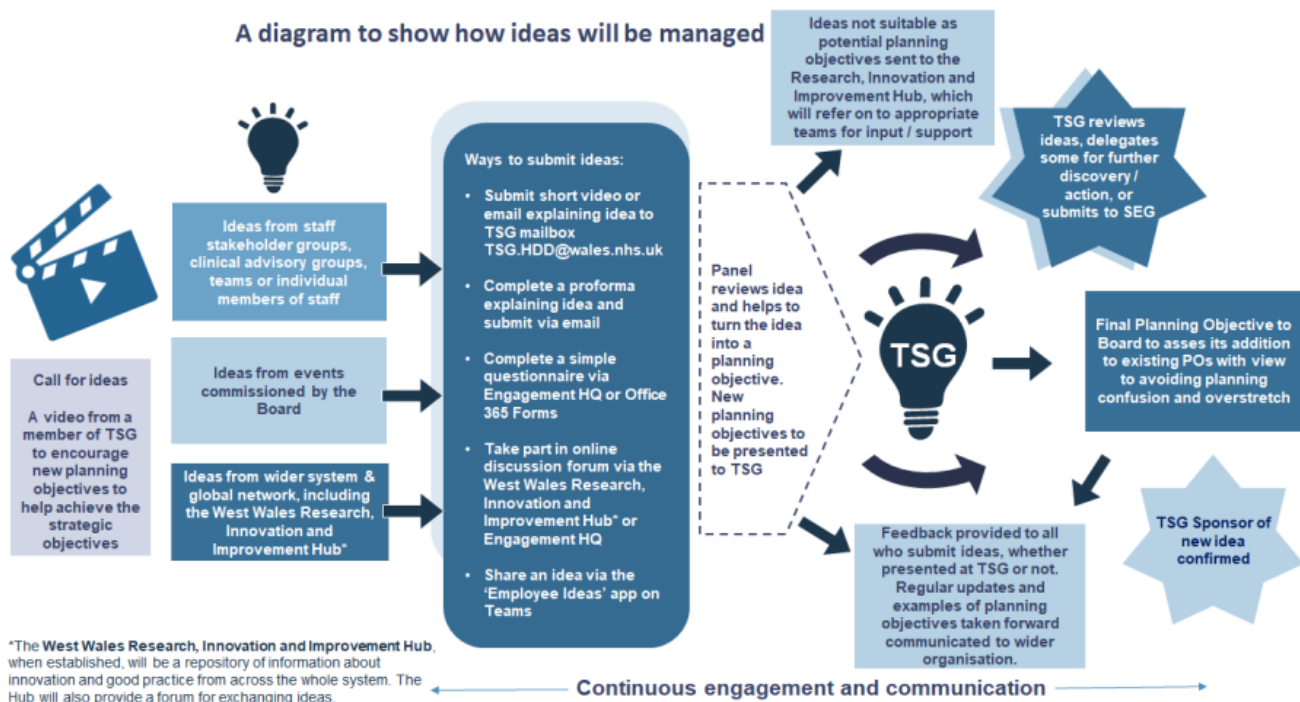
Requests from the Board for Transformation Steering Group consideration will arise out of the operation of the Board Assurance Framework and an on-going assessment of where progress is insufficient in realising its Strategic Objectives, either through a lack of Planning Objectives or because existing Planning Objectives are not driving the progress the Board wishes to see.

The group will also reach out to its staff, partners, primary care clusters, stakeholders and the local population for proposals which they wish the Board to consider in the delivery of its Strategic Objectives. Set out below is a pictorial representation of the process the group will follow although as a new feature of the University Health Board's working, this will develop and evolve over time.

Section 3: Building for our future

Transformation Steering Group

A diagram to show how ideas will be managed



Membership of the group includes the Chair, Independent Members, Executive Directors (or deputies) and External Advisors.

Section 3: Building for our future

Social model for health and wellbeing

Planning Objective 4N: Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest

The Lead Executive Director for this planning objective has been engaged in a multi-partner process exploring opportunities to optimise the food system as a determinant of wellbeing. The outputs of this engagement will be reported to the Transformation steering Group [our forum for proposing new planning objectives], and that new planning objectives will emerge as a result. This engagement will continue throughout 2021/22. We expect new planning objectives to be agreed during the first and second quarters of this planning year.

Planning Objective 4L: design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society

Our long term strategy is not solely about medical or clinical care, but also about how we change culture and focus more on prevention, early and proactive intervention within the community. It acknowledges this will only be achieved by working with a wide range of partners, including local people, on all elements of life that affect our health and wellbeing.

In 2021/22 we will:

- Complete a series of interviews with system leaders from around Wales, and the UK to capture their ideas and innovations to inform our Social Model for Health and Wellbeing
- Complete a series of focus groups with our key partners and our staff to understand their thoughts on what a Social Model for Health and Wellbeing looks like, and how their work to date reflects the Transforming Clinical Services Strategy
- Ensure the public engagement for the PBC feeds into our understanding of what a Social Model for Health and Wellbeing looks like and what it does, and could do, in our community.
- Complete a literature review on the Social Model for Health and Wellbeing
- Scope best practice from around the Globe to enable our work to reflect innovative ideas from a variety of health systems
- Deliver a Discover Report on the Social Model for Health and Wellbeing for the Hywel Dda region
- Co-produce with our partners via the Public Service Boards and Regional Partnership Boards, a working model of the Social Model for Health and Wellbeing, and agree a process by which ideas and service change will respond to and meet its requirements

Section 3: Building for our future

Programme Business Case – Health and Care Strategy

The Programme Business Case addresses the following planning objectives:

Planning Objective 5C: Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.

Planning Objective 5D: Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the strategy published in November 2018

Planning Objective 5F: Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic

- The Programme Business Case will be delivered by the summer 2021 which will encompass a new hospital build and the repurposing of the existing acute hospital sites and community infrastructure
- We will respond to the scrutiny comments made during the Transforming Adult Mental Health PBC

The PBCs will be based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears. Progress on the PBC is now being pursued with the University Health Board funding for both in-house and external resources. Specific planning objectives relating to this work have been endorsed by the Board were:

- Produce a Final Business Case (FBC) by March 2024 for the implementation of a new hospital in the south of the area for the provision of urgent and planned care (with architectural separation between them). Using the experience and change brought about by the COVID pandemic, the plan should be focused on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.
- Ensure the new hospital uses digital opportunities to support to minimise the need for travel;; maximise the quality and safety of care; deliver the shortest, clinically appropriate lengths of stay.
- FBC for the repurposing of the Glangwili and Withybush General Hospital sites completed and submitted by March 2024



Section 3: Building for our future

Infrastructure Investment

Business Continuity: the Interim Years including the 5 Year Capital Programme

Whilst discretionary capital is allocated to these areas, to make any impact at scale will require All Wales Capital Programme (AWCP) support. There are also service developments which will need to be supported by capital investment in the ‘interim years.’ The following are the schemes currently included in our forward look AWCP recognising that these are a mixture of being in construction; in Business Case development stage or still in scoping and to be agreed with WG.

Priority Actions for 2021/22:

Construction

- MRI Withybush Hospital

Business Case

- Diagnostic Imaging Priorities
- Aseptic Unit Withybush Hospital
- Crosshands Health and Wellbeing Centre
- Regional Cellular Pathology Service
- Transforming Adult Mental Health Programme
- WCCIC
- Estate Major Infrastructure

The Enabling Plan details the pressures associated with the backlog. Estate Infrastructure, Statutory Compliance, Equipment and IM&T. Moving forward the University Health Board will need to prioritise discretionary capital to this and seek All Wales capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale of this should not be under estimated and will require the infrastructure and resources to manage an investment programme.

Planning Objective 5E With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic

- A separate workstream to develop the travel and transport plan has been established to support work on the Programme Business Case, and will be developed further during 2021/22. This will link to Planning Objective 6G (Green Health and decarbonisation).

Section 3: Building for our future

Green Health and Decarbonisation

Planning Objective 6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.

Green Health

The University Health Board is extremely fortunate to have an army of willing volunteers who, over a number of years, have demonstrated their passion and commitment to Green Health and the benefits that it offers the population of Hywel Dda. The volunteers' work has extended to creating and maintaining green spaces, supporting biodiversity, reducing waste and has extended through to education and stimulating behaviour change.

As part of a refreshed commitment to climate and environmental stewardship, The University Health Board has dedicated resources to further developing the Green Health agenda and maximising the benefits the people of Hywel Dda can gain from Green Health. This now forms part of a wider work stream to develop an enhanced Social Model for Health and Wellbeing.

Decarbonisation

The University Health Board has demonstrated its commitment to this agenda by:

- setting one of our 6 strategic objectives as 'Sustainable Use of Resources'
- embedding our ambitions for decarbonisation in our Planning Objectives
- setting an overarching priority to being a carbon neutral organisation by 2030

The University Health Board has reinvigorated its commitment to optimise its climate and environmental stewardship for our future generations by establishing a 'Climate and Environmental Task Force' to lead this vital work. A supporting 'Network of Champions' will continue to work tirelessly to deliver results.

The Task Force (comprised of senior leaders) will develop a Green Health Strategy whilst the Network of Champions will develop an Action Plan to deliver the University Health Board commitments to climate and environmental sustainability. The Task Force will take into account the:

- 2019 UK Government target for 2050 Carbon Net Zero
- 2019 Welsh Government declaration of a climate emergency
- 2019 Welsh Government commitment to achieving carbon neutral public sector by 2030
- 2020 UK Governments revised net zero carbon targets by 2030
- 2021 Welsh NHS Priority of Decarbonisation

Section 4: Building our capability to deliver

Overview of Section 4

WG Signposting

Research and Development

Communications and Engagement

New Technologies and ways of working

- This chapter addresses the following Strategic Objectives:**
1. Putting people at the heart of everything we do

2. Working together to be the best we can be

3. Striving to deliver and develop excellent services

4. The best health and wellbeing for our communities

6. Sustainable use of resources

Section 4: Building our capability to deliver

Strategic Enabling Group

Role of the Strategic Enabling Group (SEG)

This section sets out how we will continue to build on our capabilities as an organisation to deliver on this and future plans. In order to bring the various work streams together and to compliment the establishment of a Transformation Steering Group (TSG - detailed elsewhere in this Recovery Plan), the Board has established a Strategic Enabling Group (SEG). Whereas TSG is focussed on providing new ideas through additional or revised Planning Objectives, SEG is focussed on building the general capabilities of the organisation to better or more effectively deliver the Planning Objectives already agreed. This section of our Recovery Plan sets out the initial work programme for this group from building our capabilities in quality management, performance improvement, R&D and innovation to realising our digital strategy and placing value based healthcare at the heart of our thinking.

The membership of SEG will include Independent Members, Executives and deputy/assistant directors and external advisors. It is Chaired by the Director of Finance with the Director of Strategic Development and Operational Planning as Vice Chair. It will report on progress in relation to this work programme to the Executive Team and through bi-monthly updates to the Board. Its workplan will be agreed at least annually by the Board as part of the organisation’s planning cycle.

The current work plan is set out below:

- Improving Together
- Value Based Health Care and pathway redesign
- Digital Strategy
- Commercial development
- De-carbonisation
- Social Value
- Single point of contact, excellent customer service and personalised contact for elective care

Section 4: Building our capability to deliver

Improving Together

‘Improving Together’ addresses the following planning objectives:

- Planning Objective 2F: Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2021 and completed within 3 years.**
- Planning Objective 3A: From 1st April 2021, implement a revised approach to performance that is clear on expectations and accountability arrangements for all staff with managerial responsibilities. This will include regular, timely and individualised feedback on performance targets, provision of training, development, peer support and tools/ways of working to enable delivery. The focus will be to motivate and support staff at all levels of management to strive for excellence.**
- Planning Objective 3E: BI and modelling – to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings.**







‘Improving together’ is a framework which aligns team vision to strategy and empowers teams to set key improvement measures aligned to their team vision. Visualisation of key data sets including improvement measures and regular team huddles helps drive decision-making.

The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way. Improving Together will embrace and embed some of the positive lessons learnt through the pandemic. It brings a number of key planning objectives across directorates into one scalable framework for growing and co-ordinating improvement activities aligned to organisational goals.

The governance and high level framework for improving together has been agreed. Work is currently being undertaken to develop the baseline and roadmap for rollout. The framework and approach will be tested and iterated with a small number of teams from April – June 2021. To ensure that Improving Together is sustainable, it will require a careful development and a measured and sustainable approach to embed the framework. The table below shows some key milestones and indicative timescales.

Section 4: Building our capability to deliver

Improving Together – (Continued)

Milestones	Feb – March 2021	Apr – June 2021	Jul – Sept 2021	Oct - Dec 2021	Jan – Mar 2022	2022 / 23	2023 / 24	2024/ 25	2025 / 26 onwards
Establish the high level framework and governance									
Agree approach to high level vision & key improvement measures									
Commence the baseline for all elements of the framework to explore: <ul style="list-style-type: none">What work is currently being undertakenWhat's working wellWhat could be improved									
Review the baseline information and develop roadmap & implementation plan									
Iterate and test with selected teams									
Roll out to agreed teams									

Section 4: Building our capability to deliver

Clinical effectiveness

Planning Objective 5K: Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process

Clinical effectiveness supports the provision of Safe, Sustainable, Accessible and Kind Care and enables more sustainable use of resources.

In line with the Welsh Government’s design principles, clinical effectiveness is evidence driven, which ensures that the University Health Board is using research, knowledge and information to understand what works to provide the best outcomes for Teulu Jones and the Hywel Dda population; learning from and working with others; and using innovation and improvement to develop and evaluate better tools and ways of working.

Clinical effectiveness drives higher value care, achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right time; less variation and no harm.

Focusing on effective clinical practice provides safe health care that not only does no harm, but enables Teulu Jones to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Actions for 2021/22 :

- We will deliver a fully approved Clinical Effectiveness Strategy
- We will Develop underpinning processes and systems to support delivery of Strategy
- We will Develop the Health Board Policies and Procedures relating to Effective Clinical Practice
- We will deliver Improved participation in all agreed national and local audits (including mortality audits)
- We will deliver a Clinical Engagement programme to support strategy delivery

Section 4: Building our capability to deliver

Research and Development

Planning Objective 3G: Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials

In the context of the ‘striving to develop and deliver excellent services’ strategic goal, this section addresses how planning objective 3G will be met. Specifically, the approach that will be taken to develop and implement a 3 year plan to increase research, development, and innovation activity, and increase the number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets.

The past twelve months have demonstrated just how critical research and innovation is to clinical care. The ultimate mitigation of COVID and the resolution of the pandemic continues to rely on the outcomes of high-quality research and innovation. Whilst the importance of research in developing new vaccines and identifying new treatments for COVID has been very visible recently, the University Health Board has had a research department for much longer than this.

The research department enables residents in the Hywel Dda area to participate in many different research studies including cancer, respiratory disease, cardiovascular disease, gastrointestinal disorders and many more, thus contributing to improvements in care and outcomes. The University Health Board also have a BioBank and a new clinical engineering innovation and research facility; we have strong links with Bevan Commission fellows and with all three Universities in our geographical area; there are also opportunities for us through participation in ARCH (A Regional Collaboration for Health), and the Swansea Bay City Deal which includes the proposed Pentre Awel development in Llanelli.

In September 2020, the Research, Development, and Innovation Department embarked upon a comprehensive and consultative process to develop its next research and innovation strategic plan. In March 2021, this process reached its conclusion and in April, the University Health Board will publish its research and innovation strategic plan for the next three years.

The strategic plan sets out specific and purposeful actions that will strengthen our research and innovation capabilities, improving our services and bringing about improved outcomes. We will achieve this plan by focussing on twelve goals that are aligned in four main areas of activity. Through pursuing these clearly defined goals and the supporting actions, executed through an annually refreshed implementation plan, we will ensure that we are optimising the role of research and innovation in transforming our local health and care services.

Section 4: Building our capability to deliver

Research and Development

Our priority actions for delivery:

Activity 1. We will improve the quality and impact of our activities

- We will facilitate portfolio studies and other high quality research and innovation, in accordance with national and the health board directives, standards, and policies
- We will develop an approach that translates the knowledge acquired through research and innovation into every day practical impact
- We will deliver against current and emergent Welsh Government Health and Care Research Wales (HCRW) strategic priorities and targets

Activity 2. We will invest in our people and facilities

- We will develop a team with the right skills and experience to improve the quality and impact of research and innovation
- We will invest in our infrastructure to support the safe and effective conduct of research and innovation, congruent with wider health board facility plans
- We will increase and diversify the financial resources available to advance research and innovation

Activity 3. We will grow research and innovation activity in areas of strength and opportunity

- We will develop targeted plans that lever clinical, scientific, academic, and community strengths and opportunities across the different geographical areas of our health board
- We will develop a plan to increase research and innovation activities with primary care and social care organisations within the region
- We will diversify our activities to include new technology development

Activity 4. We will develop strong and effective partnerships with academic, healthcare, industry and research organisations

- We will develop a collaborative plan with each of our university partners, delivering mutual benefit in defined areas, agreed and monitored through our biannual meetings with them
- We will work with organisations that share our values to develop innovative solutions to local health and care challenges
- We will collaborate with other publicly funded organisations to undertake research and innovation where it is mutually beneficial

The strategic plan and the detailed action plan for year 1 is available. The latter includes time bound actions. The delivery of the action plan will be overseen by the Research, Development, and Innovation Sub Committee, which reports to the Quality, Safety, and Experience Assurance Committee.

Section 4: Building our capability to deliver

Value and Prudent Healthcare

Planning Objective 6E: Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians that could also be offered to partners
Planning Objective 6.F: Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.

The University Health Board Value Based Healthcare Programme (VBHC) has been set up to help transform pathways by understanding the outcomes that matter to our patients and to align our resources to deliver better outcomes. This work builds upon the principles of Prudent Healthcare and will routinely engage with our patients to capture the outcomes that that matter to them and to use this information to guide how we use our resources. It is this patient focused and data driven approach that forms the fundamental premise of Value Based Healthcare.

Our approach to VBHC goes further than some other organisations by ensuring that there is a strong research and education foundation for the programme, operating alongside the work that many organisations do around using patient outcomes to inform pathway improvements. The approach also looks to lever the benefits associated with being a population health organisation, seeing to lever the wider societal, including economic, benefits associated with VBHC. This approach is paying dividends. Progress has been recognised by the Welsh Government, which has recently made a further significant investment in our programme, which will enable a rapid acceleration and ensure the principles of VBHC underpin every aspect of the Healthier Mid and West Wales strategic plan. A detailed roll out plan exists with a definitive list of actions.

Our priority actions for 2021/22:

- We will Implement VBHC rollout plan, with outcomes measured in 25-30 clinical and service areas
- We will use outcomes as a part of routine care planning in target areas, including consultation and assessments with patients. This will be enabled through a visualisation tool designed into patient administration systems
- We will feed outcomes into national and local systems, and used to inform quality improvement plans, pathway reviews, and wider plans relating to the implementation of a Healthier Mid and West Wales
- We will conclude several innovation projects we have commenced, including our work on the persistent pain pathway and adoption of a palliative care pathway for those with heart failure
- We will continue to strengthening of the connection between the VBHC programme, our quality improvement plans, and our transforming clinical services strategy
- We will develop a local Patient Reported Outcomes Measurement (PROMS) visualisation tool, pending the development of a national solution, enabling a rapid assessment of PROMs at the point of consultation, and periodic consideration of aggregate data
- We will appoint and train additional staff to enable the implementation of our rollout plan.
- We will implement pathway analysis, including costing, proceeds in line with the implementation timeline
- We will deliver wider efficiency benefits associated with the rollout secured, including the adoption of digital correspondence, patient reminders etc

Section 4: Building our capability to deliver

Digital

Our digital strategy addresses the following planning objectives:

- 3E: Business intelligence and modelling – to establish real-time, integrated (across the patient pathway), easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation’s strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024**
- 5M: Implement the existing national requirements in relation to clinical and other all-wales IT systems within expected national timescales. Develop a plan and implement the full roll out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated**

The University Health Board has a clear vision for the future of its digital services. This provides clarity on strategic investment in digital services for the next five years to meet the priorities outlined within our Health and Care Strategy.

This is a digital, rather than an Information and Communication Technology (ICT) strategy, which makes an important statement about our future strategic direction. While digital healthcare includes all the familiar physical tools and systems that make up ICT, it also covers our use of technology and specifically how it will help us to improve the way we perform our roles and deliver care.

Digital technology plays a key role in making patient care more efficient and safe. Digital technology allows clinicians to easily record and share information centred on the patient. It has the potential to make care seamless and improve communications between services and organisations. It also has a huge potential to free up clinician / staff time to focus on patient care.

Digital is rising in the national policy agenda and is central to the NHS Long-Term Plan. The opportunities that improvements in robotic process automation, artificial intelligence, digital medicine and genomics will have for us as a University Health Board and workforce, will need to be developed over the coming years. While this might feel futuristic, the University Health Board are already underway with exciting research and innovative collaborations, which will improve delivery of future care.

Section 4: Building our capability to deliver

Digital – (Continued)

The new NHS Digital Health and Social Care Wales Board will encompass a) Wales National Information Service, b) some NHS Wales Shared IT Services and c) a number of services operated out of University Health Boards across Wales. It will make a significant step change in the way the Digital agenda and improvements will pan out over the next few years. The University Health Board are fully committed to collaborating with and partnering NHS Wales Digital Health and Social Care Board and embrace the future improvement opportunities that it presents.

Fundamental to our health and care system transformation, will be the delivery of high quality, cost effective Digital Services. Our vision is to have; secure, resilient, accurate and timely information at the point of patient care; this will be delivered through an integrated application suite, combining; clinical and business applications, underpinned by a robust, cost-effective information infrastructure.

Section 4: Building our capability to deliver

Our Digital Response

Our Digital Response is our commitment to improving digital technology in the University Health Board over the next five years. The Digital Response will help us meet our strategic vision of working together to drive excellence in care for our patients and communities. We will focus on addressing the key health and care objectives from a local, regional and national perspective. Our aim is to enable, secure and legitimate information and knowledge sharing, supporting user (Patient and Clinician) access and ‘self-sufficiency’. We will develop digital services that will shift health to integrated care.

Our key focus areas will be:

- Integration with the partners to take forward the digital programmes and related population health initiatives
- Unlocking the power of information to improve decision making at the point of care
- Exploiting digital technologies to deliver patient centred solutions in neighbourhoods and communities
- Keeping patient and service user’s information safe, secure and up to date, and only used with appropriate governance and controls
- Improving organisational digital maturity, and user digital literacy to maximise the benefits of digital technologies
- Delivering digital services, paper-free at the point-of-care by 2022

When aligned with appropriate ‘people’ and ‘process’ improvements, digital services will provide the best possible care for the patients we serve, whilst at the same time deliver a range of health and care system transformations.

Delivering digital change is all of our responsibility. It will require the collaboration of multiple teams and individuals. This is our collective vision, mission and principles for future development. Any one team in isolation cannot deliver it. We all have a role to play in making the Digital Response real.

The Digital Response supports our Health Board Values, and the importance of improving our digital systems and infrastructure, delivering technology fit to support our people in the future. The Digital Response provides more detail about our approach and how we will get there. Developing digital healthcare technology will help to build improvements across a number of strategic priorities.

Section 4: Building our capability to deliver

Our Digital Response – (Continued)

The Digital Response will complement the work of a number of enabling functions that will come together to deliver transformation across the University Health Board.

These include:

- Workforce
- Quality Improvement
- Transformation
- Finance
- Estates
- Research and Innovation

These enablers will need to work together to deliver the vision of the ‘A Healthier Mid and West Wales: Our future generations living well’.

The following table illustrates our key actions and timelines for the next planning year and beyond. These actions also support the implementation of wider planning objectives – for example, the Programme Business Case for a new hospital.

Our planned actions for year 1: 2021-22	To be delivered in					
	Q1	Q2	Q3	Q4	Yr2	Yr3
Phase 1: Improving the use of Dashboards within the University Health Board, developing and making the links between each of the data sources to provide an enhanced analytics platform which can identify variation, both in care and delivery improving patient safety.	✓	✓	✓	✓		
Phase 2: Improving the data contained within the underlying architecture. Developing new data sources that can add value to the organisation's analytical platforms.	✓	✓	✓			
Phase 3 & 4: Improving the Analytics. Developing a key set of skills, range of indicators, outcomes analysis, intelligence and statistics that add value for the UHB. Progressing the development of data scientists, simulation and artificial intelligence, to allow greater predictive analysis.					✓	✓
By 31 March 2023 (1st draft to inform consultation): Develop an analytical toolkit that provides projected demand and activity data for informing plans to reconfigure the services listed in planning objectives 5.C and 5.D but is also transferable to future service reconfiguration	✓	✓	✓	✓	✓	

Key tracking measures

Demand and activity projections are provided (with a range of corresponding data such as confidence intervals) to inform the business case using an evidence-based approach. Products are available to, and accepted by, key stakeholders using “user acceptance testing”.



Section 4: Building our capability to deliver

Our Digital Response at a glance

In the future we will have digitised all of the events and information that relate to a patient's care into an easily accessible data store that can be shared with our partners. Clinicians will be able to view all the requests and results relating to a patient, including images, not only from our Health Board but also our partners in primary, secondary and community care.

By digitising the complete care pathway, from admission through medicines administration and onto discharge, patients will receive better and safer care as our teams will have a clear and easily understood picture of the patient's health. In summary we will take forward a number of key workstreams, namely:

- Digitise Patient Interactions
- Apps Integrated with Systems
- Accessible Records Across the Hywel Dda Community
- One Place for Patient Information
- Empowering Citizens
- Championing 'Connecting Care'
- Friction-Free Information Exchange
- Digital Inclusion



Section 4: Building our capability to deliver

Our Digital Ecosystem

The University Health Board Digital Ecosystem will be run in partnership bringing together partners from health and social care, industry, academia, local authority and third sector organisations. We will focus on improving health across Hywel Dda through the spread and adoption of digital health solutions. As part of the Ecosystem, we have developed the following concepts that will be foundation:

Digital Home

A Digital Home will be a highly automated home, they have also been referred to as the "connected home." The residence will be networked not only for computers and entertainment but also for security, heating, cooling, lighting, as well as control of appliances, including healthcare devices, robotic vacuum cleaners, and lawn mowers.

Digital Ward

Imagine a future where hospital wards have no paper case notes or files. Information on a patient's medical condition is automatically captured via intelligent context-aware devices and sent directly to the Patient Administration Systems.

Digital Hospital

A digital hospital should have smart car parking, inside its corridors, there are robots delivering medication. Automated guided vehicles deliver lunch trays. Machines deliver the pneumatic tubes that carry blood samples from patient floors to the laboratory. Patients and staff that wear real-time locating devices, to improve security, and efficiency of staff.

Digital Community

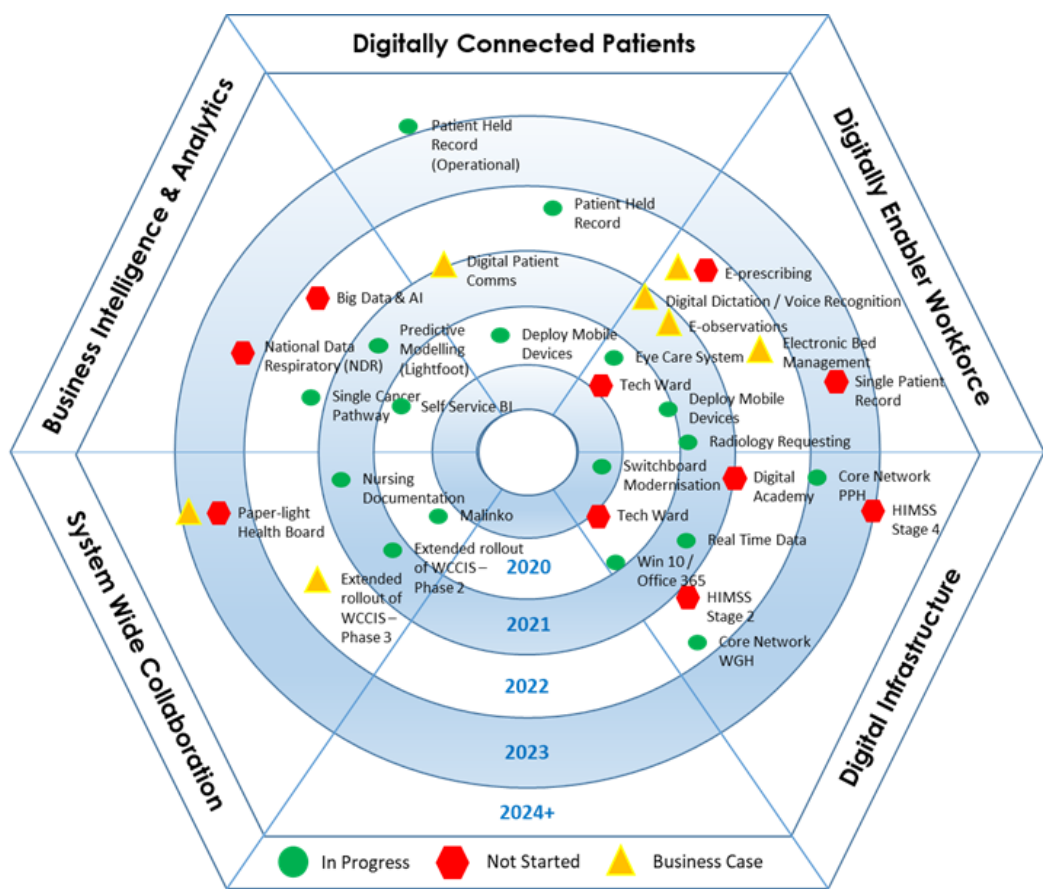
Connecting primary care, wellbeing and community services with cutting edge digital healthcare products and platforms to integrate healthcare will be key for the development of a digital community. Digital equipment needs to be supplied to improve recording of activity, and case management ensuring that the interoperability of systems is key so that we enter once and read by many systems. The development of the concept of a Digital Community Nurse will be able to support patients in their homes, to help identify early signs of deterioration or exacerbation.

Develop digital solutions that will deliver lifestyle services, social prescribing services, referral and booking hub services, workplace health and many more.

Section 4: Building our capability to deliver

Our Digital Response

This diagram shows the key activities and timings planned within the digital strategy. It shows the timescale for rolling out the use of electronic patient records



ICT systems and infrastructure, information and data sharing, are identified as central to ensuring that teams have the tools and support they need to succeed. The University Health Board's Digital Response identifies the importance of investment, addressing current gaps and issues, and ensuring that solutions are integrated across Hywel Dda. To deliver against this aim, the Digital Team has identified a number of programmes of work within a five-year implementation plan. These programmes are designed to organise the many strands of work that need to be completed, and the implementation plan will be used to organise resources and plan for the future.

Digital transformation is an important foundation upon which greater transformation can occur. The implementation plan will deliver a number of benefits against all of the University Health Board's strategic aims. Above is a summary about each programme of work including the desired outcomes and key projects. More detail about the programmes can be found in the supporting implementation plan

Section 4: Building our capability to deliver

Our Digital Response

By pursuing our vision we will build solutions where the core aim is to benefit our citizens ahead of the University Health Board.

We will act with the interest of the local health economy at the centre of everything we do and ensure collaboration is built into our digital solutions from the outset rather than added as an afterthought. Collaboration will not stop at the technology as we will share our resources and learning to ensure that as a community we are not re-inventing solutions.

We will accelerate our digital transformation by assimilating existing best practice solutions into our organisation. As a Health Board we will learn from implementations elsewhere in the NHS and beyond, recognising that others also have the skills and ability to create transformational solutions which we can assimilate into our operations.

Executing our response means quality, safety and patient experience will improve by using our digital solutions to create an environment in which the right information is available to our staff at the right time. By listening and co-designing our solutions with all stakeholders, we will provide innovative, intuitive and vastly improved ways of interacting with the NHS.

Our success to date is due in part to having a clear sense of purpose, strong and committed leadership combined with appropriate financial and human resource investments, but fundamentally our “can do attitude” is the reason we do what we do.

Delivering our ambitions will also require different ways of working and culture change within the organisation, and we will build provision for that into our approach to project implementation. After two years, given the rapidly changing external environment, we will review this response and consider whether it requires a refresh.

Section 4: Building our capability to deliver

Engagement

Planning Objective 2C: Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year

Mechanisms to engage with stakeholders

The Univeristy Health Board has a number of robust, well-established mechanisms in place to engage with stakeholders, service users, carers, staff, the Community Health Council, partners and the wider public. These include:

- ‘Siarad Iechyd / Talking Health’: this is our involvement and engagement scheme, which has over 1,000 members
- Our stakeholder database, which has over 2,500 contacts across our communities
- We recently invested in a stakeholder management system (called ‘Tractivity’) to support our approach to improving our engagement with and management of stakeholders
- We also invested in an online engagement system (called ‘Engagement HQ’) to enable us to widen our engagement and supplement our traditional and face to face engagement
- Online mechanisms provide effective communication and engagement with staff, including Team Brief, regular ‘Global’ (organisation-wide) emails and an online closed Facebook Group
- Robust links and close working with our local politicians and key partners
- An effective working relationship with the Community Health Council through early involvement, effective partnership working and regular informal meetings as well formal meetings including the Services Planning Committee and County meetings
- Regular communication with the wider public through mechanisms including social media and press releases

Engagement around service changes

Our commitment and approach to engaging with key stakeholders, including patients, carers, clinicians, staff, local communities, and wider partners, is outlined in our high-level framework for continuous engagement. For specific service changes we will:

- Consider the information we already have about current services and seek further information where required
- Undertake Equality Impact Assessments and consider Health Impact Assessments to ensure we understand our current services and the implications of future proposals
- Complete stakeholder mapping and analysis to ensure we engage with the right people, groups and communities in the right way
- Develop and deliver engagement approaches that allow opportunities to engage and influence throughout the service change development process
- Communicate updates and opportunities to influence throughout the process

We recently invested in a programme of training from the Consultation Institute for staff from the Engagement team and Transformation Programme Office. Part of the purpose of this training was to ensure that staff understand the legal requirements around engagement and consultation in relation to service changes.

Section 4: Building our capability to deliver

The impact of the COVID-19 (COVID) pandemic on our population

In our health and care strategy A Healthier Mid and West Wales we made a commitment to continuous engagement. This means we work together every step of the way with our staff patients, carers, people who live and work in our communities and people or organisations delivering or interested in health, care and well-being.

During the past year, our conversation with our communities has been dominated by the COVID pandemic. It has had a major impact on all areas of our lives. We have worked hard to ensure our communities knew about and understood the operational changes we have had to make, as well as new ways to access care and support and how to protect ourselves and our population against this new disease.

This change happened dramatically in days and weeks, instead of months and years, as we had to adjust to new restrictions and guidance to keep Hywel Dda safe. Never before would we have imagined postponement of planned care (operations) to the extent required in 2020 and early 2021. But equally, we would unlikely have ever seen the speed and enablement of the digital advances and community based care that we have been able to provide in people’s own homes, or closer to their homes.

As the vaccine roll-out is now well-underway and offers us all hope for a brighter future, it is important we understand the impact the pandemic has had on our population and what this has meant for both their experience of, and views about, health and care. We want to give an opportunity to people across our community, as we have done to our staff, to reflect on the pandemic and what it means for the future of health and care in the Hywel Dda area.

Following the Senedd election on 6 May 2021, we will therefore be ‘checking in’ with our community and opening up a conversation – both about the pandemic and next steps to involve people in our health and care strategy. We will be asking people to talk to us about any new considerations and impacts as a result of the pandemic, and what new information we need to take account of when planning services.

We will talk to people in a number of ways, from using new online spaces for conversations about health and care, to more traditional means such as telephone conversations and a survey. We will reach out to our communities, encourage involvement through established community groups, and seeking out to the quiet voices and seldom heard. Anyone who wants to be directly involved, is encouraged to register as part of our involvement and engagement scheme Siarad Iechyd Talking Health by emailing Hyweldda.Engagement@wales.nhs.uk, writing to FREEPOST HYWEL DDA HEALTH BOARD, or telephoning **01554 899 056**

Section 4: Building our capability to deliver

Communication during the pandemic

The University Health Board and three local authorities within the Hywel Dda area have taken a regional approach to delivering COVID communications. This supports the Welsh Government strategies and programmes (e.g. vaccination programme) but also provides a consistent and localised approach to how we are experiencing the pandemic in the West Wales region. This is co-ordinated through a Regional COVID Communications Strategy, which evolves and is implemented through weekly communication lead meetings every Monday. These meetings have proved so successful and useful that police and further education partners have joined.

Underneath this structure, each organisation also has its own communication strategies or plans which assist with setting objectives and outlining specific audiences and tactics to be used. Where programmes of work are significant in terms of the communications resource required, such as the vaccination programme, they have specific communication plans.

Some of our communication activities around the pandemic include:

- Weekly meeting between senior leadership and Local Authority leaders and politicians
- Weekly Local Authority, University Health Board, Police and further education communication leads
- Stakeholder email cascade and weekly staff, stakeholder and public bulletin on vaccine programme
- Fortnightly meeting between senior leadership of the University Health Board and Hywel Dda Community Health Council and updates in real time as issues arise
- Regular meetings / updates for trade union representatives and staff partnership forum
- Joint COVID discussion session in public arena (using social media) between the University Health Board Chief Executive Officer and the Dyfed Powys Police and Crime Commissioner

Some of the mechanisms used to engage with the public around the impact of the pandemic include:

- Daily proactive posting on COVID related comms using Facebook and Twitter (and You Tube also for videos) – including text, infographics, photos, videos, inc with clinicians, and animations
- Paid for social media campaigns to target vulnerable groups and geographical hotspots
- Joint University Health Board and local authority campaigns – such as Keep Cardigan Safe video with the community using local influencers in the community
- Monitoring and responding to social media questions in-hours and out-of-hours
- Website, and dedicated web resources both internally for staff and externally for public, including:
 - Local testing information and Q&As
 - Staff vaccine booking system and local vaccine programme Q&As
 - Recovery area for COVID patients
 - 'How to keep well' area for patients delayed awaiting surgery or treatment
 - A-Z of service updates in terms of disruption and resumption of core services
 - Community grass-roots support and signposting
 - Advice and principles for offers of help and support
 - Provision of hard copy materials and animations to support inpatients and outpatients (leaflets with practical information) and common issues such as breathing difficulties

Section 5: Finance and Workforce

Overview of Section 5

WG Signposting

Finance
Workforce

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do

2. Working together to be the best we can be

3. Striving to deliver and develop excellent services
6. Sustainable use of resources

Section 5: Finance and Workforce

Overview of Section 5

Introduction

The past year has taught us that the NHS is capable of transforming the services we provide at pace. The agility and responsiveness of our colleagues across the organisation and across partner organisations; the scale of recruitment; the rapidity of planning and deployment; the responsiveness of service requirements; the embrace of technology and innovation all show that when change is needed, it can be delivered.

As part of this response, finance moved from being perceived as a constraint to being seen as a key enabler. The coming year will be particularly challenging. The complexity of continuing to deliver the testing programme, alongside vaccinations and system recovery issues will make accurate budgeting challenging. Quantifying system benefits arising from the transformation we have seen, and ensuring that the benefits arising from this new way of working are baked into the new normal will be critical as the service gradually moves into a new response phase.

The medium term outlook is a greater concern. Funding growth will likely be constrained, and the need to address inequalities across our communities which have been so vividly demonstrated by the impact of COVID will bring into stark reality the fact that health spend only accounts for 10% of the impact that is made in addressing health inequality. The period of transition from 20/21, where all resources which have been required by the NHS have been made available, to a fiscally constrained environment will be difficult. The thinking within our long term strategy has been tested, and remains appropriate for our recovery. If anything, the need is to accelerate on its delivery.

Lessons learnt

In developing the financial response to our plan, it is imperative that the system learns and implements the lessons from the pandemic. These include:

- Ensuring that we put outcomes for our patients and population at the heart of our decision making
- System wide integrated planning and delivery is critical, including local authorities, independent providers and the third sector
- Addressing the impact of unwarranted clinical variation
- Preventing ill-health is more important than ever
- The wellbeing of colleagues is vital; and recognise that we don't have sufficient workforce capacity in our system for the demands we face and so need to find alternative solutions
- The system needs robust intelligence and digital tools to transform
- Ensuring that transformation and service change is embedded

Our response to the pandemic has, by necessity, been short term. We must now bring that same energy to address the long term challenges we face.



Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

The Financial Plan addresses the following Planning Objectives:

Planning Objective 6A: Develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight

Planning Objective 6B: Establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting.

Planning Objective 6C: Construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy "A Healthier Mid and West Wales" and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board

Planning Objective 6H: To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following:

- Length and degree of fragility
- Opportunities for local sourcing in support of the foundational economy
- Carbon footprint
- Opportunities to eliminate single use plastics and waste

The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation

Planning Objective 6I: By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Unique Financial Planning Context

Whilst for 2021/22 Annual Plans will not receive Ministerial approval, scrutiny via a proportionate assessment will be undertaken and our approach has remained consistent with previous years in robustly reviewing and challenging the University Health Board cost base, opportunities, risks and plans.

Despite a usual health budget allocation being issued in December, the pandemic aspects had to be kept separate and remain unclear at the point of finalising and submitting our plans. Endeavouring here to clearly segregate both the costs and notified or potential income streams.

The Minimum Data Set (MDS) utilised during the pandemic has continued and accompanies this document and thereby replaces previous more familiar presentational documents. As noted the underlying work, including close liaison with all disciplines, specifically planning, performance and workforce has continued during this year's planning cycle.

The Annual Plan remains an interim plan as modelling work is undertaken across Wales in respect of our assessment of the impact of national pressures.

It is expected that the MDS will be updated as the financial year progresses, this submission representing a best estimate of known issues at the time of creation and in particular focusing upon a first six months where it is anticipated that the pandemic will still have a material impact upon services and resources.

Summary Financial Position

Given the considerable uncertainty that the global pandemic has brought, the University Health Board interim draft financial plan for 2021/22 is to curtail further increases and maintain our £57.4m brought-forward deficit. This is based upon:

- The brought-forward underlying financial position from 2020/21, comprising a £25.0m underlying deficit brought forward into that year and unachieved savings of £32.4m for that year;
- A reasonable assessment of internal and external pressures;
- The additional allocations as detailed in the Allocation Letter received on the 22nd December from Welsh Government (WG);
- Risk assessed identified saving opportunities of £16.1m;
- COVID Pandemic has been separated and will be discussed at section 7;
- Confirmation July 2020 that the University Health Board will not have to repay its historic deficit.

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

The table below illustrating the key elements of this assessment, followed by further comment on the construction of key elements. Further schedules are available within the technical financial annex to this report.

Figure A		
Summary Financial Plan	2021/22 £'m	2021/22 £'m
Control Total for 2020/21	25.0	
Unachieved Recurrent Savings 2020/21	32.4	
Opening Position for 2021/22		57.4
Assessment of Pay, Prices and Growth		
Pay modelling	7.0	
Primary care prescribing - price	4.0	
Primary care prescribing - growth	1.3	
CHC – price	2.7	
CHC – growth	0.6	
Secondary care drugs – horizon scanning	2.6	
Revenue consequences of capital schemes	1.5	
Welsh Risk Pool	0.1	
WG core uplift 2021/22	(14.6)	
Pay, Prices and Growth Gap		5.2
Other identified pressures		
Secondary care drugs – price and growth	2.1	
WHSSC investment contribution	2.0	
LTA 2% uplifts (net position)	2.0	
LTA high cost drug recharge	0.3	
Birthrate Plus	0.6	
Medical variable pay	0.9	
Nurse Staffing Act (phase 2)	0.3	
Microsoft SLA uplift	0.3	
Legal redress	0.2	
Medical records digitisation	0.3	
Other identified pressures		9.0
Investments and Service Developments		
Malnutrition (phase 2)	0.2	
Major Trauma Network (step up)	0.1	
Flu vaccinations 50-65 years cohort	0.4	
Eye Care Sustainability	0.3	
Diabetes strategy	0.4	
Major Trauma Network consultant	0.1	
Specialist palliative care consultants	0.3	
Asylum seekers health needs	0.1	
Investments and Service Developments		1.9
Identified saving Opportunities		(16.1)
Planned outturn (excluding COVID-19)		79 57.4

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Route Map to Financial Sustainability

Recognising that financial sustainability is essential as we seek to innovate and develop, we have established a risk assessed initial efficiency target of £16.1m for 2021/22. Aligned to University Health Board's six strategic priorities and longer term strategy. We have identified 4 themes for improvement which will provide a framework for us to design and develop opportunities for 2021/22 and beyond, underpinned by key components of our 2021/22 to 2022/23 planning objectives. These themes are:

- Providing system wide integrated community, social and mental health care, managing attendance and admission rates and Length of Stay
- Developing/nurturing our substantive workforce and reducing reliance upon agency / locum resource
- Developing commissioning opportunities; and
- Maintaining efficiency over our resources. Which includes a review of paused 20/21 savings programme and insights from other Health Board programmes.

	Improvement theme	Integrated Care and LOS	Commis-sioning	Efficiency	Full Year Effect
		£m	£m	£m	£m
1	Maintaining unplanned care	5.1			5.1
	Long length of stay active management	2.5			2.5
	length of stay active management	1.0			1.0
2	Directorate productivity (locum & agency)			1.0	1.0
3	Commissioning		0.5		0.5
	Commercial income		0.5		0.5
	R&D sponsorship income		0.5		0.5
4	Procurement			1.0	1.0
	Estates			1.0	1.0
	Corporate and support function consolidation			1.0	1.0
	Productivity, digital, switchboard and command centre			2.0	2.0
	Total (recurrent)	8.6	1.5	6.0	16.1

These initiatives may not begin to crystallise until after we exit the COVID period, where planning assumption at present would be October 2021 onwards and may thereby reduce the in year opportunity accordingly. Over the medium term, the University Health Board is assessing the opportunities to deliver financial sustainability. These include: Addressing excessive unscheduled care admissions (c£7m); Reassessing skill mix and addressing challenges in workforce recruitment (c£2m); Addressing high on-call and 24/7 rotas (c£2.5m); Unsustainable ED/MIU provision (c£15m); Addressing unsustainable 24/7 provision in support services (c £10m in the medium term, further £10m in the longer term)

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Further work will be undertaken over Q1 to assess the deliverable opportunity as part of the development of our Medium Term Financial Plan. As noted this assessment of potential opportunity will be presented to Board as part of our recovery path and, where approved, will progress to fuller clinical and operational engagement as part of our discover, design and deliver approach.

COVID-19 (COVID) Pandemic – Continued Response and Recovery

Continued Response

Projections here have been modelled based on COVID prevalence as assessed in September 2020 and are summarised in the Figure below. As scenarios and modelling, both locally and nationally continue to evolve, the financial scenarios will be reconsidered through the first two quarters of 2021/22.

Only two elements below have been modelled for the full year; changes in cleaning standards which are expected to thereafter remain in place as a recurrent element, and primary care prescribing which whilst a risk of also becoming a recurrent Non-COVID impact, it is too early to clearly determine. All other elements are financially modelled to be in place for the first six months of 2021/22.

Field Hospital assumptions:

- Bluestone and Plas Crug decommissioned by 31 March 2021
- Parc Y Scarlets Barn decommissioning to be finalised during April 2021
- Selwyn Samuel use reducing through Q1 with peak requirement of 28 beds, contractually committed for full year, however no bed requirement modelled beyond Q1
- Carmarthen Leisure Centre held in hibernation, incurring consequential losses

As previously noted the costs below do not form part of our summary financial plan, and further noted income for these costs has neither been agreed or assumed at this point. These costs are therefore the current best estimate of the risk against our financial plan.

	Profile	Pay	Non Pay	TOTAL
COVID-19 Response		£m	£m	£m
Test, Trace and Protect	M01-06	0.2	4.2	4.4
COVID-19 Vaccination Programme	M01-06	1.1	1.5	2.6
Surge Capacity/Field Hospitals	M01-06	0.8	0.5	1.3
Cleaning Standards	M01-12	2.8	0.1	2.9
Primary Care Prescribing	M01-12	0	4.4	4.4
Other COVID-19 related spend	M01-06	8.1	9.8	17.9
Sub Total COVID-19 additionality		13.0	20.5	33.5

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Recovery

As noted quarters 1 and 2 will focus on clinical priorities around Urgent and Suspected cancer as part of the COVID response, at this point anticipating that quarters 3 and 4 will focus on recovery actions. The Figure below, highlighting ideas and broad indicative full year effect (FYE) financial assessments at this point.

COVID-19 Recovery	2021/22 £'m (FYE)
Third Party Support (Outsourcing): expected to support Urgent and Cancer pathways in Q1-2 and COVID-19 response in Q3-4	7.0
Third Party Support (Insourcing): for services such as Dermatology and Neurology	1.0
Demountable capacity: currently exploring opportunities to create additional operating capacity to aid Recovery, unlikely to begin prior to Q3 FY22, Pay of £1.4m, Non-Pay £2.6m (£14-16m 3yr contract, including initial set-up costs); requires fully costed business case to WG	4.0
Diagnostic Capabilities: to explore opportunities via the National Radiology Board (necessary infrastructure at Prince Philip Hospital). Capital consequence currently unclear; revenue costs additional external staffing due to existing service staffing fragility	1.1
Staff support: variety of support staff to enable to COVID-19 and Recovery response	0.5
Second CT Scanner Glangwili General Hospital (unapproved capital scheme FY22): staffing and running costs if approved (capital aspect Figure H)	0.2
Ophthalmology opportunities require scoping	Tbc
Mental Health Recovery Plans under development, focusing on Wellbeing: 1) workforce recovery and resilience, 2) retaining innovation and good practice, 3) service expectations, 4) additional service capacity and equality of access, 5) Children and Young People.	Tbc
Total	13.8



Section 5: Finance and Workforce

Workforce Strategy

No one could have foreseen a global pandemic and one of the most challenging years ever for the NHS Wales workforce, it is anticipated that 2021/22 may have resonances with 2020/21, however, we have an opportunity over the next few months to support the rest and recovery of teams and consider their wellbeing and to continue to stabilise our workforce position. This is fundamental to moving forward and continuing to manage the implications of the COVID virus on our workforce and population.

Prior to the pandemic, our thoughts were on how to deliver “A Healthier Mid and West Wales: Our Future Generations Living Well” and in some respects the pandemic has enabled changes that will help to facilitate progress. We know we have a motivated workforce that is competent, confident and engaged; who met the opportunities and challenges that presented, and it is more critical than ever that we develop a “sustainable” workforce model that will enable us to reset services, enable the delivery of a social model for health and sustain activity against the virus through public health programmes: Test Trace & Protect, Mass Vaccination and prepare for any future recurrences, whether due to vaccine efficacy or new variants in winter 2021/22.

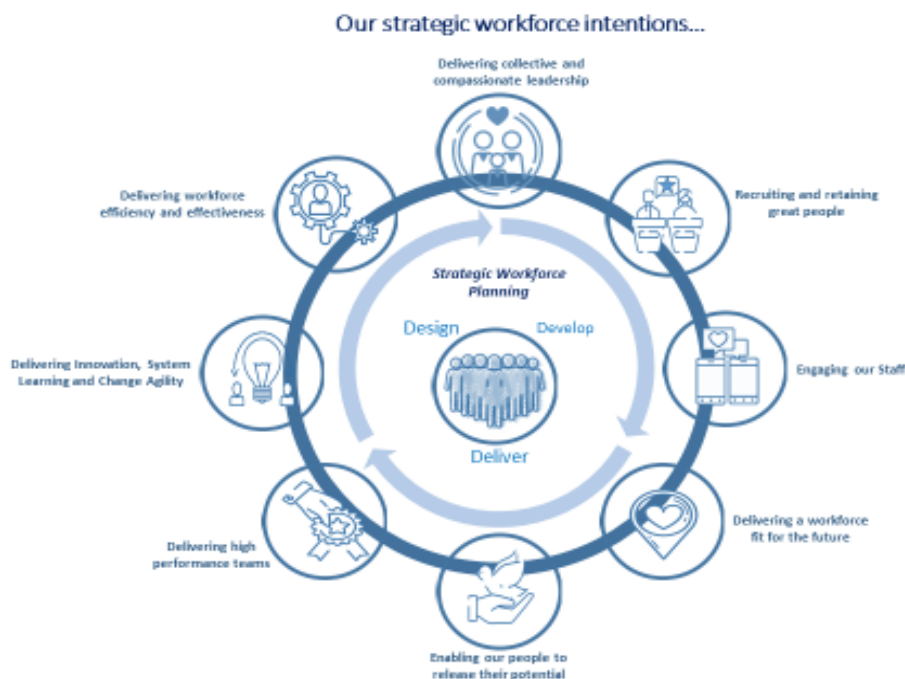
The scale of workforce opportunities and challenges are significant, as ever; and touches all aspects of design and delivery of services. We know that all health and social care organisations will face similar challenges and that now within the context of the global pandemic we are faced with additional challenges predicated on uncertainty and volatility of COVID and the impact/implications that lockdown and restrictions on health services will have taken on our local population and our workforce:

- Personal legacies for our workforce’s own mental health and wellbeing and how this impacts at an individual and team level
- Uncertainty for those who have been shielding and the future of their work
- Resilience, recuperation and the need for restorative practices inside and outside the workplace
- Digital capacity and capability to respond to technological change at pace on an individual, team and on organisational level
- Complex public expectations in relation to COVID and wider recovery work; our workforce will be directly involved in managing this complexity

To support and take forward the ambitions set out in the strategic planning objectives, (the majority of which are either directly related to workforce and organisation development policy and practice or have a workforce planning implication), a transformative approach is required based on the type of care we want to deliver: safe, sustainable, accessible and kind. These principle are at the heart of our workforce strategy is available, which articulates our strategic intentions (below) and align to how we will measure our success for workforce as part of A Healthier Mid & West Wales and the imminent Programme Business Case.

Section 5: Finance and Workforce

Workforce Strategy



Workforce Analysis

We have explored a detailed workforce and service analysis to quantify and qualify the scope & scale of projects and workforce requirements (Workforce Technical Document available)

1. We increased our overall workforce by c800 Whole Time Equivalents (WTE) as at January 2021 (for the last 12 months)
 - a. We recruited 2400 Headcount staff through our recruitment efforts during 2020/21
2. Overall, our workforce increased across all professional groups, most notably within: Estates & Ancillary (c48%) Additional Clinical Services (c20%)
3. Our workforce age profile has seen an increase across all age bands older and younger (TBC 75% increase below 20 years of age and 67% in the 40-80 age range)
 - a. The average age of retirement is increasing when compared to 2015 and sits between 58-65 years of age dependent on staff groups.
 - b. Staff continue to retire and return, in 2019/20 41% and in 2020/21 41.2%.
 - c. To note for nursing & midwifery it is 54% for 2019/20 and 49% for 2020/21.
4. Our gender profile remains largely female (78/22 female to male). (A small increase in the male workforce c0.6% increase)
5. Our part-time/full-time ratio continues to marginally fluctuate from 50:50 for 2017 to closer to 40/60 2018 to 49/51 for 2019 and for 2020 is 52/48
 - a. 45% of our total workforce is female and works part-time.
 - b. 35% of our workforce is over 51 and works part time.
 - c. Very little change in participation by age, gender, against overall work patterns.

Section 5: Finance and Workforce

Workforce Strategy

Workforce Analysis (continued)

6. Sickness absence continues to reduce each month and now sits at 6.5% (*NB assuming end of March- 9% in February*)

a. To note shielding: 104 staff identified as Clinically Extremely Vulnerable are at home and not working.

7. Compliance against all Wales targets for development: PADR and Mandatory training are noted. It is evident, performance against these indicators has suffered, due to COVID, however, only marginally and are steadily returning to pre-COVID levels i.e. 75% and 83% overall respectively.

Service Analysis and Workforce Implications

In order to sustain the delivery of the University Health Board's ambitious plans and achieve the overarching aim to be an employer of choice and ensure that the wellbeing and support for all our employees drives practice across all services and levels - our priority must be to stabilise our workforce and establish a framework for continued growth and resilience. Enabled by COVID there is an opportunity to build positively on the unintended positive consequences of technological adaptations and workforce responsiveness.

The pandemic brought into sharp focus our underlying workforce deficits within services and professional groups as based on our funded establishment (Jan 21), our current position is:

- Medical & Dental: 251 WTE vacant posts
- Nursing & Midwifery: 416 WTE vacant posts reduced to -138 WTE after Bank & Agency usage and additional hours
- Additional Clinical Services: 6 vacant posts increase to 215 WTE over establishment after Bank usage to compensate for above deficit in nursing & midwifery above
- Professional, Technical and Other Professional Groups: 33.1 WTE vacant posts which are marginally mitigated to -31.5 WTE after Bank & Agency usage and additional hours
- Allied Health Professionals: 11.1 WTE vacant posts increased to 7.7 WTE over establishment after Bank & Agency usage and additional hours
- Healthcare Scientists: 17.1 WTE vacant posts deficit to -5.8 WTE after Bank & Agency usage and additional hours

We have assessed the workforce implications of our service delivery assumptions and noted the need for "additional workforce" required against our baseline workforce assumptions, across all services (COVID only). Further to this we have constructed a data set to assess immediate concerns in relation to retirement, turnover and absence and explored implications which are summarised below: (For detail please see Minimum Dataset and associated document here). Please note these do not take account of scenario 22 or 23 where further work would be needed.

For clarity we have looked at our COVID related workforce (or where significant workforce changes were made or anticipated due to further COVID activity during 2021/22) for Test Trace & Protect; COVID Vaccination Programme; Acute surge responses (Field Hospitals); and Enhanced Cleaning Provision.

Section 5: Finance and Workforce

Workforce Strategy

All are based on the current workforce operating model (with the exception of Enhanced Cleaning Services which sees an establishment uplift due to COVID) however on boarding work is ongoing and models are subject to further change for all services.

To note based on reasonable assumptions (based on an average of 2019/20 and 2020/21 workforce data) we can identify the following:

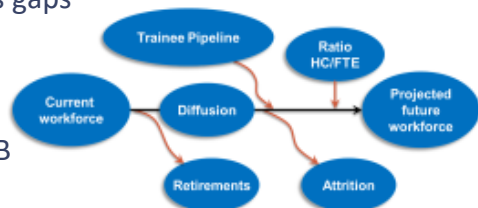
- Baseline workforce 9634 WTE (January 2021) increasing to 9877.50 WTE (March 2022) (and assumes retention of all COVID FTC)
- “Additionality” equates to 243.5 WTE
- Implications of turnover, absence & retirements:
 - Turnover based on average c86 WTE (excluding FTC)
 - Absence could range from 350 WTE to 550 WTE– this would be the total workforce gap created over the 12 months
 - Retirements: assuming average retirement ages by staff group equates to 660 WTE (330 WTE Jan & 330 WTE April) or worst case based on all over 60 years of age 818 WTE (409 WTE Jan & 409 WTE April) and 67 best case 91 WTE If we look at our baseline workforce and consider COVID related activity based on known additional workforce (which is a conservative estimate) and overlay similar turnover we can assume reasonable deficits of estimated c180 WTE (c2.5% of workforce) up to c900 WTE (c10% of workforce) (Please note this does not cover any scenario modelling for significant COVID 19 activity above what is noted in the MDS as “Additionality”).
 - To note: 567 COVID FTC will end in June 2021 if not extended plus a further 853 of FTC are also in place across the University Health Board i.e. over 10% of our workforce are currently fixed term.

Workforce Gap Analysis

To quantify the potential scale of workforce challenges we have expressed in indicative workforce figures on which to plan. As understanding on future evolves and our actions to stabilise the workforce take shape we would anticipate:

- a deeper understanding of implications and operational requirements
- deliver service reset based on our vacancy levels/known services gaps
- new service developments and
- anticipated sickness, turnover & retirements.

Our working assumptions for these areas are detailed in the MDS and associated workforce gaps against each professional group. (NB a detailed gap analysis has not been conducted).



Elements that we need to critically review from workforce planning perspective:

- Workforce needs for the social model of health and associated programme business case
- Increasing age profile of our workforce in totality with specific groups facing significant issues
- Implications of absence (COVID related and the impact on workforce availability)

Section 5: Finance and Workforce

Workforce Strategy

Workforce risks

To summarise risks:

- Known scale of gap in scenarios and availability of workforce that can be activated to respond with agility to new COVID pressures
- Resilience within workforce to respond to further prolonged and significant pressures without appropriate rest and recuperation
- Reduction in workforce availability due to retirement linked to pension changes/legal challenges
- Sustained levels of turnover with limited retention of workers across all professional groups

Mitigations to reduce risk

- Careful planning of services and corresponding workforce requirements, assessing potential risks to access and availability of required skilled workforce and the timescales needed to activate plans and align workforce/finances
- The organisation will plan for COVID related activity for the whole of 2021/22 but will plan its resources both financial and workforce on a quarterly basis. The first 6 months is planned to September 2021
- Resourcing and training plans based on the most plausible scenario we perceive our workforce will face building in the possible and associated challenges to generate agile responses i.e., contractual flexibility or extensions, responsive resourcing solutions, enhanced digital learning solutions
- Working with Partners and generating a system-based response to workforce challenges: HEIW, University partners, Military supporters, ARCH & Mid & West Wales Health Board partnerships, Primary Care, Local Authority and wider public sector bodies and the Third Sector and the Regional Workforce Programme Board

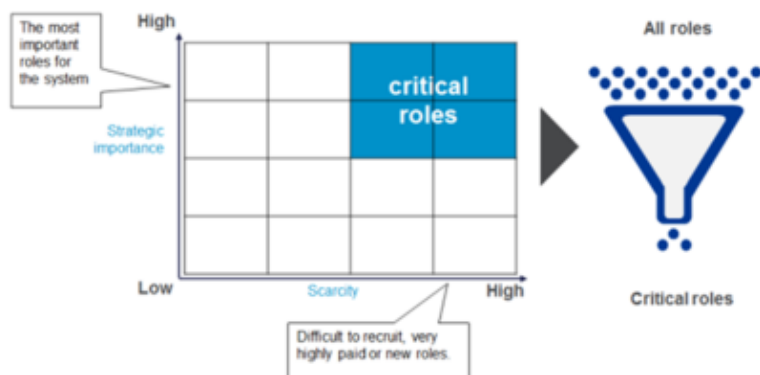


Designing the workforce

We acknowledge the need for greater sophistication in our approach to modelling activity that will enable us to align workforce modelling assumptions to our overall capacity and demand activity/assumptions. We are keen to explore the use of scenario planning tools and benchmarking opportunities through initiatives such as “Lightfoot.” There is significant opportunity given the similarity in the Values Based Healthcare approach to Strategic Workforce Planning to align to two key workforce planning methodologies - a Population Health based approach and Competency Based approach. Development of these capabilities will be essential to managers leading transformational change, working to address critical workforce gaps. This level of granularity and alignment in approach will enable greater focus on patient outcomes and prudent healthcare; testing our assumptions around new role design and the “Team around the Patient” workforce model. Looking critically at roles and how they are designed to support competence, wellbeing, and prudence through active engagement. Building internal capacity and capability in these areas will be critical in 2021/22.

Section 5: Finance and Workforce

Workforce Strategy



We are alert to our role as a significant employer in the region and how our strategic choices for workforce can impact positively or negatively on our commitments to the Wellbeing of Future Generations Act and new Social Economic duty to contribute to the alleviation of health inequalities. Strategic workforce planning will be embedded in activity to develop our strategic planning objectives and create overall alignment to our strategic direction as a University Health Board. Consideration to how we can align opportunity for our local population with our longer-term strategic workforce aims will develop as our sophistication in this arena grows. We would hope to be able to demonstrate and evaluate our impact in these areas through a range of workforce initiatives over the long term through generational and social impact lenses, for example the Apprenticeship Academy, Kick-start initiatives underpinned by our overall grow your own philosophy for workforce development, placing education at the heart of our workforce strategy.

Therefore, strategic workforce planning can be embedded in all strategic planning objectives and a structured methodology for each adopted (as appropriate to the programme of work) and aligned to the Values Based Healthcare ethos and role design.

Delivering the workforce

At this juncture and given our sustained workforce challenges over a number of years, we know that our options will be limited within a 12-month period to make significant change and will require a longer-term focus, however, the development of the unregistered workforce will be critical to enable the development of the “Team around the Patient” model to be enacted. Much of this work started over the last 12 months as part of the response to COVID within Field Hospitals and Acute sites. For example, the development of the Family Liaison Officer Roles and the flexibility and duality of other roles such as facilities roles. Given the success of the mass resourcing activity undertaken throughout 2020/21 the University Health Board is in a strong position to address workforce gaps specifically within Estates and Ancillary and Additional Clinical Services. Continuing resourcing activity will be needed to cover 677 WTE vacancies however where there are significant recurrent/long standing vacancies exploration of other opportunities will be advocated via a development approach.

Section 5: Finance and Workforce

Workforce Strategy

Developing the workforce

Our education & commissioning plans for 2021/22 illustrate our in-year and 3 year proposition: it is critically important to flag the need for a longer-term view to create the workforce needed for the social model of health and to stabilise the workforce to create a sustainable pipeline. Critical elements within this will be an increase in extended and advanced practice roles across all professional groups.

- An evaluation of how the Grow your Own nursing programme can create a “greater volume” of Band 4 Assistant Practitioner roles via the Level 4 programme either through funding of courses, development of processes to create roles and management support
 - A need is approximately 50-100 Band 4 developmental roles
 - Training support for delegation by all parties – team and manager
- Continued investment in the Apprenticeship Academy for Nursing & Therapy Apprentices focuses on Level 2, 3, 4 roles to support across acute, community and COVID 19 related services
 - A need is approximately 50-100 additional development roles
 - Training support for delegation by both parties
- A review of educational practice within Pharmacy and pathways to facilitate Technician roles and support any transitional arrangements that may be required as a result of the TRAMS programme (if applicable to the Health Board).

Financial alignment to workforce stability

The workforce “additionality” has been aligned in the financial plan. Further work to model detailed scenarios would be required.

Measuring the workforce

A performance dashboard will be constructed aligned to the requirement of Welsh Government Framework.

Workforce Technical Document

Please note that detail relevant to the workforce section is contained within the Workforce Technical Document [here](#).

Planning Objective 3B: Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies.

Over the next 12 months the re-start plan for job-planning is aiming to regain the high compliance rate achieved prior to the pandemic and attain over 90% completed and sign-off job plans for all Consultants and SAS doctors by 31/3/22. The plan for re-start will be phased and agreed with clinical leads.

Section 6: How will we deliver – our governance arrangements

Overview of Section 6

WG Signposting
Governance

This chapter addresses the following Strategic Objectives:

- 3. Striving to deliver and develop excellent services

Section 6: How will we deliver – our governance arrangements

Overview of Section 6

Planning Objective 3F: Develop a Board Assurance Framework to support the delivery of the Health Board strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register

Planning Objective 3H: From April 2021 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved

The University Health Board has had a Board Assurance Framework (BAF) in place for a number of years. However, reporting the BAF during 2020/21 was paused as the organisation's most significant risks related to the operational delivery of the Quarterly Plans which were developed in response to the WG NHS Wales COVID Operating Framework.

As the University Health Board moves into recovery in 2021/22, the BAF will now be realigned to our new strategic objectives and the delivery of the planning objectives outlined within our Annual Plan.

The BAF will enable the Board to focus on those risks which may compromise the achievement of strategic objectives. The BAF will provide a structure and process which enables the organisation to focus on its significant risks; it also highlights any key controls that have been put in place to manage the risk and any areas requiring further action, it highlights sources of evidence or assurance and any gaps. Having an effective BAF will:

- Provide timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues
- Facilitate escalation of risk and control issues requiring visibility and attention by senior management, by providing a cohesive and comprehensive view of assurance across the risk environment
- Provide an opportunity to identify gaps in assurance needs that are vital to the organisation, and to plug them (including using internal audit) in a timely, efficient and effective manner
- Help to raise organisational understanding of its risk profile, and strengthen accountability and clarity of ownership of controls and assurance thereon, avoiding duplication or overlap
- Provide critical supporting evidence for the production of the Annual Governance Statement
- Help to clarify, rationalise and consolidate multiple assurance inputs, providing greater oversight of assurance activities for the Board/Audit & Risk Assurance Committee in line with the risk appetite
- Facilitate better use of assurance skills and resources
- Inform Board and Committee agendas particularly where the largest gaps are perceived to exist either in relation to confidence about the current position or the achievement against the strategic objectives

Section 6: How will we deliver – our governance arrangements

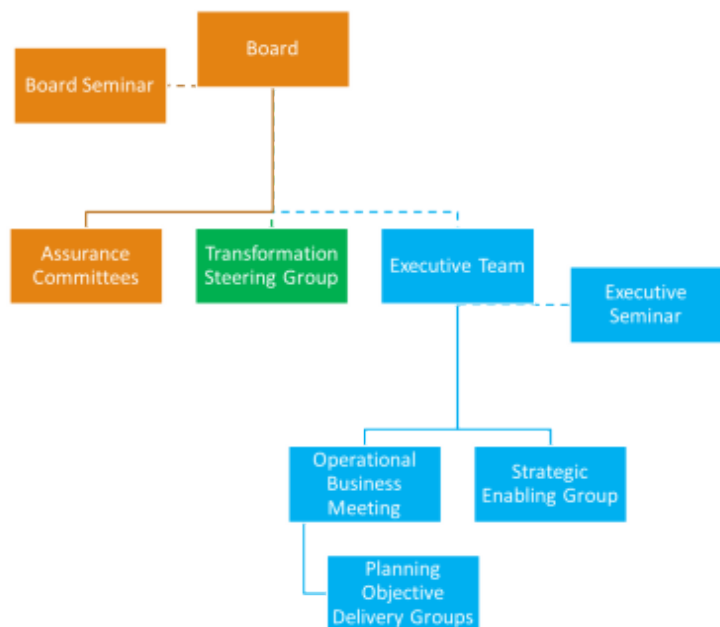
Governance and assurance

The Chief Executive Officer, with support from the Board Secretary and Head of Assurance and Risk, will lead the development of the BAF with Executive Directors through a series of workshops throughout March/April which will be informed by the development of the Annual Plan. It is the responsibility of Executive Directors to identify principal risks associated with the delivery of the Health Board’s objectives for inclusion onto the BAF.

Work will continue in 2021/22 to further strengthen the BAF to better support the implementation of our strategy and provide the Board with assurance on the achievement of our objectives. Once the BAF is in place, it is important that we also develop a system that will capture, disseminate and report the learning when the organisation successfully delivers a planning objective. Conversely, this will also enables us to learn when things do not go so well.

Whilst the majority of principal risks will be identified in top down approach, risks are also identified bottom-up from within Corporate and Clinical Directorates and Services. They are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board’s agreed risk tolerance.

As we emerge from the COVID pandemic, we have reviewed our governance arrangements to ensure we are set up to deliver this plan in a systematic and comprehensive way. Whilst we had always planned to stand down our Command and Control structure once this is no longer required, there are elements of this which have worked well and that we feel we can build on for our proposed way of working. We would look to move towards these new operating arrangements in the early part of the new financial year with the reporting against the pandemic becoming an integral part of our recovery plan rather than the standalone item it has been required to be over the past 15 months. Detailed below is an overview of the proposed arrangements:



Section 6: How will we deliver – our governance arrangements

Governance and assurance

Our **Board** (i.e. Gold/Strategic) will remain the pinnacle of our decision-making process and will approve our plan and our strategic objectives. A standard report will be produced for each Board meeting (to replace the COVID Board report), drawing on the work undertaken and discussed at Executive Team in terms of performance against the planning objectives. Furthermore, a regular report on the progress made in relation to the overarching Strategic Objectives and Committee assurance reports on planning objective delivery and delivery of the financial plan will feature at Board, alongside the Board Assurance Framework. It is recognised that Gold Command will continue to be on standby should decisions be required at short notice. As in 2020/21 Gold Command requirements issued to the tactical group will be shared for ratification at the next Public Board meeting.

In the interim our **Assurance Committees** will remain as they are currently constituted and work has been undertaken to align our planning objectives to each committee (annex 1). The majority of the planning objectives have been mapped to our People, Planning & Performance Assurance Committee given its remit covers performance, workforce and planning. This does suggest an imbalance which may need to be re-considered over the coming months. A number have also been mapped to other Assurance Committees i.e. Quality, Safety & Experience Assurance Committee, Finance Committee, Charitable Funds Committee, Health & Safety Assurance Committee and Audit & Risk Assurance Committee. Assurance Committees will be asked to review all implementation plans and associated risks during Quarter 1 2021/22 to assure the Board on their likelihood of delivering the planning. This will be open and transparent and in sight of the Board which will help with planning objective 3H as to whether plans have been delivered or otherwise and also with learning and reviewing deliverability.

Our **Board Seminar** in part will be used to look forward to next year focusing on the opportunities, which can be secured. Using the work from the Transformation Steering Group reviewing the impacts ‘if we did this’ combined with the work from the Strategic Enabling Group ‘if we had the capability’, would this move the organisation forward at a faster pace.

Our **Executive Team** will meet formally on a weekly basis and will be used to co-ordinate, inform and review impact, focusing on a week on week delivery of our objectives with a review process built in.

The Executive Team agenda will be built around the following aspects of the plan:

- Section 1 – Recovery for our Staff (staff recovery, reflection and thanks)
- Section 2 – Recovery for our Services
 - Planning Overview (assumptions and the year ahead)
 - Unscheduled care and essential services
 - Planned and cancer care
- Section 3 – Building for the Future
 - Actions this year to progress the implementation of our strategy
- Section 4 – Building our capabilities to deliver (through an update report from the
 - Strategic Enabling Group(SEG) demonstrating progress against the SEG workplan)
 - Enablers to support Sections 1 – 3 (e.g. workforce, digital, estates, Improving Quality, finance, risk)

Section 6: How will we deliver – our governance arrangements

Governance and assurance

- Section 5 Achieving Financial Sustainability (assurance through Finance Committee).
This will include the 2021/22 plan, our opportunities and road map to financial sustainability, resolving in-year problems and reviewing the deliverability of the workforce plan .
- Section 6 How we will Deliver (through the Board Assurance Framework) in terms of the key risks to our plan and how we will mitigate these.
- Section 7 Future Plan to Deliver when Pandemic Allows, with the Board being formally asked to approve that these are ‘parked’ during the 2021/22 financial year.

A report from the Chief Executive Officer will be prepared and presented to each public Board Meeting, which will provide a formal status update.

Executive Team Seminar

A fresh approach will be taken to the Executive Team Seminar meetings. Building on the team building work undertaken at Executive Team Seminars and the quarterly residential the Executive team will use some of its time together to work on significant and intractable tactical issues. This will be two to three issues per year. As well as helping the organisation find new solutions, it will be used as a team building opportunity. These issues will be agreed by the Executive Team through the weekly formal review meetings. The Executive Team will work together to resolve the risks and issues involved. An Escalation Framework will be developed to ensure only appropriate risks issues are referred.

Operations Business Meeting (i.e. Silver/Tactical)

The Operations Business Meeting will develop and oversee implementation of the planning objectives and will ensure these planning objectives are on track for delivery. Underpinning the Operations Business Meeting will be Delivery Groups (i.e. Bronze/Operational) established to deliver against the various planning objectives involved. It is recognised that each Executive Director is a tactical lead in their own portfolio area however for operational services we will embed the existing tactical group as an operational group supported by operational implementation teams

Transformation Steering Group (TSG)/Strategic Enabling Group (SEG)

The role of TSG and the SEG is covered in detail earlier in the plan. Both the TSG and the SEG will report to Board as standing agenda items.

Section 6: How will we deliver – our governance arrangements

Governance and assurance

Committees and alignment to Planning Objectives

Committee	People, Planning & Performance Assurance Committee (PPPAC)		Quality, Safety, Experience Assurance Committee (QSEAC)	Finance Committee	Audit & Risk Assurance Committee (ARAC)	Charitable Funds Committee (CFC)	Health & Safety Assurance Committee (H&SAC)	
Planning Objectives	1A	4F**	1B	6A	3B	2E		
	1C	4G	1E	6B				
	1D	4H*	2F	6C				
	1F	4I*	3C	6D				
	1G	4J**	3G	6E				
	2A	4K**	4M*	6F				
	2B**	4L	5A*	6G				
	2C	4N	5B*	6H				
	2D	4O**	5K	6I				
	2G	5C	5O*					
	2H	5D						
	3A	5E						
	3D	5F						
	3E	5G						
	3F	5H						
	3H	5I						
	4A*	5J						
	4B*	5L						
	4C	5M						
	4D*	5N						
	4E	5P						
	Key	* indicate objectives to be ‘partially’ fulfilled in 2021/22						
		**indicate objectives ‘parked’ until the following financial year						

Section 6: How will we deliver – our governance arrangements

Statutory and Legislative Obligations

We continue to be cognisant of our Statutory and Legislative obligations, these include the Wellbeing of Future Generations Act; Socio-Economic Duty and Equality. These form a fundamental element of our Planning Objectives, examples of these objectives include:

Planning Objective	Page
2B: In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process	96
3D: During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner’s consideration which enhance and accelerate the delivery of the Board’s 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.	48
4B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	97
4F: Develop a plan by September 2021 to improve the life chances of children and young people working with the “Children’s Task Force” and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived.	96
4H: Review and refresh the Health Board’s emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	97
4J: Publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024	96
4L: design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	50
4N: Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	50
5L: Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	45

Section 6: How will we deliver – our governance arrangements

Delivering against our financial duties

Budget Setting

The main Governance framework of relevance relates to the provisions of Managing Welsh Public Money alongside the Accountable Officer Memorandum provided to the Chief Executive. These describe the broad responsibilities of Welsh Government Officials and the Chief Executive’s responsibilities. Officials within the Welsh Government require the Cabinet Secretary’s consent before undertaking expenditure or committing to other resource consumption. As a result of this, the Health Board is not empowered to approve a budget which exceeds its resources as allocated by the Cabinet Secretary.

The Chief Executive Officer is responsible for ensuring that all items of expenditure, including payments to staff, fall within the legal powers of the Board. The CEO is responsible for demonstrating the efficient and effective use of all resources, ensuring that regularity and propriety are maintained.

In this context, regularity means that expenditure is compliant with the relevant legislation, delegated authority and follows guidance issued by Welsh Government. Propriety and probity means meeting the high standards of public conduct, including robust governance and relevant parliamentary expectations, especially transparency. In providing advice to the Board, the Chief Executive Officer is required to inform the Chief Executive of NHS Wales “of any such issues that you consider as being of a novel and contentious nature, and of any action which you propose to take before tendering advice to the LHB Board”.

The interim Financial Plan prepared will recognise a planned deficit in the 2021/22 financial year. The budget does not recover the cumulative deficit incurred to date. As a result of this, the Health Board will be asked to approve a budget which will breach its statutory financial duty for the three-year period. The Health Board is not empowered to approve expenditure in excess of the resources allocated to it by Welsh Government.

Consequently, by its nature, Board approval will be “novel or contentious” and as such the Chief Executive Officer has formally written to notify the Chief Executive of NHS Wales. The University Health Board may also have its accounts qualified by the Wales Audit Office on the basis of regularity, following the audit of the 2020/21 financial statements, in that its expenditure exceeded that approved by the Welsh Government for the three-year period ending 31 March 2021.

Section 6: How will we deliver – our governance arrangements

Delivering against our financial duties

Statement of Assurance

The Executive Director of Finance is required to ensure that a budget is prepared in accordance with the aims and objectives set out in the Integrated Medium Term Plan and Medium Term Financial Plan, and focused on delivery of safe quality patient-centred quality services. The budget must:

- Accord with Commissioning, Activity, Service, Quality, Performance, Capital and Workforce plans
- Be produced following discussion with appropriate budget managers
- Be prepared within the limits of available funds
- Take account of ring-fenced or specified funding allocations
- Take account of the principles of sustainable development
- Identify potential risks

Given the Health Board has, in agreement with Welsh Government, not produced an Integrated Medium Term Plan, the requirements for the Executive Director of Finance to assure the Board that the Draft Interim Financial Plan is in accordance with the Integrated Medium Term Plan and Medium Term Financial Plan is not applicable. The requirement to provide assurance that the Plan accords with Commissioning, Activity, Service, Quality, Performance, and Workforce Plans over a three-year period is also not applicable.

Although only a one year plan has been requested of all Health Boards, by recommending an Interim Financial Plan which includes a deficit budget for the year and the cumulative three-year period ending 31 March 2024, the Executive Director of Finance cannot assure the Board that the plan has been prepared within the limits of available funds or takes account of the principles of sustainable development; as such a deficit will need to be repaid in the longer term.

However, the Executive Director of Finance can assure the Board that the Interim draft Financial Plan has been prepared following discussion with appropriate budget managers; takes account of ring-fenced or specified funding allocations; and identifies potential risks.

Further, assurance can be given that the Health Board will continue to look at every opportunity to reduce expenditure and close the financial gap wherever possible.

Section 7: Future plans to deliver when the pandemic allows

Planning objectives not being taken forward during 2021/22

The list below contains a number of planning objectives delayed as a result of our response to the pandemic:

Planning Objective 2B: In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process:

1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff
2. establish a process to monitor and feedback to Board on progress and successes.

This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality Index, the first submission of which needs to be completed by the end of September 2021

Planning Objective 4F: Develop a plan by September 2021 to improve the life chances of children and young people working with the “Children’s Task Force” and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived.

Planning Objective: 4J: Publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024

Planning Objective 4K: By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.

Planning Objective 4O: Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal will be to make this routine for all children in the area within the next 10 years

Section 7: Future plans to deliver when the pandemic allows

Planning objectives in progress during 2021/22

Planning Objective 4A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years

Planning Objective 4B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years

Planning Objective 4D: Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years

Planning Objective 4H: Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this

Planning Objective 4I: Achieve Gold level for the Defence Employers Recognition scheme by March 2022

Planning Objective 4M: In relation to the Llwynhendy TB outbreak complete all outstanding screening and establish sufficient service capacity to provide appropriate treatment to all patients identified as requiring it by March 2021

Planning Objective 5O: Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established

Planning Objective 5A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"

Planning Objective 5B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"

Planning Objectives 5A and 5B – we will continue to deliver against the performance indicator elements of these objectives



Glossary

A&E	Accident and Emergency	NICE	National Institute for Health and Care Excellence
ADHD	Attention Deficit Hyperactivity Disorder	NPI	National Prescribing Indicators
ALOS	Average Length of Stay	NUSC	Non Urgent Suspected Cancer
AOS	Acute Oncology Service	NWIS	NHS Wales Informatics Service
ARCH	A Regional Collaborative for Health	OBC	Outline Business Case
ART	Acute Response Team	OD	Organisational Development
ASD	Autistic Spectrum Disorder	OOH	Out of Hours
AWCP	All Wales Capital Programme	OT	Occupational Therapy
BAF	Board Assurance Framework	PADR	Performance Appraisal and Development Review
BJC	Business Justification Case	PoS	Point of Suspicion
C. Diff	Clostridium difficile Infection	PPBC	Pre Programme Business Case
CAMHS	Childhood and Adolescent Mental Health Services	PREMs	Patient Reported Experience Measures
CAU	Central Assessment Unit	PROMs	Patient Reported Outcome Measures
CCIO	Chief Clinical Informatics Officer	PSBs	Public Service Boards
CLDT	Community Learning Disability Team	QALY	Quality Adjusted Life Year
CMHC	Community Mental Health Centres	QIST	Quality Improvement and Service Transformation
CTU	Central Transport Unit	R&D (and I)	Research and Development (and Innovation)
DCP	Discretionary Capital Programme	RPBs	Regional Partnership Boards
DCW	Domiciliary Care Worker	RTT	Referral to Treatment
DN	District Nurse	S aureus	Staphylococcus aureus
E. Coli	Escherichia coli	SARC	Sexual Assault and Rape Centre
ED	Emergency Department	SBUHB	Swansea Bay University Health Board
EDQDF	Emergency Department Quality & Delivery Framework	S-CAMHS	Specialist Child and Adolescent Mental Health Services
EQulP	Enabling Quality Improvement in Practice	SCP	Single Cancer Pathway
FBC	Full Business Case	SEP	Strategic Equality Plan
FROMs	Family Reported Outcome Measures	SPoC	Single Point of Contact
FTE	Full Time Equivalent	TCS	Transforming Clinical Services



Glossary

GA	General Anaesthetic	TDABC	Time Driven Activity Based Costing
GMS	General Medical Service	TEC	Technology Enabled Care
GP	General Practice	TF	Transformation Fund
HaCRW	Health and Care Research Wales	TMH	Transforming Mental Health
HARP	Healthcare Associated Infection & Antimicrobial Resistance Programme	UHB	University Health Board
HASU	Hyper Acute Stroke Unit	USC	Unscheduled Care
HCAI	Healthcare Acquired Infection	USCa	Urgent Suspected Cancer
HCSW	Healthcare Support Worker	VBHC	Value Based Healthcare
HDdUHB	Hywel Dda University Health Board	WAO	Welsh Audit Office
HEIW	Health Education and Improvement Wales	WAST	Welsh Ambulance Services NHS Trust
ICC	Integrated Care Centre	WCCIS	Welsh Community Care Information System
ICF	Integrated Care Fund	WCN	Wales Cancer Network
ICN	Integrated Care Network	WHAM	Whole Hospital Audit Meeting
ICT	Information and Communication Technology	WHSSC	Welsh Health Specialist Services Committee
IM&T	Information Management and Technology	WLI	Waiting List Initiative
IP	Independent Prescribers	WNWRS	Wales National Workforce Reporting System
JRPDC	Joint Regional Planning and Delivery Committee	WTE	Whole Time Equivalent
LD	Learning Disabilities	WWCDG	West Wales Carers Development Group
LOS	Length of Stay	WWCP	West Wales Care Partnership
MDT	Multidisciplinary Team		
MECC	Making Every Contact Count		
MHLD	Mental Health and Learning Disabilities		
MIU	Minor Injuries Unit		
MMR	Measles Mumps and Rubella		
MTeD	Medical Transcribing for early Discharge		
MTN	Major Trauma Network		

Technical Documents 20/21

Technical Document Number	Technical Document item
	Primary Care
	Carmarthenshire Integrated County Plan
	Ceredigion Integrated County Plan
	Pembrokeshire Integrated County Plan
	Mental Health and Learning Disabilities
	Cluster Plans
	Digital Strategy
	Infrastructure and Investment
	Bronglais Hospital Strategy
	Green Health and Decarbonisation Strategy
	Discover Report
	USC
	Communication Plan
	Regional Plans
	TTP
	Planning Objectives
	Finance
	Workforce
	Research , Development and Innovation Strategy
	Vaccination Plan