



## CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 March 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	2024/25 Annual Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

**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

Health Boards in Wales are required to produce a Board approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government for approval. It is a statutory requirement that the IMTP must be financially balanced over the three-year period. Hywel Dda University Health Board (HDdUHB) was unable to produce a financially balanced plan for 2023/24 and consequently does not have an approved IMTP, in breach of our statutory requirements.

This is a very serious and unacceptable position for the Board and has contributed to the escalation status of the Health Board being raised to entire organisation Targeted Intervention on the Welsh Government Joint Escalation and Intervention Arrangements.

Following agreement at the January 2024 Board meeting, HDdUHB wrote to the Welsh Government on 16 February 2024, to provide formal notification through an accountability letter that unfortunately the Health Board would again not be in a position to submit a financially balanced IMTP by the end of March 2024 and instead would produce an Annual Plan for 2024/25.

The Board has a firm determination to firstly reverse the deteriorating trajectory of our financial position and secondly agree a clear and deliverable route map to the organisation's control total. In addition, whilst progress has been made in a number of areas, the Health Board continues to have significant performance issues that our plans will simultaneously need to address.

In pursuit of this a one-year Annual Plan has been developed for 2024/25. This plan is our initial step towards realising these aspirations, describing the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It is however acknowledged that the in-year financial deficit, in particular, remains unacceptable and further work will be required during the year, with clear progress expected in the first quarter.

## Cefndir / Background

The Health Board has made significant progress under recent leadership, with the development of the *A Healthier Mid and West Wales* strategy with the work on our culture, values and behaviours laying solid foundations for the organisation. Nonetheless, the Health Board faces significant challenges with longstanding workforce, estate, and financial pressures; significant service fragilities; and system performance not at the level we aspire to. This has led to the organisation being escalated to Targeted Intervention.

The plan has also been produced during a time of transition for the Board, after a long period of stability. This can make the development of plans more difficult, however it also offers opportunities, as we seek to evolve the organisation to respond to the current and future challenges. The scale of the financial, workforce and service challenges mean significant and fundamental change will be required. Progress has been made during 2023-24 in this direction with the international nursing recruitment programme reducing vacancies and allowing the eradication of non-contract agency usage, a reduction in the number of long-stay patients in hospital supporting changes to the bed base and the first phase of the Clinical Services Plan including the Board decision on Urgent and Emergency Paediatrics in November 2023.

As noted in the January 2024 Board update, the plan this year is intentionally more focused on a smaller set of objectives (termed the Planning Objectives, (POs)) and on delivery over the next 12 – 36 months. Consequently, our plan prioritises Planning Objectives aligned to the Welsh Government Planning Framework, the Ministerial Priorities and the key programmes of work required to address the significant risks identified above.

In approaching this plan and the challenges we face the Health Board is working to three guiding principles Firstly, we need to be guided by striving to continuously improve the outcomes and experience of all those who use our health services, this must run through everything we do. Secondly, our medium to long term commitment to work with communities and partners on improving the health and well-being of our communities with a move to a more social model of health and well-being. Thirdly, we are in Targeted Intervention, so in the short term we need to make progress on the significant financial, service and workforce, financial challenges we face.

## Asesiad / Assessment

### **Plan development**

The general approach and key considerations in the development of the Plan were presented to the Board in January 2024 and Board Seminar in February 2024. This was followed by a further Board Seminar on the 13 March 2024 prior to finalisation of the plan. During this last seminar the Independent Members were clear on the need to be open about the difficult decisions required to deliver the control total and an eventual sustainable financial position.

Plans were required to respond to the Welsh Government Planning Framework and the Ministerial Priorities / national programme areas:

- Enhancing care in the community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including Child and Adolescent Mental Health Services (CAMHS), with a focus on delivery of the national programme.

In line with the significant Health Board deficit and workforce constraints Directorates were required to develop plans which work within existing resources while targeting a reduction of budgets by the greater of either 5% from 2023/24 budgets or 50% of a Directorate's deficit opportunities. It was recognised that this is a significant ask of the organisation and plans will need to be developed iteratively. A series of meetings have been held with Directorate teams to scrutinise and support the development of these plans and this process will continue to ensure the organisation maintains the necessary pace and urgency.

### **High level summary of the annual plan**

The plan is seeking to deliver overall improvement across all areas as part of a trajectory towards significant improvement over the three-year period. It seeks to strike the balance between being ambitious and bold, whilst being credible and deliverable, recognising that the scale of change required for the Health Board will take longer than 12 months to achieve.

The aim for 2024/25 is therefore to deliver key staging posts on this journey:

- improved financial position in year one, arresting the declining position of recent years, and working towards reaching the control total in year 2 as part of a longer-term trajectory towards financial balance
- year 2 (of 3) of the nursing workforce stabilisation plan, on course to eradicating nursing vacancies and on-contract agency usage
- reduction in the spend on medical agency
- improved access for patients across all planned care performance areas, including prioritising delivery of the cancer standard in year one, removal of 104-week referral to treatment (RTT) waits (outside of Orthopaedics and Ophthalmology), 52-week outpatient waits and delivery of the 8-week standard for diagnostics
- year 2 of Transforming Urgent and Emergency Care programme delivering, as a minimum, the remainder of the identified 80-bed efficiency
- completion of Phase 2 (options development) of the Clinical Services Plan by September 2024
- development of a Primary and Community care strategy
- implementation of a new organisational structure, enhanced clinical leadership, and revised operational governance arrangements with a focus on the organisation's capacity and capability to deliver on our key objectives

In parallel with the above the intention is to continue to move the organisation in the direction of continuous planning. In quarter one of 2024/25 we will assess and establish the scale of the task across service, performance, finance and workforce domains to deliver our aspirations for year 2, linked to the Targeted Intervention requirements, and building on the progress we anticipate during year 1. In quarter 2 we intend to set out our high-level route map to delivering this, with detailed plans being progressed through quarters 3 and 4 as part of the planning cycle for 2025/26. As noted above progress has already been made in many areas and in some cases, there is an outline route map and trajectory towards delivery of the medium-term aspirations. The process described here will therefore not be rigid and progress will be made at different rates, with the overarching objective of reaching these key milestones at the earliest opportunity.

### **Plan Narrative and Structure**

The draft Plan is presented as Appendix 1 and is structured around the Ministerial priorities and our Health Board Planning Objectives. Additionally, we are required to submit a set of standardised WG templates and Minimum Datasets (MDS) detailing, for example, core activity, finance and workforce, at the Health Board level. The plan seeks to respond to a wide-range of topics, reflecting the breadth of the Health Board's responsibilities and the Welsh Government's

Planning Framework, however it is not intended to be exhaustive. It is also a point-in-time assessment and plans will naturally develop and evolve as the year unfolds.

### **Medium-term Clinical Model**

Mid and West Wales has seen significant change in the delivery of health services over the past decade. Nonetheless, the Health Board was clear in the development of the strategy that the current models of care are unsustainable and, despite changes over recent years, that remains the case. A key priority is to accelerate the drive to shift the balance towards health and well-being promotion, illness prevention and primary care. Alongside this there is a need to deliver better services through working regionally and in partnership.

The Health Board has a Clinical Services Plan programme underway to consider a range of key services and the options to deliver these over the medium-term, within our existing estate and workforce constraints, recognising the current service fragilities and lack of compliance with modern quality standards. The latest planning round has underlined the importance of this approach to the Health Board's medium-term aspirations and, in addition, surfaced a further set of service considerations.

This assessment and the broader context have reinforced that the Health Board has significant service pressures and will need to develop a coherent and comprehensive set of plans for clinical services over the medium-term. The options and implications of this will require careful consideration as any new model(s) will, predominantly, need to work within the existing constraints. It will be important that service and financial plans in the short-term align with the medium-term direction as it emerges, and it is anticipated this may present some trade-offs and compromises for the Health Board.

In approaching this the Health Board will continue to seek the input, opinions and experiences of patients, our public, staff and partners as we co-produce these plans.

### **Financial Considerations**

The Health Board's starting position entering 2024/25 is forecast at a gross deficit of £96.4m, which compares to an anticipated end of year position for 2023/24 of £66.0m against the Welsh Government control total of £44.8m. The scale of the gap to the control total (£51.6m) means we cannot, at this stage, identify a route to delivering this within the next 12 months. The savings identified are at various stages of development and inevitably there remains risk and uncertainty with the delivery of these, both in relation to quantum and timing. That said our assessment at this stage is there is a route to circa £15.8m of recurrent savings (part year effect) plus around £10m of non-recurrent opportunities. In addition, there are further savings opportunities for the organisation to pursue over the course of the year, which we estimate could bring a further £6m - £7m benefit to the position.

On that basis the plan describes a £64.0 deficit position, with the aim of further improving on this through the year if possible. Delivery of a £64.0m deficit would represent a £32.6m in-year savings requirement. Nonetheless it is accepted that this is not sufficient, leaving the Health Board £19.2m above the control total.

Given the scale of the savings requirement to reach the control total we are approaching this as a two-year financial recovery programme. It should be noted the full-year-effect (FYE) of the savings referred to above will move us closer to the control total and some savings schemes (e.g. nursing workforce stabilisation) are phased over the two-year period. The priority tasks for the first quarter will be to de-risk the delivery of the year 1 savings plans (i.e. move schemes that are categorised as black/red into amber/green) and quantify the distance to the control

total over the two-year period. In quarter two we intend to bring to Board the route map to delivering the control total over the two years.

### Performance considerations

The plan describes the key actions and expectations associated with the Ministerial priorities. As noted, the ambition is to deliver continuous and sustainable progress across all performance areas whilst simultaneously reducing costs in line with the financial plans set out above. The plan sets out a way to achieve this, however it is recognised that this does not meet all of our performance aspirations within year one.

A key decision for Board is the degree of progress within planned care in year one, set against the financial plan. The delivery plans for planned care services assume a step-change in productivity and efficiency, building on the *Getting It Right First Time* (GIRFT) and Theatre productivity programmes. The reinstatement of elective operating at Withybush Hospital and increased theatre sessions at Prince Philip and Bronglais Hospitals are also key components of these plans.

It is anticipated that these measures to increase core capacity, combined with targeted investment to address backlogs in key services, will enable sustained progress across all planned care areas. This will include delivery of the cancer targets, diagnostic 8-week standard and removal of all 104-weeks waits outside of Orthopaedics and Ophthalmology. For these latter services the Health Board's aspiration is to also deliver the 104-week milestone during 2024/25 and work is progressing regionally, with Swansea Bay University Health Board (UHB), to assess the options to achieve this as part of developing plans for these services on a South West Wales footprint.

### Key Risks

There are of course risks associated with the delivery of the Plan as set out for 2024/25. The most significant risks and mitigations, in respect of ongoing recovery plans, have been outlined throughout the plan and the Health Board will, through the governance structures, monitor delivery of the plan and ensure appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed taking account of these risks and in recognition that there are some key factors outside of the Health Board's direct control.

Corporate and Clinical Directorates and Services are responsible for ensuring that 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. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

### Argymhelliad / Recommendation

The Board is asked to:

- **Note** that the financial plan does not deliver against our breakeven duty and recognise that this will mean that the Health Board is in breach of its statutory duty and will consequently receive a qualified regularity opinion.
- **Note** that the approval of a deficit plan represents a novel or contentious action, which will require formal Accountable Officer communication with Welsh Government.
- **Note** that the financial plan will lead to a cash deficit which as yet has no coverage agreed from Welsh Government and that there is a risk to the Health Board's cash position which will arise in Month 11/12.
- **Recognise** that the financial plan is in excess of our control total of £44.8m. This is not an acceptable position and will require urgent action over quarter one of the financial

year to provide an acceptable trajectory over the coming two-year period back to our control total.

- **Approve** the delegation of budgets from the Chief Executive to budget managers across the organisation to enable the functioning of the Health Board from 1 April 2024.
- **Endorse** the submission of the annual plan to Welsh Government, in line with the NHS Wales Act 2006, which mandates Health Boards to develop plans to improve the health of the population, improve the quality of healthcare services and integrate health and social care planning; whilst recognising that the financial deficit of the Health Board remains unacceptable as noted above.
- **Endorse** the exploration and development of the medium-term clinical model, understanding that this will need to navigate existing constraints while striving for service sustainability and resilience.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Team Core Delivery Group Planning Steering Group

Parties / Committees consulted prior to University Health Board:	Board Seminar Strategic Development and Operational Delivery Committee (SDODC) Sustainable Resources Committee (SRC) For Planning Objectives – Individual Committees responsible for the assurance of those Planning Objectives aligned to them
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	This is a key component in the delivery of the Integrated plan for the period 2023/24 and the development of the 2024/25 Plan
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	This is a key component in the delivery of the Integrated plan for the period 2023/24 and the development of the 2024/25 Plan
<b>Gweithlu:</b> <b>Workforce:</b>	This is a key component in the delivery of the Integrated plan for the period 2023/24 and the development of the 2024/25 Plan
<b>Risg:</b> <b>Risk:</b>	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
<b>Cyfreithiol:</b> <b>Legal:</b>	As above
<b>Enw Da:</b> <b>Reputational:</b>	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Together we are building kind and healthy places  
to live and work in mid and west Wales



# Hywel Dda University Health Board Annual Plan 2024/25



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NHS  
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Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

# Welcome

## Professor Phil Kloer, Interim Chief Executive



It is a great privilege to present this annual plan for 2024/25, my first since taking up post as Interim Chief Executive. At the time of writing, I am a few weeks into the new role and over that period I have met with many key stakeholders as I take stock and consider our priorities for the coming months.

I spent time in all four of our acute sites as a medical student and junior doctor, and I have had the pleasure of being employed as a consultant in Hywel Dda since 2005. In recent years I have held a number of positions around the Executive table and was proud to lead the development of our strategy, *A Healthier Mid and West Wales*, which was approved by the Board in 2018.

Given my familiarity with the NHS in this area it may be surprising that I have invested time gaining multiple perspectives on our organisation. I do of course know my way around the Health Board; intuitively understand many of the challenges and opportunities; and have worked in, and contributed to, the organisational culture. Nonetheless my experiences, knowledge and perspectives are that, just my own. We are an organisation of over 13,000 people and work with many partners, and impact on so many people's personal and professional lives. Each of us will have a different story, see things differently and have something to add to the Hywel Dda picture. The views of external stakeholders have been particularly helpful in this process, and I am grateful for the time and honesty afforded to me. However, the feedback from people on their experiences of accessing our services is something that I want to be at the forefront of our thinking as we seek to improve our offer to our population.

I have many reflections and ideas. It is clear the Health Board has come a long way under recent leadership, with the strategy and the work on our culture, values and behaviours laying solid foundations for the organisation. Nonetheless, the Health Board faces significant challenges. We are in Targeted Intervention; we have longstanding workforce, estate, and financial pressures; significant service fragilities and, whilst the compassion and professionalism of our staff is to be cherished, we accept that the quality of care and patient experience is not always as we would wish.

The NHS is always under strain, but this is a particularly challenging period for public services in the UK and, with the legacy of the pandemic, the cost of living crisis, our ageing population, our rurality, climate change and a wide range of other factors, we can anticipate a challenging environment in the years ahead.

After a long period of stability, the Board is now in transition: a 30% turnover of Board members over the last 12 months including a new Chair, Chief Executive and full team of clinical executives. This will be unsettling for some but will bring new energy and I believe it should be seen as an opportunity. As a new leadership team, we are keen to remain true to our collective values and behaviours, whilst at the same time evolving the organisation to help meet the challenges of today and tomorrow.

West Wales has seen significant change in its health services over the past decade. Nonetheless, we were clear when we developed our strategy that the current models of care were unsustainable and that remains the case. We need to accelerate our drive to shift the balance towards health and

well-being promotion, illness prevention and primary care, delivering better services through working regionally and in partnership, and consider how best to meet modern healthcare standards and address fragilities within our existing estate and workforce constraints.

I have three guiding principles as we seek to navigate the next few years. Firstly, we need to be guided by striving to continuously improve the outcomes and experience of all those who use our health services, this must run through everything that we do. Secondly, our medium to long term commitment to work with communities and partners on improving the health and well-being of our communities with a move to a more social model of health and well-being. Thirdly, we are in Targeted Intervention, so in the short term we need to make progress on the significant financial, workforce, and service challenges we face.

Like many I of course have a vested interest in our collective success. Not only am I employed by the Health Board but I am also a resident of Hywel Dda, with friends and family who will at times depend on our health service. This plan is our initial step towards realising our shared aspirations. It is ambitious and aspects of it will be challenging but at the same time I acknowledge it does not yet get us to where we need to be as an organisation. That will take some time, but we are fortunate to have capable and committed teams, resilient communities, and strong partnerships. I'm looking forward to working with each of you to deliver our plans over the next 12 months and beyond.

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## How to read our plan

Our plan is divided into four main parts:

- **Section 1** provides an overview of our organisation and our approach to the 2024/25 Annual Plan
- **Section 2** focuses on how we will address our key priorities for 2024/25, including the Ministerial priorities and our planning objectives
- **Section 3** deals with other elements critical to the plan
- **Section 4** is an overview of how we will deliver the plan through the Performance Framework

The Ministerial Priority templates are also included as an Annex.

The plan is supported by a number of technical documents and the Minimum Dataset.

## Executive Summary

As a Health Board we have a statutory duty to develop a three-year plan (an Integrated Medium-Term Plan, IMTP) to deliver care and support the health of our population within the resource envelope provided by Welsh Government. Since its formation Hywel Dda University Health Board has regrettably never been able to submit an IMTP, primarily due to our inability to break-even. This is a breach of our statutory duty and therefore an unacceptable position for ourselves and Welsh Government.

The factors contributing to this position are long-standing and deeply embedded into the fabric of the health and care system for Mid and West Wales. Financial and workforce challenges have existed for decades, in part due to difficulties with recruitment and retention and partly due to models of care (an over-reliance on acute hospitals for example) and the duplication and inefficiencies associated with rural health care. The route out of this situation will take some time and will require us to find practical solutions to these issues.

2023/24 has been a difficult year in many ways with substantial financial pressures leading to our deficit initially increasing prior to the amended budget in the autumn, industrial action by members of our nursing and junior doctor communities due to pay disputes, the emergence of RAAC issues in Witherby General Hospital, demand increases adding to already significant operational pressures and of course the Health Board's escalation status being raised to Targeted Intervention for the whole organisation. However, despite these challenges, the organisation has made progress in some important areas. Notably:

- expenditure has reduced by £27m through an enhanced focus on savings and the establishment of a Core Delivery Group
- nurse vacancies have reduced by 129.3 whole time equivalents (ahead of our trajectory) primarily due to the recruitment of 97 International Educated Nurses enabling the eradication of off-contract agency since July 2023
- the number of long-stay patients has steadily reduced and now stands at an estimated 212 delayed pathways of care (DPOCs) in February 2024 down from 294 in March 2023
- ambulance handover delays 4 hour > have seen a 20% improvement from April to February over the preceding year
- the number of patients on the cancer pathway over the 62-day standard has improved by over 25% from 525 patients waiting in May 23 to 387 in February 2024
- the number of patients waiting beyond the referral to treatment time (RTT) milestone of 104 weeks reduced from 3495 patients in June 2023 to 2339 patients in February 2024 and is expected to reduce further to 2006 by the end of March 2024
- mental health, part 1, referral-to-assessment performance for under 18s has improved to 87.2% in 23/24 from 52.2% in 22/23, building on the improvement from 4.7% in April 22
- RAAC, fire and business continuity work has progressed addressing some of the most critical risks to our estate

Nonetheless we are very aware that this progress is not yet enough. The quality and timeliness of our services remain unacceptable and we continue to have substantial financial, workforce and estate risks.

2023-2024 brought great change for the Health Board with our experienced Chair, Maria Battle, coming to the end of her tenure in October 2023 and our long-serving Chief Executive, Steve Moore, leaving the Health Board to lead NHS Devon in February 2024. In addition, Mandy Rayani (Director of Nursing), Alison Shakeshaft (Director of Therapies and Health Science) have retired.

Whilst the Health Board is going through a period of transition, there remains a strong commitment to the values and behaviours of the organisation and our strategy “A Healthier Mid and West Wales” remains our direction of travel. Continuity in these aspects is important for our staff, patients and public and provide strong foundations for us to make the progress required. It is also clear however that the Health Board needs to improve in a number of areas and change will be necessary to address the deep-rooted challenges.

For 2024/25 we have ten priority programmes of change, termed planning objectives (POs), aligned the Welsh Government Planning Framework and the Ministerial priorities:

Value and sustainability		
Planning objective 1	Workforce stabilisation	Critical enabler
Planning objective 2	Financial recovery and route map	Statutory duty
Quality and performance		
Planning objective 3	Transforming urgent and emergency care	Ministerial priority
Planning objective 4	Planned care, diagnostics and cancer	Ministerial priority
Planning objective 5	Mental health and CAHMS	Ministerial priority
A Healthier Mid and West Wales		
Planning objective 6	Clinical services plan	Service fragilities
Planning objective 7	Primary and community strategic plan	Ministerial priority Service fragilities
Planning objective 8	Estates plans	Estate fragilities
Planning objective 9	Digital plan	Critical enabler
Planning objective 10	Population health	Long-term sustainability

We expect these areas of work will deliver the following:

**Our aims for 2024/25:**

**Financial Stability:** This year is about strengthening our financial footing. We plan to reverse the downtrend and move closer to meeting our control total by year two, marking a significant step towards lasting financial sustainability.

**Nursing Workforce Stabilisation:** Entering the second year of our three-year plan, we are focused on reducing nursing vacancies and reliance on agency staff. The goal is to build a robust, permanent nursing team.

**Improved Planned Care Performance:** We’re prioritising delivering the best and most efficient care standards, with an immediate focus on cancer care and reducing waiting times in key areas, including diagnostics and outpatient services. This also includes the eradication of 104-week waits in most specialties.

**Transforming Urgent and Emergency Care:** Our Urgent and Emergency Care programme is advancing into its second year. We will expand the Wthybush Hospital frailty model throughout the Health Board and aim to improve patient flow by minimising long stays, contributing to the efficiency of our 80-bed target.

**Clinical Services Plan - Phase 2:** By September 2024, we will complete the development of the next options phase of our Clinical Services Plan. This phase is crucial as it will inform the operational changes that we'll initiate throughout the year.

**Primary and Community Care Strategic Plan:** A new strategic plan for primary and community care will be developed through the year. This strategic plan is key to bringing resilience to our primary and community services and our commitment to preventive care and community-based service delivery.

**Organisational restructure:** To support the delivery of these aims, we are restructuring our internal business arrangements focusing on enhancing clinical leadership and governance. These changes are fundamental to our capacity and capability to meet our objectives and deliver the high-quality care our communities deserve. These changes include an internal performance framework and operational structure change.

Whilst the above represents significant progress we accept that it does not resolve the substantial financial, workforce and service fragilities present in Hywel Dda within the next 12 months. A critical task during the early part of next year will be to deliver on the 2024-25 plan and, in parallel, set out the key milestones for 2025/26 and beyond.



## Section 1: Context and approach

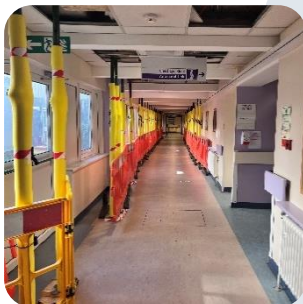


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## An overview of the past year, 2023-2024

### Our estate



- Internal major incident at Withybush Hospital due to RAAC. Plans put in place in May 2023, wards reconfigured, and some patients transferred, along with staff, to South Pembrokeshire Hospital. Remedial work is ongoing, but wards are starting to become functional again, and the major incident has been de-escalated
- Fire and business continuity work is underway and further business cases are progressing with Welsh Government and Shared Services support
- Developments at Pentre Awel, Carmarthen Hwb, and Cross Hands are progressing

### Our workforce



- Our workforce remains significantly challenged - we have the highest vacancy rate of all Health Boards in Wales
- International recruitment for nursing is in its second year and 97 nurses were appointed during the year, bringing the total to 197 nurses recruited as part of our initiative (158 nurses have passed OSCE to date)
- We enabled a significant improvement in our fill rates and removed off-contract agencies. This reduced the number of our off-contract agency staff from about 50wte in March 2023 to zero from July 2023 - resulting in an in-year saving of £4.2m
- A focus on staff retention, particularly on registered nurses, saw our overall staff turnover rate reduce from 8.9% in September 2022 to 5.2% in September 2023. This is the lowest overall staff turnover rate in Wales.
- 168 apprentices are members of our staff community.
- We streamlined our processes and have the shortest time from vacancy to offer letter in Wales.

### Access and patient flow



- The Transforming Urgent and Emergency Care (TUEC) programme is well established.
- We saw a reduction in the number of patients staying over 21 days in our acute hospital by 70 patients since March 2023.
- Ambulance four-hour handovers consistently improved going into the winter period.
- Pathways of Care Delays improved to 212 patient delays (February 2024) from 294 (April 2023).
- The beds within the Pembrokeshire system were reconfigured because of RAAC at Withybush Hospital.
- Mental health, part 1, referral-to-assessment performance for under 18s has improved to 87.2% in 23/24 from 22/23 (52.2%) building on the improvement from 4.7% in April 22
- Further improvements in our planned care position include:
  - 104 weeks Referral to Treatment time (RTT): reduced from 3,495 patients in June 2023 to 2,339 patients in February 2024.
  - 62-day cancer backlog improved by over 25% to 387 patients waiting in February 2024 from 525 patients waiting in May 2023.

## Service sustainability



- Substantial financial challenges remain, Core Delivery Group established to drive focus on delivery of in-year financial savings.
- Agency costs, discharge delays and configuration are most significant drivers of additional costs.
- Primary care sustainability challenges continue, with more contracts being returned.
- Clinical services plan programme was established to review the sustainability of some of our key services and first phase due to conclude at the end of March
- Temporary service changes are in place for critical care and were in place for emergency general surgery.

## Engagement



- Consultation completed on the selection of a site for the proposed new urgent and planned care hospital. The Health Board was awarded a Best Practice Award by the Consultation Institute.
- The consultation on the future of urgent and emergency Paediatric Services at Withybush and Glangwili Hospitals was completed and presented to Board. The consultation was also awarded a Best Practice Award.
- Early engagement with staff and patients on the Clinical Services Plan to support development of the Issues Papers that will inform the plan during 2024.
- Engagement events with patients of two practices (Cross Hands and Tumble and Laugharne Branch Surgery) to identify preferred options for the future of the surgeries.

## Achievements during 2023-2024

The last year has seen significant challenges for us as a Health Board. We responded to the continued service pressures in the wake of the pandemic and to the wider impact the last several years has had on our population. At the same time, we developed plans that move us towards a more sustainable health system. However, it has provided an opportunity for us to show that we can be flexible and can quickly respond to change as situations arise.

We have seen significant changes to our senior team, with the retirement of our Chair; our Chief Executive moving to a new role; and the appointment of Directors for Public Health, Therapies and Health Sciences, Nursing (interim) and Medical (interim); as well as appointing a new Vice Chair.

The past year has seen continued demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care, and the added challenge of RAAC at Withybush Hospital.

Much of our work has centred around our planning objectives, which are the actions we are taking to move us towards our six strategic objectives. Examples of the outcomes of this work includes:

- The approval of our Digital Strategic and Management case.
- Launch our Health Pathways programme with around 45 pathways currently included.
- Delivery of phase 1 of our Clinical Services Plan.

- Submission of the regional 10-year capital plan to Welsh Government.
- Supporting work on the social model for health and wellbeing, we delivered a session as part of the Moondance Cancer Initiative (MCI) at Ysgol Pen Rhos, Tyisha, Llanelli.
- Higher Awards Process – linking with a range of stakeholders, a draft higher awards process been written, and a new digital system has been created to enable greater efficiency.
- Interprofessional Education Plan - an action plan has been completed and a clear delivery plan that considers short, medium, and longer-term actions.
- Staff retention – discovery, design, and research phases completed.
- A new and refreshed Welsh language course, as part of corporate induction, was introduced in July and is now fully embedded.
- Developed our One Health approach to sustainability including working with local Universities and partner organisations.
- Continued success of our Tritech Institute including:
  - A real-world evaluation of trends in Atherosclerotic Cardiovascular Disease and lipid management, funded by AMGEN UK;
  - A real-world evaluation of the all-Wales Institute of Clinical Science and Technology digital respiratory toolkit, funded by all NHS Wales CEOs;
  - A real-world evaluation of a Model Prostate Cancer Diagnostic Pathway (Prostad), funded by Cancer Research UK.

These pieces work will help us set the priority areas for us to consider over the next year.

Other substantial developments and achievements across the University Health Board over the last year have included:

- Successfully appointed a new GP partnership to take over the contract to provide General Medical Services (GMS) for patients registered with Cross Hands and Tumble practices in Carmarthenshire from 1 April 2024.
- De-escalation of the Internal Major Incident at Withybush Hospital due to RAAC.
- Gina Beard, Lead Cancer Nurse, was awarded the Member of the Order of the British Empire (MBE) in recognition of her services to Cancer Nursing, and Dr Mike Bartlett, Associate Specialist Haematology, was awarded a Medal of the Order of the British Empire (BEM) in recognition of his services to Medical Education.
- Approved our Arts and Health Charter that sets out an ambitious vision to Put creativity at the heart of health and wellbeing and outlines a commitment to integrating the arts into the work of the Health Board.
- Completed the public consultation and Board decided on preferred option for provision of urgent and emergency paediatric services at Withybush and Glangwili Hospitals.
- Launched a new appeal to raise £100,000 to fund new therapeutic gardens at Prince Philip Hospital.
- Our maternity services team won at both the NHS Wales Awards and the HSJ Patient Safety Awards for their efforts in changing workplace culture around adverse events in maternity and neonatal care.
- Sandra Miles, Professional Practice Development Lead Nurse was named as a Chief Nursing Officer (CNO) Excellence Award winner.
- Our smoking and Wellbeing Team scooped the award for the Best Mental Health Support Service at the Mental Health & Wellbeing Wales Awards 2023.
- Our first Gender Nurse Specialist, Polly Zipperlen, was appointed to work as part of the local Gender Team.
- We shared a series of concept images and flythroughs for the new cancer day unit at Bronglais Hospital following a successful £500,000 charity appeal.

- Our nursing team had two winners and six runner ups at this year's Royal College of Nurses Wales Nurse of the Year Awards including Jill Paterson, Director of Primary, Community and Long-Term Care, winner of the Lifetime Achievement Award and Kerri Rowe, Paediatric Oncology Outreach Nurse Specialist (POONS), winner of the Suzanne Goodall Paediatric Nursing Award.
- We opened Wales's first mental health crisis hub for children and young people who need urgent support 24 hours a day, seven days a week.
- Our solar farm development in Carmarthen has been recognised with a Sustainability Achievement award by the Institute of Healthcare Engineering and Estate Management.
- We achieved Veteran Aware accreditation, formally recognising its commitment to the Armed Forces community.

## Our Strategic Direction

Following extensive staff and public engagement and consultation in 2018, we published our long-term Health and Care strategy: "A Healthier Mid & West Wales" (AHMWW). The strategy describes a whole system approach to health and wellbeing and places significant emphasis on placing people and communities at the heart of the model. It highlights the vital role community networks will play in achieving the required transformation. The future design aims to create a sustainable healthcare system for the future, built on a social model of health and wellbeing. This requires a shift from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.



The strategy remains our direction of travel and provides an important reference point for the decisions we will make over the short and medium term. The philosophy of AHMMW remains as relevant today as it did in 2018 and aligns the Health Board with the Welsh Government's long-term plan for health and care, A Healthier Wales. That said any strategy needs to adapt to changing circumstances and there may be specific elements of the strategy that will require review over the coming months and years, whilst remaining true to the overall direction and philosophy.

## Overview of the Annual Plan (set in a three-year context)

### Three-year context of our Annual Plan

Our plan seeks to deliver overall improvement across all areas as part of a trajectory towards significant improvement over the three-year period. It seeks to strike the balance between being ambitious and bold, whilst being credible and deliverable, recognising that the scale of change required for the Health Board will take longer than 12 months to achieve.

Therefore, the aim for 2024/25 is to deliver key staging posts on this journey. Here's what we aim to achieve:

### Our aims for 2024/25:

**Financial Stability:** This year is about strengthening our financial footing. We plan to reverse the downtrend and move closer to meeting our control total by year two, marking a significant step towards lasting financial sustainability.

**Nursing Workforce Stabilisation:** Entering the second year of our three-year plan, we are focused on reducing nursing vacancies and reliance on agency staff. The goal is to build a robust, permanent nursing team.

**Improved Planned Care Performance:** We're prioritising delivering the best and most efficient care standards, with an immediate focus on cancer care and reducing waiting times in key areas, including diagnostics and outpatient services. This also includes the eradication of 104-week waits in most specialties.

**Transforming Urgent and Emergency Care:** Our Urgent and Emergency Care programme is advancing into its second year. We will expand the Worthybush Hospital frailty model throughout the Health Board and aim to improve patient flow by minimising long stays, contributing to the delivery of our 80-bed efficiency target.

**Clinical Services Plan - Phase 2:** By September 2024, we will complete the development of the next options phase of our Clinical Services Plan. This phase is crucial as it will inform the operational changes that we'll initiate throughout the year.

**Primary and Community Care Strategic Plan:** A new strategic plan for primary and community care will be developed through the year. This strategic plan is key to bringing resilience to our primary and community services and our commitment to preventive care and community-based service delivery.

**Organisational restructure:** To support the delivery of these aims, we are restructuring our internal business arrangements focusing on enhancing clinical leadership and governance. These changes are fundamental to our capacity and capability to meet our objectives and deliver the high-quality care our communities deserve. These changes include an internal performance framework and operational structure change.

### Financial position and outlook

Heading into 2024/25, the Health Board is facing a challenging financial position with a forecasted gross deficit of £96.4m. This is a significant increase from the year-end deficit for 2023-2024, which is projected to be £66.0m, notably above the Welsh Government control total of £44.8m. Currently, we cannot identify a route to bridging this £51.6m gap to the control total within the next year.

### Savings and developmental stages

The savings we have identified are in different phases of development and come with varying degrees of risk and uncertainty regarding the amounts and timings. At this stage, our projections suggest a possibility of achieving approximately £16m in recurrent savings alongside a further £10m from one-off opportunities. If realised, these savings could reduce our deficit to an estimated £70.6m for the year 2024/25.

### Further opportunities

We believe that additional opportunities for savings exist, particularly within our use of nursing agency, supported by our International Educated Nurses (IEN) recruitment, high-cost medical locums and in non-clinical areas.

On that basis the plan describes a £64.0 deficit position, with the aim of further improving on this through the year, if possible. Delivery of a £64.0m deficit would represent a £32.4m in-year savings requirement. Nonetheless it is accepted that this is not sufficient, leaving the Health Board £19.2m above the control total.

### Two-year financial recovery programme

This is the start of a two-year financial and performance recovery journey. The full-year effect of the savings identified will move us closer to the control total and key initiatives, such as the Nursing Workforce Stabilisation Plan, will be implemented progressively over this period improving both the financial position and the quality of care to our patients. The priority tasks for the first quarter will be to de-risk the delivery of the year 1 savings plans (i.e. move schemes that are categorised as black/red into amber/green) and quantify the distance to the control total over the two-year period, providing a clear target for our recovery efforts. In quarter two we intend to bring to Board the route map to delivering the control total over the two years.

### Medium-term clinical model

Mid and west Wales has seen significant change in the delivery of health services over the past decade. Nonetheless, the Health Board was clear in the development of the strategy that the current models of care are unsustainable and, despite changes over recent years, that remains the case. A key priority is to accelerate the drive to shift the balance towards health and well-being promotion, illness prevention and primary care. Alongside this there is a need to deliver better services through working regionally and in partnership.

The Health Board has a Clinical Services Plan programme underway to consider a range of key services and the options to deliver these over the medium-term, within our existing estate and workforce constraints, recognising the current service fragilities and lack of compliance with modern quality standards. The latest planning round has underlined the importance of this approach to the Health Board's medium-term aspirations and, in addition, surfaced a further set of service considerations.

This plan guides the Health Board through a challenging healthcare landscape as we enter 2024/25. We know we will face tough decisions due to workforce, estate, and financial issues. These have led to service weaknesses, affecting patient care and our staff's ability to meet expected standards. We will need to develop a coherent and comprehensive set of plans for clinical services over the medium-term. The options and implications of this will require careful consideration as any new model(s) will, predominantly, need to work within the existing constraints. It will be important that service and financial plans in the short-term align with the medium-term

direction as it emerges and it is anticipated this may present some trade-offs and compromises for the Health Board.

We see our hospital sites naturally specialising, with each site providing a unique role within the Hywel Dda system, building on the current strengths. This presents an opportunity to develop a more unified and efficient care network, supported by more resilient primary and community care services. We know that not all issues will be quickly resolved, and some hard choices lie ahead. These will involve open discussions with the public, staff, Welsh Government, and stakeholders as we seek to co-produce these plans.

## **Carmarthenshire system**

The Carmarthenshire system will provide a crucial role in the development of a more integrated and responsive healthcare system across Hywel Dda. Key priorities for 2024-25 include:

**International Educated Nurses (IEN) Programme** - we have successfully increased the number of permanent nurses working on our wards through the IEN programme allowing us to eradicate off-contract nurse agency use. In 2024-25 we aim to further reduce our dependence on agency nurses by bringing in more international nurses, stabilising our workforce, saving costs, and improving care quality.

**Minor Injury Unit (MIU) Prince Philip Hospital** – we are looking to improve Prince Philip's MIU following concerns raised by both our staff and Health Inspectorate Wales regarding the inappropriate use of the service. The Health Inspectorate Wales report highlighted a range of concerns that we must address. These challenges are made worse when our clinical teams are regularly called upon to treat conditions and medical emergencies that should be seen elsewhere within our system. These challenges mean that our service is becoming increasingly unsafe, so we are looking at options that will ensure the safety of all patients accessing the service at PPH.

**Improved care for patients admitted as an Emergency** – enhancements at the front-door and better discharge arrangements mean we have made progress in reducing the number of very long-stay patients in our hospital beds. Whilst significant pressures remain on our hospital sites we are aiming to continue to improve our frailty model, learning from the improvements at Withybush, to improve patient flow and further reduce the number of long-stay patients in hospital. We anticipate this will allow us to reduce our surge bed capacity, currently staffed largely through agency.

**Aligning Regional Services** - we're coordinating our healthcare services with neighbouring Health Boards, ensuring they complement each other and making the system more efficient, for example Orthopaedics and Ophthalmology

**Reviewing Community sites** – our Community Hospitals provide a crucial role in supporting care closer to home, by looking at how we utilise community sites we intend to enhance support for acute services and improve patient care pathways.

**SDEC (Same Day Emergency Care) opening hours** – the establishment of SDEC has supported more timely patient care and the avoidance of unnecessary admissions to hospital. We're aligning the opening hours of SDEC units with patient demand to make sure we make optimum use of the service.

**Pentre Awel, Llanelli and Carmarthen Hwb** – working in partnership with Carmarthenshire County Council these two innovative projects are currently underway to consolidate community services,

support the shift to the community and provide modern healthcare facilities co-located with Local Authority services, the Third Sector and, in the case of Pentre Awel, University partners

**Overtime and agency cost management** - we're reviewing how we manage overtime to ensure financial sustainability, aiming to be more cost-effective than using agency staff.

**Early Supported Discharge (ESD) for Stroke care** - we are implementing ESD to support patients to return home sooner and improve rehabilitation, which is also key to freeing up hospital resources and supporting integrated care.

## **Pembrokeshire System**

The Pembrokeshire system has made significant progress during 2023/24 in delivering a new frailty model, which proved vital in responding to the RAAC (Reinforced Autoclaved Aerated Concrete) major incident last summer. The plan for 2024/25 seeks to build on this, whilst re-establishing elective surgery as part of our plans to address long-waiting times for surgical patients.

**Frailty Assessment Unit opening** - in March 2024, we're opening an 18-bed unit for frail patients as part of the fire safety upgrades to the Withybush site. This new facility will further enhance the frailty model developed in the county, which we are rolling-out across the Health Board.

**Puffin Ward's interim use** - to manage our bed capacity right now, Puffin Ward will continue to look after 22 frail patients until October 2024. After that, it will switch back to children's services.

**Restarting Elective Surgery** - as part of our plans to improve waiting times for patients, Ward 9 is planned to re-open as an elective surgery ward, focussed on short stay and day case surgery.

**Nurse recruitment for the Emergency Department** – we are recruiting more permanent nurses to work in the Emergency Department to improve the quality of care, staff resilience and reduce our reliance on agency nurses.

**Ward 8 and 10 re-opening** - by the end of March 2024, we plan to have Wards 8 and 10 open again, increasing our capacity. Ward 10 will offer 16 new beds for a mix of care, including cancer and palliative treatments.

**Appropriate Beds** – following the urgent action taken to respond to RAAC the Pembrokeshire system has taken the opportunity to review the bed requirements for each service and reset the bedbase to best meet demand. With these changes in our wards, we're aiming to ease the pressure on emergency services, reduce the number of patients in the Emergency Department and reduce waiting times for ambulances.

**Community support as a key enabler**– progressing developments like the Porth Preseli Hub and community care teams are crucial for the success of these plans.

All these changes won't cost more money; they're about using what we have in the best way possible. This is especially important for dealing with the overcrowded emergency department whilst addressing the challenges we're facing because of fire safety and building works.

## **Ceredigion System**

Ceredigion is advancing several schemes to enhance local healthcare, reflecting the county's commitment to efficient, community-focused services:

**Cylch Caron & community model** – it remains our aspiration to progress the longstanding plans for the Cylch Caron development in partnership with Ceredigion County Council. We anticipate the Council will be going to market for a partner early in quarter one and following that we will progress our operational plans to implement the new model, including a shift towards more community provision.

**SDUC outreach extension** - building on the success in South Ceredigion, we're expanding Same Day Urgent Care (SDUC) services to the north, crucial for our urgent primary care model.

**Enhanced Practice development** - we're introducing a system to identify those at highest risk, focusing on excellent patient care, and developing an Enhanced Community Care model, coordinated through the Clinical Streaming Hub.

**Community Nursing specification rollout** - a push for more consistent district nursing services will see an increase in weekend nursing staff and the recruitment of support workers to free up registered nurse capacity.

**Lampeter Multi-Agency Team rollout** - following Borth's successful model, Lampeter will now see a similar multi-agency care approach, focusing on streamlining patient pathways.

**Palliative Care development** - a nurse lead will be appointed as part of a team delivering our Palliative Care Strategy, aiming to improve access to care, especially during weekends.

**Ambulatory Clinic expansion** – we are extending clinic services, such as ear wax management and catheter care, providing residents with more accessible health services close to home.

**Integrated Health and Wellbeing Centre model development** - building on established centres in Ceredigion, plans are underway for capital business cases to expand these services to north Ceredigion and other towns.

**Specialist Psychological Services for chronic conditions** - to address long waiting lists, we're enhancing psychological support for chronic conditions, helping patients manage their health better and reduce acute service demands.

**Women's Health Psychology Service** - a new service focusing on women's health-related psychological care will be available in primary care settings.

**Community Joint Equipment Service Expansion** - we're implementing regional recommendations to improve the joint equipment service for all ages, with county and local authority oversight.

These initiatives support a shift towards a community model, integral to our strategy, and aimed at using our current resources more effectively, improving operational efficiency, and ensuring high-quality patient care.

The programmes set out below serve a dual purpose. In the short term, they support the immediate priorities for 2024/25 of improving access, efficiency, and patient flow across all counties. These changes, such as the development of Same Day Urgent Care services, are designed to alleviate current pressures on our systems and ensure that care is more readily available to those in need.

In the medium term, these initiatives are critical enablers for our emerging model. They are stepping-stones towards a more integrated and community-focused healthcare provision that

aligns with the 'Further, Faster' strategy and A Healthier Mid and West Wales. By building robust regional service hubs and streamlining care pathways, we are setting the stage for a healthcare evolution that emphasises preventative care and local treatment, reduces hospital admissions, and supports the long-term vision.

## **Transforming Urgent and Emergency Care Programme**

**24/7 Urgent Care Service Access** - we're rolling out a round-the-clock urgent care service, accessible through 111 Wales, which will ease the pressure on general medical services and ensure continuous care across all counties

**Development of Regional Community Service Hubs (CSH)** - Building on the existing models, we're expanding to a regional scale, incorporating out-of-hours services and allied professional resources, as well as a scheduling centre to coordinate with primary care providers.

**Same Day Urgent Care service enhancement** - leveraging insights from Withybush and other successful models, we're refining our urgent care to be more immediate and tailored to local needs.

**Rolling out Integrated Care Pathways** - by adopting strategies like SAFER, D2RA, and Red2Green, and utilising the Frontier Digital platform, we're streamlining the transition from hospital to home.

**Expanding Primary and Community Care Services** - all counties will work towards enhancing the range and accessibility of GP practices, community pharmacies, dental and optometry services, ensuring that care is delivered closer to home.

## **Integrated Community Care 'Further, Faster'**

**Strengthening Community Capacity** - we're aiming to build a stronger network of community care services. This means providing care at home or close to it, preventing hospital admissions when not necessary.

**Speeding Up Service Delivery** - by developing a comprehensive community care model, we will ensure preventative and early intervention services are available to all, increasing community resilience.

**Collaborative Healthcare Approach** - the plan calls for a joint effort from the NHS, local authorities, and other partners to develop and deliver community care services seamlessly.

**Enabling self-management and independence** - our goal is to empower people, especially the elderly, to live independently, with the right support network reinforcing local services.



## Section 2: Our key priorities for 2024/25 (incorporating the Ministerial Priorities)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Planning objectives 2024/25

This section describes our priorities for 2024/25, aligned to the Welsh Government Planning Framework and Ministerial Priorities.

The Health Board has ten priority programmes of change for 2024/25, significantly reduced in number from previous years. They are:

Value and sustainability		
Planning objective 1	Workforce stabilisation	Critical enabler
Planning objective 2	Financial recovery and route map	Statutory duty
Quality and performance		
Planning objective 3	Transforming urgent and emergency care	Ministerial priority
Planning objective 4	Planned care, diagnostics and cancer	Ministerial priority
Planning objective 5	Mental health and CAHMS	Ministerial priority
A Healthier Mid and West Wales		
Planning objective 6	Clinical services plan	Service fragilities
Planning objective 7	Primary and community strategic plan	Ministerial priority Service fragilities
Planning objective 8	Estates plans	Estate fragilities
Planning objective 9	Digital plan	Critical enabler
Planning objective 10	Population health	Long-term sustainability

### Ministerial priorities

Our planning objectives incorporate the delivery of the Ministerial Priorities. The table below shows how they align:

Ministerial Priority	Planning Objective(s)
Enhanced Care in the Community, with a focus on reducing delayed pathways of care.	Planning Objective 3: Transforming urgent and emergency care Planning Objective 7: Primary care and community strategic plan
Urgent and Emergency Care, with a focus on delivery of the 6 goals programme	Planning Objective 3: Transforming urgent and emergency care

Planned Care and Cancer, with a focus on reducing the longest waits.	Planning Objective 4: Planned care (incl. cancer, diagnostics and therapies)
Mental Health, including CAMHS, with a focus on delivery of the national programme.	Planning Objective 5: Mental health and CAHMS
Primary and Community Care, with a focus on improving access and shifting resources into primary and community care	Planning Objective 7: Primary care and community strategic plan

## Planning Objective 1 – Workforce Stabilisation

Scope	Aim	Deliverables /actions	Q1	Q2	Q3	Q4
<p>The Planning Objective is focused on workforce sustainability and aims to achieve this through the delivery of workforce planning, recruitment, retention, and development, and effectiveness initiatives.</p> <p>An annual plan which covers our current funded establishment and the management of our contingent workforce (bank, agency, and additional hours).</p> <p>The plan will actively cover community and secondary care and inform actions led by the Primary Care Academy. Delivery of the Planning Objective will be supported by all pillars within the Workforce and Organisational Development directorate.</p> <p>It will note the People Regeneration Framework with specific focus on the five elements and levers directly attributable to the Workforce &amp; OD (Organisational Development) Directorate to enable the achievement of workforce stabilisation:</p> <ol style="list-style-type: none"> <li>1. Resource and Replenish (Recruitment Plan)</li> <li>2. Redevelop and Reskill (Education and Development Plan)</li> <li>3. Retain and Reward (Retention Plan)</li> </ol>	Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.	Workforce Plan presented to PODCC	x			
		Changes in shape of workforce: gaps in funded establishment reduced through resourcing, changes in workforce models and skill mix and a reduction in contingent (variable) workforce (leading to an overall pay bill reduction)				x
	Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.	Recruitment of 40 new clinical apprentices			x	
		Recruitment of 60 overseas nurses	x			
		Targeted reduction in locum and agency usage from 1st April 2024, for Nursing (50% reduction in areas where stabilisation has taken place); Medical (50% reduction in areas where stabilisation has taken place); Admin & Clerical; Additional Clinical Services & Estates (100% reduction). Plans for each group will be developed (Q1) and monitored with outcomes identified for each quarters 2 –4.	x	x	x	x
	Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.	A reduction in staff turnover of Medical (1%), Nursing (0.5%) and AHP (0.5%)				x
		Increase staff numbers returning to work within 12weeks of commencing a long-term sickness absence		x		
		Increase the utilisation of the Flexible Rostering functionality within the Allocate system.			x	
		Increase in the number of staff requesting flexible working arrangements.		x		

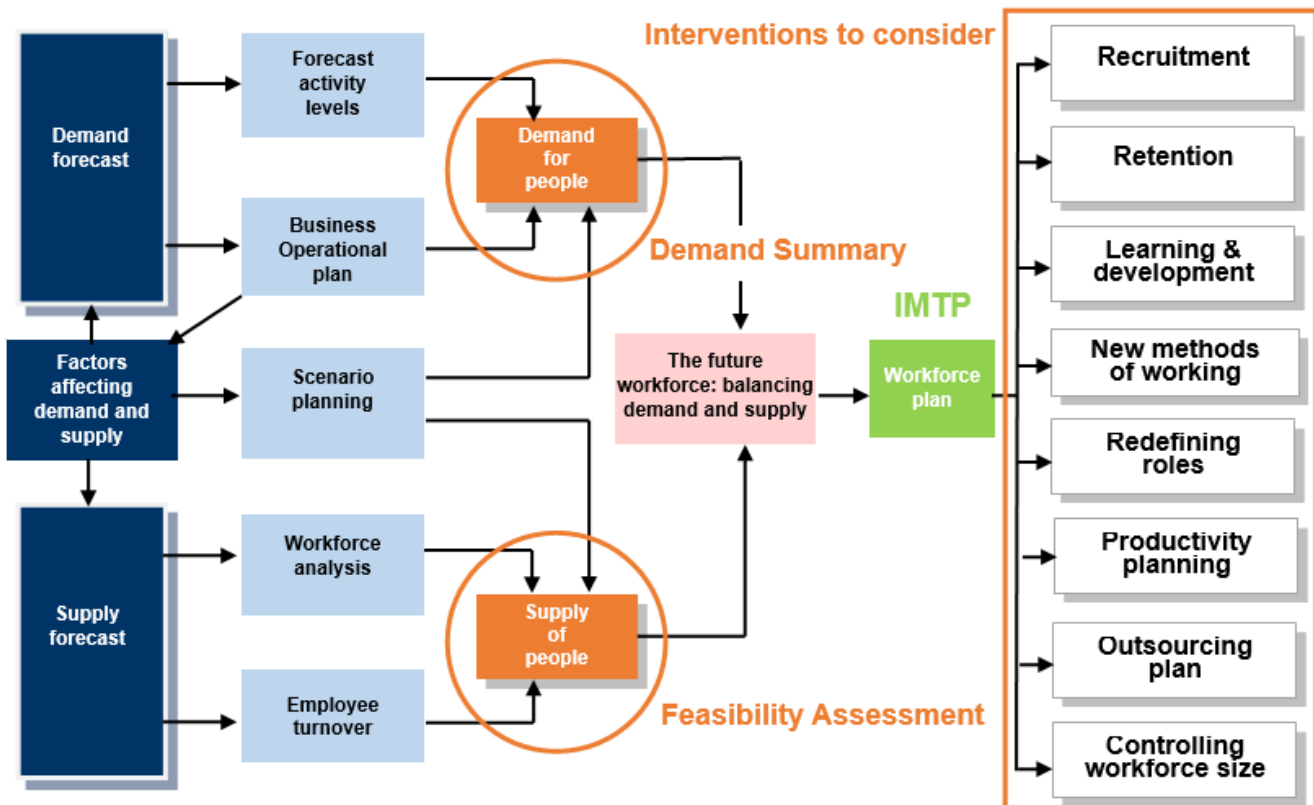
4. Resolve and Revive (Workforce Plan)		Achieve a minimum of 75% retention rates for each apprenticeship programme.	x
5. Reposition and Renew (Workforce Plan)		Number of leadership programmes delivered and the % of our management/leaders who have participated	x
For the sixth element, Rediscover and Reinvent we will feed into strategic developments that will require wider collaborative work and potentially timelines that will extend beyond the annual plan. Specific foundational work where it can be, will be included in the Workforce Plan	Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression.	Reduction in grievances linked to communication in areas linked to participation in management development programmes	x
		Increase the number of inter-professional training opportunities across medical, clinical and wider workforce	x
		Increase the number of staff participating in development opportunities from previously underrepresented groups	x
		Recruitment of 30 internal clinical opportunities (grow your own)	x
		Embed simulation within clinical education programmes, positively impacting patient safety and experience	x

## Planning Objective 1 – Workforce Stabilisation

Aim	Baseline Assessment	Measurement Method
Develop a Workforce Plan which sets out actions to achieve a balance between workforce demand and supply, supporting workforce stabilisation.	<ul style="list-style-type: none"> <li>• Assessment of workforce demand (based on funded establishment as at 31 March 2024)</li> <li>• Assessment of workforce supply (based on Regeneration Framework) as at 31 March 2024</li> <li>• The number of completed and quality assured Operational Workforce Plans</li> <li>• Informed by the baselines established for the Recruitment and Retention Plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of a variety of development pathways e.g. Annex 21, apprenticeships, “grow your own”.</li> <li>• Analysis of workforce intelligence data - establishment, pay etc</li> <li>• Operational workforce plan returns &amp; assessment against assessment/maturity framework.</li> </ul>
Delivery of a targeted Recruitment Plan which will reduce reliance on high-cost agency staff through substantive recruitment (supply-side) supporting the Workforce Plan.	<ul style="list-style-type: none"> <li>• Medical Agency as of February 23 fill is 23.42wte (Reduction Target 50% of stabilised areas)</li> <li>• USC Glangwili as of February 23 nursing agency use is 65.95wte (Reduction Target 50%)</li> <li>• USC Prince Phillip as of February 23 nursing agency is 24.06wte (Reduction Target 50%)</li> <li>• USC Withybush as of February 23 nursing agency is 51.44wte (Reduction Target 50%)</li> <li>• Planned Care as of February 23 nursing agency is 15.21wte (Reduction Target 50%)</li> <li>• MHL D as of February 23 HCSW agency is 11.17wte (Reduction Target 100%)</li> <li>• MHL D as of February 23 nursing agency is 2.96wte (Reduction Target 50%)</li> <li>• Allied Health Professional agency as of February 23 is 9.53wte (Reduction Target 50%)</li> <li>• Review of Admin and Clerical Positions including Variable Pay (No current agency spend)</li> <li>• Targeted agency nurse recruitment to substantive 25a and 25b ward areas.</li> <li>• International Educated Nurses Phase 3 (60 IENs)</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment Control Tool.</li> <li>• Welsh Health Circular Submissions.</li> <li>• Medical agency reduction plan.</li> <li>• Nursing agency reduction plan.</li> <li>• Allied Health Professional reduction plan.</li> <li>• Review of Admin and Clerical presented to Core Delivery Group</li> <li>• TRAC reporting.</li> <li>• Establishment Control Tool and Variable Pay tool.</li> </ul>

Delivery of a Retention Plan to support the supply-side elements of the Workforce Plan and underpin workforce stabilisation.	<ul style="list-style-type: none"> <li>• At 31 January 224: Rolling 12-month Staff turnover – Medical and Dental is 10.62%; Nursing and Midwifery is 5.23%; AHP is 9.02%.</li> <li>• At 31 January 2024: short-term sickness absence is 2.75%; long-term sickness absence is 4.36%.</li> <li>• Revised staff well-being support offer.</li> <li>• Review staff surveillance qualitative and quantitative data e.g. NHS Staff Survey.</li> <li>• Deep Dive review - Healthcare Apprenticeship Programme: Driving Change.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff turnover figures for each staff group.</li> <li>• % of staff on long and short term sickness absence.</li> <li>• Waiting times for access to occupational health and staff psychological wellbeing services.</li> <li>• Thinking of Leaving survey, Exit surveys and Stay interviews.</li> <li>• Improved apprentice retention rates</li> </ul>
Delivery of a Workforce Education and Development Plan which supports the pipeline (supply-side) for staff progression	<ul style="list-style-type: none"> <li>• Delivery of a suite of leadership development programmes.</li> <li>• Inter-professional Education Strategy.</li> <li>• Equitable Access to Training Report.</li> <li>• Review of simulation activity and case studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of leadership development programmes delivered.</li> <li>• Inter-professional Education Operational Plan.</li> <li>• Analysis of staff currently undertaking higher awards and participating in leadership and development opportunities.</li> <li>• Collation of simulation activity.</li> </ul>

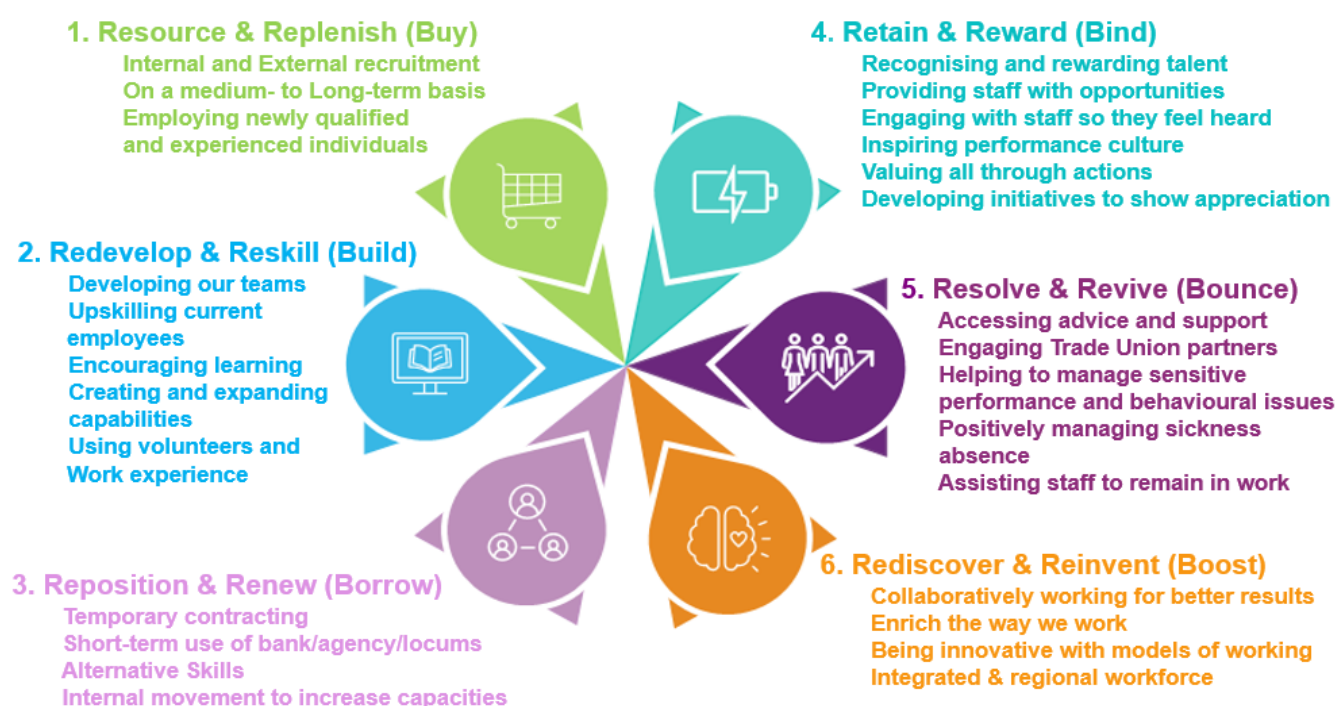
## Developing the Workforce Plan



1. We started this year with an approach to Strategic People Planning to support the development of our Annual Plan and to inform our strategic workforce plan. This is continuing to evolve, and the recommendations set out in the Wales Audit Office Review of Workforce Planning have been incorporated and will add critical strengths to our approach.
2. The Workforce Regeneration Framework has evolved to allow us to quantify and qualify our workforce gaps and interventions to meet these gaps over the short and long term to replenish, resolve, re-skill and retain our people. Focus has been on “Reposition and Renew” and will continue. Energy will now move to “Rediscover and Reinvent” as we move forward whilst maintaining the positive gains made.
3. Alignment of service plans, financial and workforce plans have been assessed to provide a holistic workforce picture and define the interventions needed to build organisational capacity and capability – this needs to be part of an agreed trajectory to balance supply and demand challenges for services and workforce in the short and long term.
4. Where possible, digital improvements have been considered (Administrative and Clerical & Estates and Ancillary Staffing Groups); further work is required within professions to assess how digital improvements might manifest, given the costs of supporting development whilst delivering clinical care.
5. Engagement with services has been a critical element, especially around the assumptions made to deliver services and meet performance trajectories. Operational Workforce Plans have been developed in partnership with services and will be a critical element for the next 6-12 months as we strive to build sustainable workforce models and services.
6. It is important to note that detailed level of analysis to align “in year” plans to available “resource” is very much reliant on decisions made three years prior under education and

commissioning. The “skills needs” trajectory has already been pre-determined to a large extent.

7. What can be reviewed “in year” is how we wish to utilise the workforce supply based on skills and how we wish to maintain our education and commissioning pipelines, evolve our Grow Your Own (GYO) and reflect on the decisions needed for overseas recruitment programmes.
8. As an iterative cycle we have continued to explore critical questions: What is our workforce demand? What are reasonable expectations of workforce supply? Is there a deficit or an over-supply? What constraint do we need to work within? And what are the choices we have to maintain, expand or reduce our workforce size and shape?



(Adapted from NSW Government, n.d)

Please note the intervention under each theme are examples that could be built upon to create a health & social care specific definition for interventions.

On the next page is an assessment of current funded and unfunded establishment and projections based on the workforce regeneration framework and variable workforce as a proxy for latent workforce demand, without any changes in workforce models or service design.

This is underpinned by a wider assessment of performance analysis and risk assessments to inform the choices and consequences for the Annual Workforce Plan, which will be further developed within the next financial year.

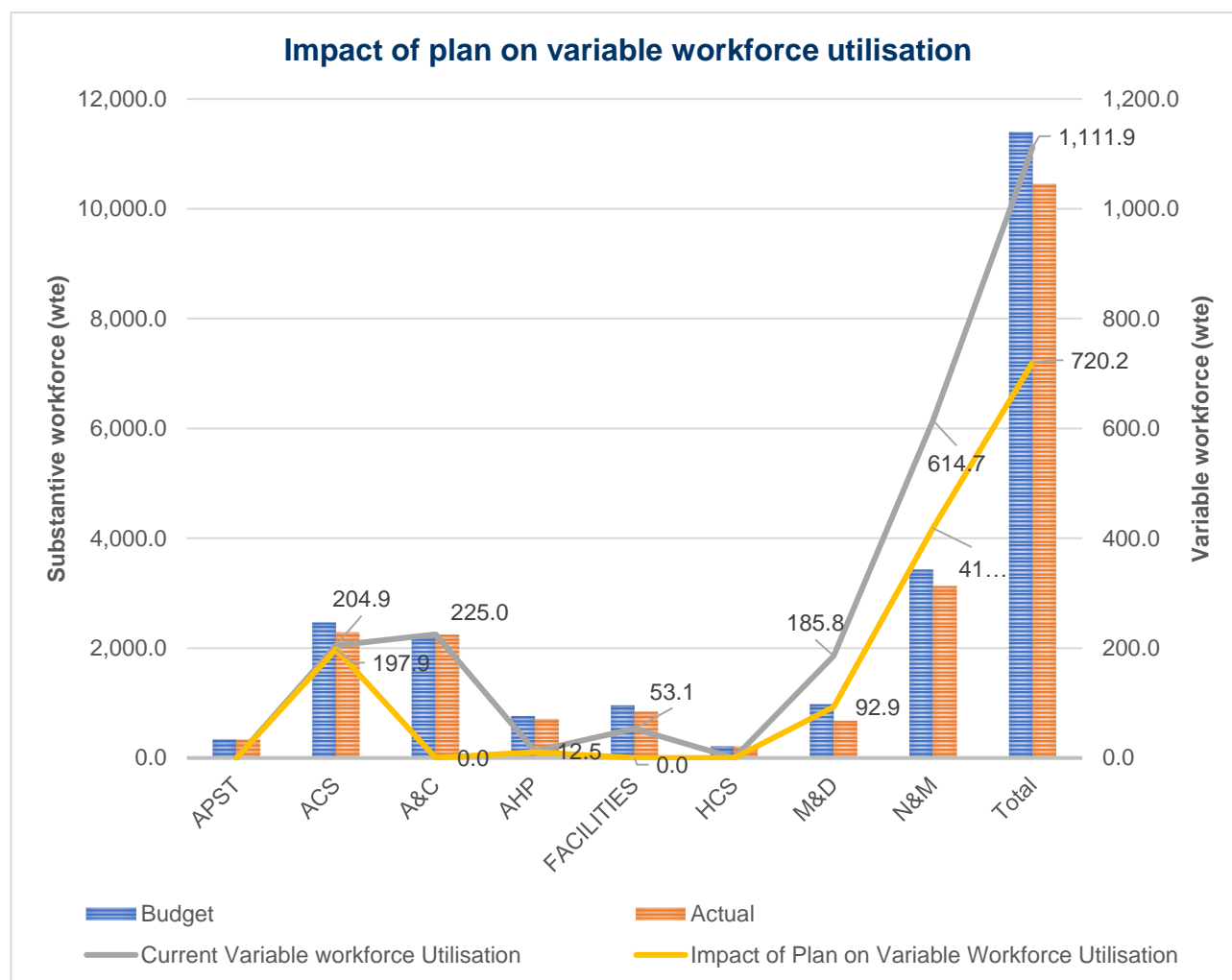
December 2023 Establishment Control	Budget	Actual	Vacancy	Total Variable workforce	Potential Workforce Increase (REGEN)	Potential Actual workforce	Potential decrease in Variable workforce	Remaining Variable workforce need
Add prof scientific and technical	341.7	334.4	7.3	0.1	19.0	353.4	(0.1)	0.0
Additional clinical services	2470.7	2291.0	179.7	204.9	213.0	2,504.0	(204.9)	0.0
Administrative & clerical	2239.4	2245.3	-5.8	225.0	51.0	2,296.3	(51.0)	174.0
Allied health professionals	762.5	714.2	48.2	12.5	22.6	736.8	(12.5)	0.0
Estates and ancillary	955.8	844.5	111.3	53.1	4.8	849.3	(4.8)	48.3
Healthcare scientists	212.6	210.7	1.9	0.0	3.9	214.6		
Medical and dental	978.3	675.5	302.8	185.8	40.0	715.5	(40.0)	145.8
Nursing and midwifery registered	3430.7	3128.0	302.7	614.7	165.0	3,293.0	(165.0)	449.7
<b>Grand Total</b>	<b>11391.6</b>	<b>10443.6</b>	<b>948.0</b>	<b>1111.9</b>	<b>519.3</b>	<b>10962.9</b>	<b>(478.3)</b>	<b>817.8</b>

Our overall substantive workforce position will increase by 519.3WTE, potentially reducing our vacancy gap by around 55%.

Any increase in our workforce (within the REGEN column above) will be as a result of usual resourcing activity (within funded establishment), which includes new graduate recruitment, International Nurse resourcing and the addition of our existing grow your own workforce who are expected to become registrants during the next financial year.

As a working example, we have a projection of a 165 WTE increase within the Nursing and Midwifery staff group. This increase in our substantive workforce will further strengthen our position to mitigate and reduce our temporary workforce position. Overall, as a result of planned substantive recruitment, our actual Nursing and Midwifery workforce will increase from 3128 to 3293WTE at the end of 2024/2025. However, based on our workforce utilisation (substantive and variable) we have a "latent demand" (i.e. unfunded in establishment) of an additional 449.7 WTE, which is a reduction of 165WTE and will be further explored during the next financial year as we seek to reduce our variable workforce position by 50%.

Based on the projections on the next page, the approach is to focus on 50% reduction in agency this year, with a future intention to maintain or accelerate. For other professional groups where it is less than 50% a full reduction in agency usage is anticipated. This plan would reduce our overall variable workforce utilisation from 1111.9 whole time equivalents (WTE) to 720 WTE by the end of 2024/25. The detail for key areas is provided under planning objective 1 – workforce stabilisation.



As illustrated, our variable workforce by whole time equivalent plus our actual workforce is greater than our funded establishment. This is clearly manifested in our Nursing and Midwifery Workforce figures: substantive and variable workforce figures. In assessment of our supply pipeline, it suggests we would not be able to fill our substantive vacancies in totality, even though we effectively have access to, and pay for a workforce greater than our funded establishment. This draws attention to how we manage, develop and deploy our workforce. Further research on demand and capacity management and effective utilisation of resources will be built into the workforce planning activities for 2024/25.

We can assess minor risks of over-establishment within our workforce groups of Admin and Clerical, Additional Clinical Services, Professional & Technical and Healthcare Scientists. Medical Workforce remains our greatest risk in terms of vacancy gap. We are confident in the reduction of variable workforce by 50%, however eradication of variable workforce remains a risk, specifically within the Administrative and Clerical and Nursing and Midwifery staff groups. These areas will be prioritised to further mitigate these risks to promote sustainable workforce models.

Further alignment to savings in relation to the most significant configuration matters, which have been raised through the Annual planning process, will be targeted to realise savings and further assess workforce implications in relation to each of the proposals.

### Continuing to develop the Workforce Plan

We have detailed the potential supply based on historical information of attrition and growth of the workforce, below is an assessment of the approach needed to improve quality, performance and manage risk and will form part of our continuous workforce planning cycle:

It is important to note that the critical focus is on no additionality and “reshaping the workforce”, recruiting to eradicate agency in our aspirations to build a sustainable workforce within our funded establishment. Critical to this is that services that are fragile will need to attain a level of stabilisation to address quality, safety, performance challenges alongside addressing the significant waste drivers contributing to additional costs i.e. agency and locum utilisation.

We can see that our available workforce is greater than the need identified in our establishment, however, the workforce available is not within the professional groups identified as a significant gap. In addition, we know there are opportunities within our service and workforce models to adapt to manage our critical skills deficits through advanced clinical practice and medically associated professional roles whilst exploring integrated workforce models with local authority partners and regional and national agencies across NHS Wales.

The Medical Workforce is our greatest concern in terms of the gaps in critical skills to enable service provision. Specific work is being undertaken on recruitment, retention and development. Further to this a critical assessment is being made of our Medically Associated Professionals and how they support the wider workforce. We currently have 35 posts for MAP roles across services and a critical analysis is needed to judge whether expansion of these roles needs to be promoted further, and to what scale.

Further to this, the Allied Health Professional Group are undertaking a detailed review which will assess the demand and capacity requirement against the workforce needs. This will be tested against the current workforce provision. There is evidence that the Allied Health Professional Group have a critical role to play in areas of Patient Flow and Discharge. Further assessment and reshaping may be needed.

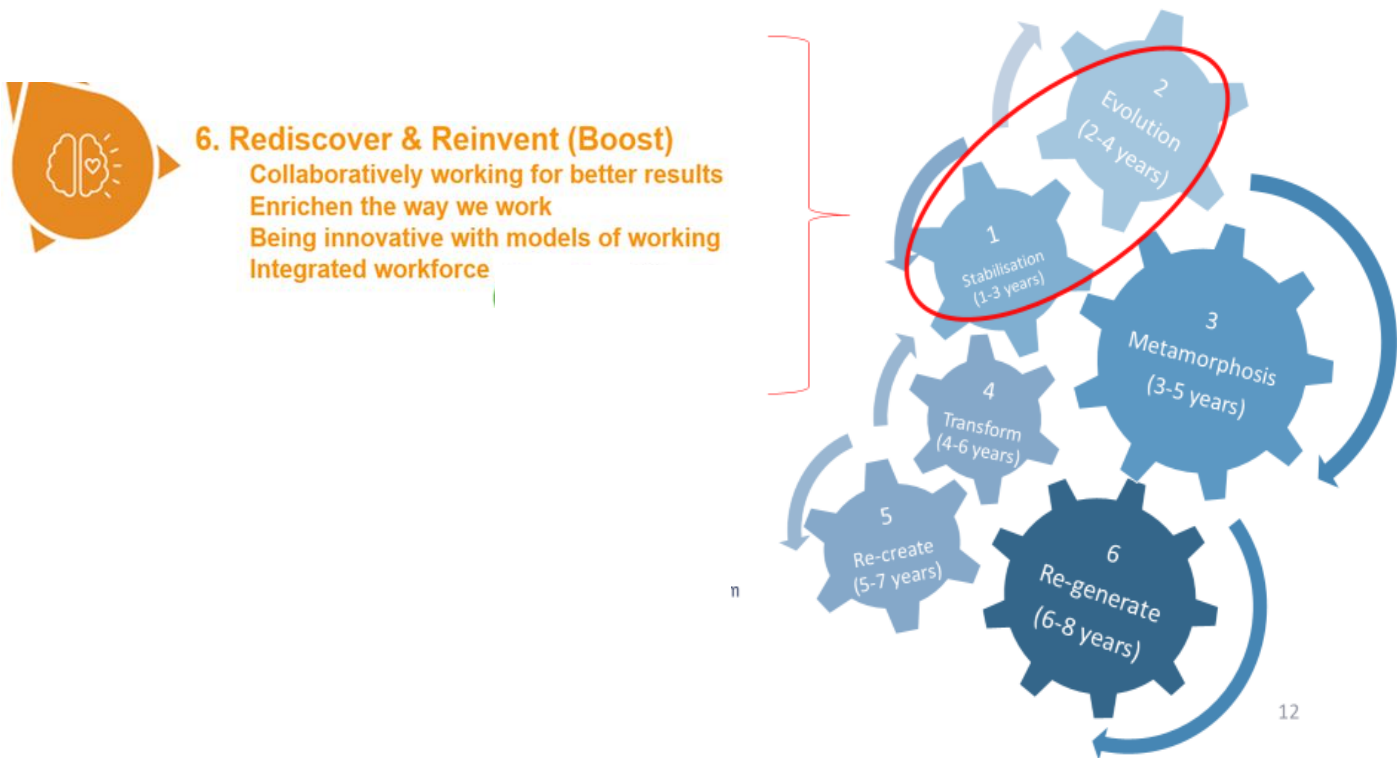
In addition, the A&C Review which is ongoing will need to be taken account of as this will specifically look to “Rediscover and Reinvent” within this professional group to maximise on new ways of working: technology, integration and hybrid working and multi professional roles. An element of this will be the assessment of unfunded administrative activity undertaken in support of clinical practice which will contribute to our aspiration to eradicate temporary workforce utilisation.

Workforce	What are the choices to maintain, expand, or reduce?
Professional groups	Potential actions based on an assessment of current known risks
Nursing & Midwifery	Support expansion within funded establishment
Additional Clinical Services	Assess reduction within funded establishment based on RN expansion
Additional Professional and Technical (including PAs)	Support expansion within funded establishment
Administrative and Clerical	Assess reduction within funded establishment
Allied Health Practitioners	Assess expansion within funded establishment
Health Scientists	Support expansion within funded establishment
Medical and Dental	Assess expansion within funded establishment

A group focused on Variable Pay Expenditure Reduction and Efficiency has been established to accelerate the reduction of variable pay. In the Nursing department, a comprehensive review is underway at the ward levels to identify strategies to reduce the reliance on nursing agencies. For Medical staff, an ongoing analysis of the top 10 earners is being conducted to identify obstacles to eliminating the use of locum agencies. In the Allied Health Professional category, data on the highest earners and fill rates are being examined to pinpoint high agency usage, which will then be addressed through specific action plans. Finally, the use of variable pay in Admin and Clerical areas is also under

review. The aim across all these initiatives is to minimise the use of variable pay and improve efficiency.

Whilst maintaining all of the elements of the Regeneration Framework, our energy will shift to Rediscover and Reinvent; as we move into future phases as transition through the Clinical Services Plan to the wider social model of health as set out in our strategic workforce planning aspirations. We are now beginning to model forward beyond stabilisation to the evolutionary phase of our longer-term workforce strategy and implementation plan.



## Planning Objective 2 - Financial Recovery and Route map

Scope	Aim	Deliverables / actions	Q1	Q2	Q3	Q4
<p>The Health Board submitted an Accountable Officer letter to Welsh Government in February 2024 to notify them that the Health Board will not be able to deliver against its statutory financial duties for 2024/25 and therefore will not be submitting a balanced financial plan. It is expected that this plan will not be acceptable to Welsh Government given its proposed financial deficit.</p> <p>With the Health Board still requiring to submit an acceptable and approvable financial plan, developing deliverable plans to demonstrate a recurrent and rapid improvement in the financial trajectory is necessary and paramount, recognising it will span a multi-year timeline given the extent of the current financial deficit.</p>	Facilitate and influence a focus on finance across all delegated executive officer portfolios to continually support the identification and development of opportunities into credible and deliverable savings plans.	Alignment of financial accountability within the Health Board Escalation Framework	x			
		De-risking 2024/25 financial plan to ensure savings requirement is fully identified with deliverable schemes into Green and Amber status	x			
	Ensure a constant monthly cycle is driven to continually highlight opportunities available.	Further de-risking 2024/25 financial plan to improve the planned deficit beyond £64.0m, moving towards the target control total of £44.8m		x		
		Monthly cycle of a single and comprehensive opportunities listing, with the identification and development of stages reported with owners and timelines	x			
		Through delegated executive officer acceptances of opportunities, develop a board approved multi-year route map			x	

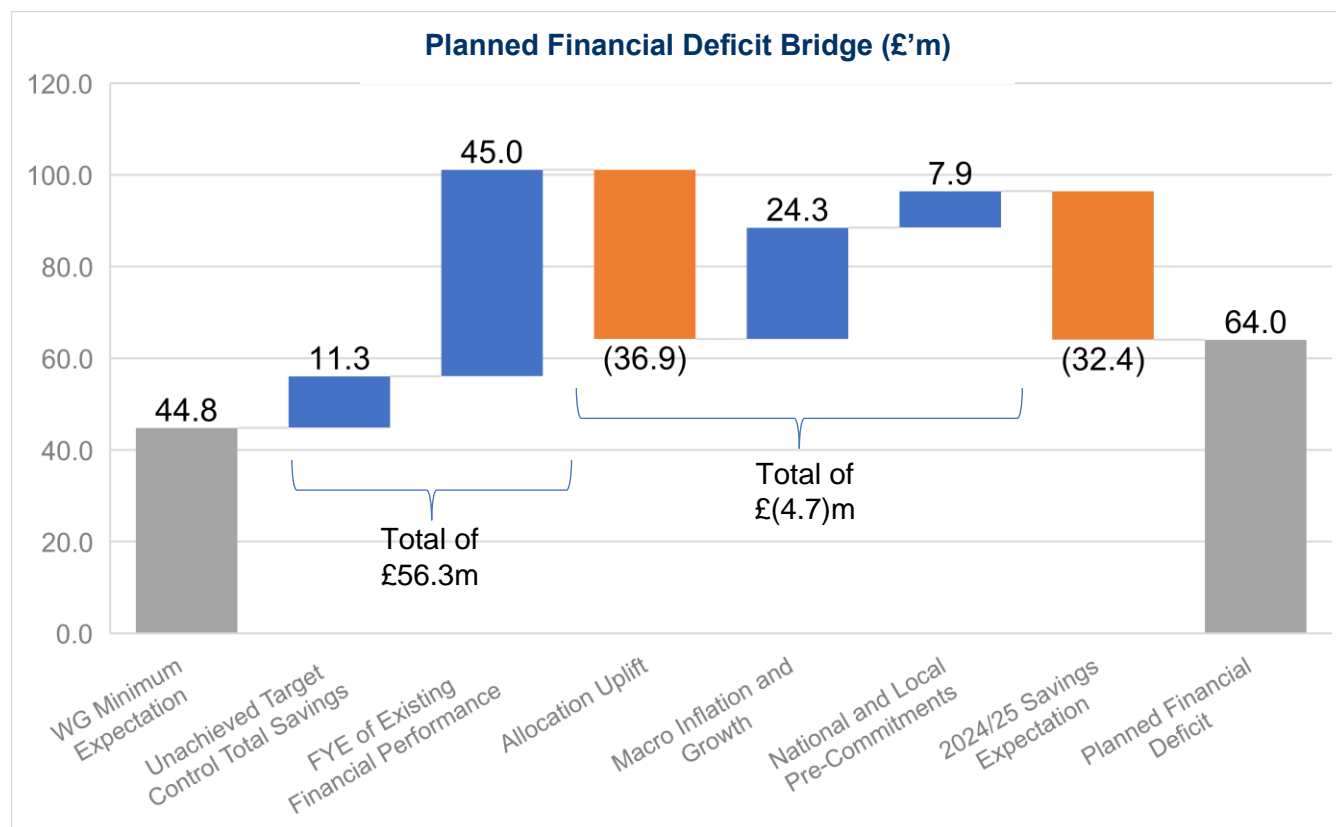
Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Measurement Method	Outcome/Output
Value and Sustainability Board Initiatives For further information please see slide on the Value and Sustainability Board and how we are taking the priorities forward	Implement initiatives arising from the Value and Sustainability Board across the five thematic areas: <ul style="list-style-type: none"> <li>Workforce,</li> <li>Medicines Management,</li> <li>Continuing Health Care (CHC) / Funded Nursing Care (FNC),</li> <li>Procurement and non-pay,</li> <li>Clinical Variation/Service Configuration</li> </ul>	Effectiveness adoption and implementation of initiatives under the Value and Sustainability Board. Financial Analysis Clear Plans with Trajectories and Milestones	Reduction in expenditure Clear adoption of the Outputs of the Value and Sustainability Board
Long Term Financial Roadmap	Develop a long-term financial roadmap aligned with workforce strategies and Clinical Services Plan and a healthier mid and west Wales assumptions	Board endorsed Financial Roadmap	Board Approved Financial Roadmap Alignment with a Healthier Mid and West Wales

Financial Plan: Framing of the Plan

The financial plan can be summarised into key groups explained in the table and graph. Recognising the resource utilisations embedded within the 2023/24 financial performance, there is an element of the core plan that has increased when compared to the expected target control total outturn, as communicated by Welsh Government. Whilst the core performance is predominately driven by an under achievement of savings during 2023/24 and increased resource utilisation across the acute hospital sites, there was non-recurrent inflationary funding received in 2023/24 which will not be received in 2024/25. These are recognised in the full year effect of existing financial performance.

The allocation uplift as confirmed in the Welsh Government budget is more than the modelled macro-economic inflationary and growth increases, therefore the surplus aids an element of the exceptional inflationary pressures that have been experienced within 2023/24. It has been accepted by the Health Board that a saving aspiration for the higher of 5% of non-ring-fenced budgets or a 50% reduction in a directorate's opportunities deficit will be expected to be pursued across all areas. A savings requirement of £32.4m is included within the plan, with risk currently being associated with the delivery of this due to a shortfall of assured savings plans, but with a de-risking focus being taken forward during the first quarter of 2024/25. An opportunities framework is available to directorates, in excess of the requirement, with development of plans required to generate improvements.

Item Group	2024/25 £'m	Treatment Description
Welsh Government Minimum Expectation of Deficit	44.8	Minimum expectation in line with target control total, recognised centrally. Historic expectation remains at a level of £25.0m
Full Year Effect of Existing Financial Performance	56.3	Local expenditure items requiring offset with Directorate Opportunities; to be recognised against identified Directorates, with Opportunities being allocated in line with Opportunities Framework
Welsh Government Core Allocation, Marco-Economic, Local and National Pre-Commitments	(4.7)	Macro inflationary, growth, local and national pre-commitments to have funding issued to affected Directorates. The core allocation uplift received from Welsh Government is sufficient, therefore, the net offsetting surplus will be recognised centrally
2024/25 Savings Expectation	(32.4)	Limited assured schemes have been developed to date, but further opportunities are identified and require detailed plans to de-risk the annual plan during quarter 1
Planned Financial Deficit	64.0	



### Financial Plan: components

Macro-Economic Inflation and Growth	Description	£'m
Macro-Economic	Prescribing price	2.0
	Acute drugs price	2.6
	CHC core price inflation	4.8
	LTA price inflation	5.6
	SLA, key contract or key consumables price inflation	1.5
	Utilities core price deflation from NWSSP forecast	(1.8)
	CPI core price inflation at 3.2%	1.7
	Income Price Inflation	(0.2)
	2022/23 and 2023/24 Exceptional CHC recurrent funding not to be received from WG (NLW to RLW)	2.9
	<b>Sub Total</b>	<b>19.1</b>
Growth Modelling	Prescribing mix and volume growth	2.0
	Acute drugs mix and volume growth	3.2
	Acute drugs activity growth	-
	Utilities consumption volume growth	-
	<b>Sub Total</b>	<b>5.2</b>
<b>Grand Total</b>		<b>24.3</b>

Local and National Pre-Commitments	Description	£'m
Local Pre-Commitments	Waiting list targeted support to endoscopy, diabetic retinopathy, glaucoma, outpatient transformation and central support	0.9
	Estate running/maintenance costs & enhanced RAAC assessments	0.7
	Additional Oncology capacity to recognise increasing demand requirements	0.4
	Medical rostering with the adoption of Allocate	0.4
	Resourcing the hydrotherapy pool at Pentre Awel	0.2
	WGH paediatric pathway and Enteric testing in microbiology lab	0.1
	Advanced nurse practitioner programme third (final) year step up	0.1
	BGH CDU additional resource	0.1
	Leica digital cellular pathology scanner rental	0.1
	<b>Sub Total</b>	<b>3.0</b>
National Pre-Commitments	WHSSC Activity Investments	2.2
	Secondary Care Horizon Drugs including NICE guidance	1.3
	NWSSP IMTP	0.7
	Digital Cellular Pathology, DHCW RISP and LIMS	0.5
	Nurse staff act 25B wards	0.2
	<b>Sub Total</b>	<b>4.9</b>
<b>Grand Total</b>		<b>7.9</b>

The following breakdown provides a summary of progress made during the planning cycle to accept opportunities that can be converted into savings plans. With £5.5m being of an assured status (green and amber), there is an inherent risk included within the annual plan that requires further focus throughout the coming year to de-risk and address the current delivery gap.

Sufficient pipeline opportunities have been identified to deliver the savings requirement on a recurrent basis. It should be noted however, that it is highly likely for there to be a reduction in the deliverable value as a pipeline opportunity matures through the stages of development and is recognised as an assured plan in green or amber status. Further work is therefore required during the year to accept additional opportunities and develop further deliverable plans to mitigate any gap that remains.

Delegated Executive Officer (£'m)	Aspiration (5% budget reduction or 50% reduction in deficit opps.)	Requirement (finalised through budget setting)	2024/25 Savings Plans (Green/Amber) and Pipeline (Red/Black)					Full Year Effect Total	2024/25 Shortfall / (Surplus) vs Req'mt.	Recurrent Shortfall / (Surplus) vs Req'mt.
			Black	Red	Amber	Green	Total 2024/25			
Chief Executive	0.3	0.2	-	-	-	-	-	-	0.2	0.2
Director of Finance	1.1	0.6	-	-	0.8	-	0.8	1.1	(0.2)	(0.5)
Director of Nursing, Quality and Patient Experience	0.5	0.3	-	-	-	-	-	-	0.3	0.3
Director of Operations	38.4	21.3	10.3	6.3	2.3	2.4	21.2	24.6	0.1	(3.3)
Director of Primary Care, Community and Long-Term Care	11.2	6.2	5.7	0.3	-	-	6.0	8.9	0.2	(2.7)
Director of Public Health	0.3	0.2	-	-	-	-	-	-	0.2	0.2
Director of Strategy and Planning	4.4	2.4	0.2	0.7	-	-	0.8	3.1	1.6	(0.7)
Director of Therapies and Health Sciences	1.3	0.7	-	-	-	-	-	-	0.7	0.7
Director of Workforce and Organisational Development	0.8	0.4	-	-	-	-	-	-	0.4	0.4
Medical Director	0.2	0.1	-	-	-	-	-	-	0.1	0.1
<b>Grand Total</b>	<b>58.5</b>	<b>32.4</b>	<b>16.2</b>	<b>7.3</b>	<b>3.1</b>	<b>2.4</b>	<b>28.8</b>	<b>37.7</b>	<b>3.6</b>	<b>(5.3)</b>

## Planning Objective 3 – Transforming Urgent and Emergency Care

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<p><b>Implementation of the 6 Goals principles aligned with Enhanced Community Care &amp; Further Faster principles;</b></p> <p><b>Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.</b></p>	<ul style="list-style-type: none"> <li>• Development of a Regional Clinical Streaming Hub (CSH) to ensure individuals access the Right Care at the Right Place First time;</li> <li>• Development of local delivery hubs to support the CSH and providing access to enhanced community care services, third sector services and other pathways to provide safe alternatives to admission</li> <li>• Integration of GP Out of Hours (GPOOHs) resources with the CSH to give 24/7 cover (links to Primary Care priority)</li> <li>• Implementation of Advanced Paramedic Practitioner (APP) Navigator roles embedded within the CSH</li> <li>• Working with Welsh Ambulance Service Trust (WAST) colleagues to develop future workforce model and training requirements for APPs to ensure sustainable workforce model for new rotational posts</li> <li>• Development of enhanced community care services to enable to support CSH by providing safe alternative pathways to admission (links to Primary Care priority)</li> </ul>	<ul style="list-style-type: none"> <li>• Safely reducing the number of ambulance conveyances to Emergency Departments</li> <li>• Reduction in number of ambulance handover delays (&gt;1 hr &amp; &gt;4hrs)</li> <li>• Reduction in A&amp;E Self Presenters</li> <li>• Improved A&amp;E performance (4 hour and 12-hour breaches)</li> </ul>
<p><b>Implementation of the 6 Goals principles aligned with Enhanced Community Care &amp; Further Faster principles;</b></p> <p><b>Implementation of Same Day Emergency Care services /direct access pathways</b></p>	<ul style="list-style-type: none"> <li>• Development and implementation of HDuHB optimal SDEC model following on from lessons learnt from peer review</li> <li>• Review of current direct access pathways and development of new pathways where appropriate and evidence of need across WAST, Mental Health, Community &amp; Secondary Care</li> <li>• Development of Advanced Clinical Practitioner (ACP) role &amp; competency framework, future workforce model and training requirements to support new rotational/portfolio ACP role across SDEC &amp; CSH</li> <li>• Development of Consistent Approach to Front Door Streaming / Assessment Units focused on our Frail Elderly cohort based on good practice and lessons learnt from Withybush Puffin / South Pembrokeshire model</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in appropriate SDEC attendances by direct WAST referral (target 4% of conveyances)</li> <li>• Safely reducing the number of ambulance conveyances to Emergency Departments</li> <li>• Reduction in number of ambulance handover delays (&gt;1 hr &amp; &gt;4hrs)</li> <li>• Reduction in A&amp;E Self Presenters</li> <li>• Improved A&amp;E performance (4 hour and 12-hour breaches)</li> </ul>

<b>Improving patient flow through the acute sites</b>	<ul style="list-style-type: none"> <li>• Implementation of Optimal Hospital Framework supported by the Frontier Inpatient Platform across all inpatient beds (acute and community)</li> <li>• Ensure consistent approach to Board Rounds &amp; Safety Patient Huddles utilising Frontier digital platform to capture information</li> <li>• Embed SAFER patient bundle &amp; Red2Green methodology to support board round process</li> <li>• Embed consistent process for Estimated Date of Discharge (EDD)</li> <li>• Development and embedding of Clinical Criteria for Discharge (CCD) within 24 hours of admission to an inpatient bed</li> <li>• Ensuring early identification of simple / complex discharges and ensuring Discharge to Recover Pathways (D2RA) identified and set within Frontier digital platform within 24 hours of admission to an inpatient bed</li> <li>• Develop and implement Deconditioning audit tool to form part of the safety dashboard</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in number of ambulance handover delays (&gt;1 hr &amp; &gt;4hrs)</li> <li>• Improved A&amp;E performance (4 hour and 12 hour breaches)</li> <li>• Reducing the number of patients with a Length of Stay &gt;7 and &gt;21 Days</li> <li>• Increase in the number of weekend discharges</li> <li>• Increase in the number of discharges before noon</li> </ul>
<b>Develop a strategy for our Alternative Care Provision to support care closer to home</b>	<ul style="list-style-type: none"> <li>• Initial Assessment and Strategy for Alternative Care Provision identifying gaps &amp; opportunities, developing a framework for expanding &amp; integrating alternative care solutions (links to Further Faster &amp; Enhanced Community Care);</li> <li>• Development of regional ACP model and development of gold standard ACP framework, phased implementation of ACP model &amp; evaluation of ACP model to enable learning from early pioneer sites</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing the number of patients with a Length of Stay &gt;7 and &gt;21 Days</li> <li>• Continued reduction in the overall number of pathway of care delays</li> <li>• </li> </ul>
<b>Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.</b>	<ul style="list-style-type: none"> <li>• Accelerated assessment process, reduced bottlenecks;</li> <li>• Reducing Delays in Social Worker Allocation</li> <li>• Accelerating Nursing/AHP/Medical/Pharmacy Assessments (Links to TUEC)</li> <li>• Streamlining Continuing Healthcare (CHC) Assessments</li> <li>• Utilisation of Trusted Assessors</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in proportion of pathway of care delays awaiting assessment</li> <li>• Continued reduction in the overall number of pathway of care delays</li> </ul>

<p><b>Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges.</b></p>	<ul style="list-style-type: none"> <li>• Enhancing Weekend Community Nursing</li> <li>• Integrating Anticipatory Care Planning</li> <li>• Building Community Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Enhancing Weekend Community Nursing</li> <li>• Early intervention to prevent health crises, reduced emergency care needs.</li> <li>• Avoiding hospital admission where possible, supporting early discharge.</li> </ul>
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**Transforming Urgent and Emergency Care**

- Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and GMS sustainability.
- Development of a Regional Clinical Streaming Hub (CSH) to ensure individuals access the Right Care at the Right Place First time;
  - Development of local delivery /resource hubs to support the CSH and providing access to enhanced community care services, third sector services and other pathways to provide safe alternatives to admission
  - Implementation of APP Navigator roles embedded within the CSH
  - Integration of GP Out of Hours (GPOOHs) resources with the CSH to give 24/7 cover

- Implementation of Same Day Urgent Care (SDEC) services
- Continued development of SDEC services within acute sites aligned to the implementation of localised delivery of Front Door Streaming / Frailty Pathways utilising lessons learnt from Witybush across all acute sites

- Improving patient flow
- Reduction of Ambulance Handover waits and safely reduce Ambulance conveyances to Emergency Departments
- Reducing the Volume of Patients who Experience a Length of Stay >7 and >21 Days (link to enhanced community care priority of reducing Pathways of Care Delays (POCD))
- Implementation of Optimal Hospital Framework supported by the Frontier Inpatient Platform across all inpatient beds (acute and community)
  - Roll out of SAFER patent bundle, Discharge to Recover Pathways (D2RA), Deconditioning & Red2Green methodology
  - Consistent approach to Board Rounds utilising Frontier Digital platform
  - Consistent process for Estimated Date of Discharge (EDD) and Clinical Criteria for Discharge (CCD) within 24 hours of admission to an inpatient bed to support early identification of D@RA pathways

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
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	Ambulance handovers >1 hour	967	755	747	839	846	Safely reducing the number of ambulance conveyances to Emergency Departments Reduction in number of ambulance handover delays (>1 hr & >4hrs) Reduction in A&E Self Presenters Improved A&E performance (4 hour and 12-hour breaches)
	Ambulance handovers >4 hours	251	219	178	246	232	
	Number of patients spending >4 hours in A&E / MIU	4754	4206	4554	4135	4302	
	Number of patients spending >12 hours in A&E / MIU	1365	1120	1187	1137	1280	

## Enhancing care in the community, with a focus on reducing Delayed Pathways of care

Increasing Enhanced Community Care Capacity (Virtual Wards)

Identify High Intensity service users

Reducing Pathways of Care Delays (POCD) (link to Urgent & Emergency Care priority of reducing volume of patients with Los > 7 days & > 21 days)

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
1	<b>Delayed Pathways of Care</b>	203	196	190	184	177	<ul style="list-style-type: none"> <li>• Timely discharges</li> <li>• Improved patient / carer outcomes</li> <li>• Improved patient flow</li> <li>• Reduction in 4 hr wait at ED</li> <li>• Reduction in Ambulance handover delays</li> <li>• Reduction in requirement of inpatient surge</li> <li>• Increased moral of NHS staff</li> <li>• Reduction in adverse incidents</li> </ul>
2	<b>Enhancing Community Nursing Capacity</b>						<ul style="list-style-type: none"> <li>• Increase number of community nursing staff at weekends to no less than 60% of weekday staffing Recruitment of Band3 &amp; 4 HCSW to support released RN capacity</li> <li>• Provision of a 2-hour, 72 hour and 10 working day response to referrals</li> <li>• All teams to be trained to support administration of IV therapies in community settings</li> <li>• Provision of Specialist Care Clinical Nurse specialist weekend working in each county to ensure timely response to complex patients. Support for families and patients in End of life care</li> <li>• To ensure compliance with EOL care review Phase 2 by the National Programme Board for Palliative and EOL care.</li> </ul>
3	<b>Increasing Enhanced Community Care (Virtual Ward) capacity</b>						<ul style="list-style-type: none"> <li>• Exploring models of Enhanced Community Care provision i.e., Virtual Ward, Hospital at Home to inform best practice</li> </ul>

## Planning Objective 4 – Planned Care (including diagnostics and cancer)

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<b>Elective Reduction in Long waiters</b> <ul style="list-style-type: none"> <li>– 52 weeks</li> <li>– 104 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• GIRFT Implementation</li> <li>• Reduce unwarranted Variation and Low Value Interventions (INNU)</li> <li>• Productivity and Efficiency gains (increase activity)</li> <li>• INNU Review and Implementation</li> <li>• Redeployment of Resources (linked to GIRFT and variable pay reduction)</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver zero &gt; 104 weeks in all specialties other than Orthopaedics and Ophthalmology</li> <li>• Reduce total &gt; 104 weeks to 1639</li> <li>• Reduce stage 1 (new outpatients) &gt; 52 weeks to 1500, limited to Ophthalmology</li> </ul>
<b>Single Cancer Pathway Performance Improvements</b>	<ul style="list-style-type: none"> <li>• Enhanced Triage and Prioritisation</li> <li>• Capacity Management</li> <li>• Shared Care Models – (community Diagnostics)</li> <li>• Partnerships – (South West Wales Cancer Centre)</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the backlog to 182</li> <li>• Increase the number of patients receiving treatment on the SCP within 62 days to 75%</li> </ul>
<b>Diagnostics – reduce the 8 week waits</b>	<ul style="list-style-type: none"> <li>• Reduce Outsourcing/Insourcing</li> <li>• Reduce Variable Pay</li> <li>• Demand and Capacity analysis</li> <li>• Diagnostic pathway Review</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the 8-week standard</li> </ul>

Stage 1: Projected Breaches on 31 March 2025			
Stage One	36 Week Breaches	52 Week Breaches	104 Week Breaches
General Surgery	0	0	0
Urology	1500	0	0
Breast	0	0	0
Colorectal	0	0	0
Vascular	158	0	0
Trauma & Orthopaedics	0	0	0
ENT	1286	0	0
Ophthalmology	3170	1500	0
Pain Management	84	0	0
General Medicine	68	0	0
Gastroenterology	0	0	0
Endocrinology	0	0	0
Diabetic Medicine	0	0	0
Stroke Medicine	0	0	0
Cardiology	454	0	0
Dermatology	1212	0	0
Respiratory Medicine	0	0	0
Neurology	0	0	0
Rheumatology	1364	0	0
Paediatrics	0	0	0
Geriatric Medicine	0	0	0
Gynaecology	0	0	0
<b>Total</b>	<b>9297</b>	<b>1500</b>	<b>0</b>

Projected Breaches on: 31 March 2025			
Stage Four	36 Week Breaches	52 Week Breaches	104 Week Breaches
General Surgery	0	0	0
Urology	1631	1387	0
Breast	0	0	0
Colorectal	129	0	0
Vascular	0	0	0
T&O Inpatient	2641	2164	600
T&O Day Case	512	428	0
ENT	618	508	0
Ophthalmology	4523	3836	1039
Pain Management	0	0	0
General Medicine	0	0	0
Endocrinology	0	0	0
Diabetic Medicine	0	0	0
Stroke Medicine	0	0	0
Cardiology	0	0	0
Dermatology	665	509	0
Respiratory Medicine	0	0	0
Neurology	0	0	0
Rheumatology	0	0	0
Paediatrics	0	0	0
Geriatric Medicine	0	0	0
Gynaecology	124	0	0
<b>Total</b>	<b>10844</b>	<b>8832</b>	<b>1639</b>
<b>Total Stage 1 and 4</b>	<b>20,141</b>	<b>10,332</b>	<b>1639</b>

## Planned Care Referral to Treatment time (RTT) position

Through 2024/25 the Health Board expects to deliver an improved position across Planned Care services. The aspiration is to deliver the 75% Single Cancer standard, have no patients waiting over 104 weeks and no patients waiting over 52 weeks for the first outpatient appointment, in addition to no patients waiting over 8 weeks for diagnostics. At present the plan achieves this in all specialties except Orthopaedics and Ophthalmology.

The solutions for both Ophthalmology and Orthopaedics are progressing regionally with Swansea Bay University Health Board. This includes assessment of the options needed to achieve this as part of developing plans for these services on a south west Wales footprint.

In challenging our approaches to achieve the RTT position, the Health Board has adopted a comprehensive approach and a suite of measures and solutions that not only enhances productivity but also optimises patient flow and resource allocation. This endeavour encompasses a series of targeted actions:

- **Pursuit of a 5% Productivity Enhancement** - our objective is to deliver a 5% uplift in productivity across the Planned Care Directorate. This ambition, rooted in pragmatic assessment and optimisation of existing procedures, mandates this ambitious application of technology and best practices. The intent is to augment our capabilities, thereby ensuring greater utilisation of resources to foster enhanced outcomes.
- **Implementation of GIRFT Recommendations** - the GIRFT programme provides a foundational blueprint for our operational delivery. By adhering to its recommendations, we aim to diminish variability in care delivery, thereby elevating clinical quality and operational efficiency. This blueprint serves as both a strategic and operational guide in our pursuit of excellence in healthcare provision.
- **Incorporation of ROTT (Reasons Other Than Treatment)** - an essential facet of our operational approach is the robust assessment of the ROTT process, which involves a rigorous examination of patient lists to identify individuals for whom treatment is no longer necessary or who may be better served through alternative care pathways. This initiative is central to our patient-centric approach, ensuring optimal allocation of resources and reducing superfluous wait times.
- **Waiting List Initiatives and Outsourcing** - in response to identified service pressures, we are deploying targeted waiting list initiatives alongside selective outsourcing. This dual approach is designed to mitigate capacity challenges and secure timely access to essential RTT services, demonstrating our adaptive strategy to fulfil patient requirements efficiently.
- **Commitment to Continuous Improvement** - our approach to operational efficiency is perceived not as a static achievement but as a dynamic process. We are fully committed to the regular scrutiny of our operational practices, outcomes, and efficiency metrics is essential. Such vigilance enables the identification and implementation of incremental improvements, ensuring our operational practices are continually aligned with best practice and excellence.

### Radiology Services:

- Extending MRI on-call services to provide 24/7 coverage for spinal emergencies, ensuring rapid and accurate diagnoses.
- Continuing to insource ultrasound services to maintain performance levels and reduce wait times to below eight weeks.
- Deploying a mobile MRI unit to increase diagnostic capacity, combined with overtime sessions for CT and MRI to meet fluctuating demands.

### Endoscopy Services Enhancement:

- Addressing backlog and wait times through a variety of actions, including the utilisation of recovery funding for additional Waiting List Initiative (WLI) lists and the onboarding of trained clinical endoscopists to close the demand and capacity gap.
- Mitigating risks associated with capacity constraints, equipment fragility, and workforce challenges through regional partnerships, digital solutions upgrades, and continuous improvement in process efficiency

## Cancer (Single Cancer Pathway)

Priority	Measure	Baseline	Q1	Q2	Q3	Q4
Cancer	Backlog (number)	249	232	220	200	182
	Performance (towards requirement for minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025)	62%	66%	67%	70%	75%
<b>Operational Improvements in 2024/25:</b> <ol style="list-style-type: none"> <li>1. Accelerated GI Pathways and FIT Optimisation: Introduction and refinement across health boards to reduce diagnostic delays, aiming for a diagnosis within 28 days from point of suspicion.</li> <li>2. Diagnostic Efficiency: Reduction in patients awaiting diagnostics for more than 28 days in high-volume tumour sites, with Tular laser operational in urology enhancing outpatient diagnostics.</li> <li>3. Service Expansions: Introduction of the new Bronchoscopy service and procurement of essential equipment, alongside operationalising prostate and bladder pathways to streamline urology diagnostics.</li> <li>4. Cancer Prehab and Rehab Services: Expansion of Prehab services to additional pathways by end of Q1 and introduction of a continuum rehab pathway, ensuring comprehensive support from prehabilitation through rehabilitation.</li> <li>5. Patient Experience Improvement: Roll-out Welsh Cancer Network PREM across all tumour sites; utilise and leverage insights for targeted improvements in patient care.</li> <li>6. Capacity and Efficiency: Re-establishment of in-patient theatre pathways and exploration of local SACT production to enhance service capacity and reduce costs.</li> <li>7. Integrated Strategic and Operational Improvement Planning: Implement comprehensive improvement plans for each tumour site where demand exceeds capacity, with a structured quarterly review to align strategic objectives and resources. Concurrently, maintain a dynamic weekly operational monitoring and rapid response mechanism. This dual approach ensures the effectiveness of operational plans through real-time adjustments based on immediate needs, challenges, and changing referral patterns. This enables both long-term planning and immediate operational agility, facilitating continuous improvement in patient care and efficiency.</li> </ol>			As at the end of June 2024:  SCP performance at 66% Patients waiting in excess of 62 days = 232 Patients waiting in excess of 104 days = 90	As at the end of September 2024:  SCP performance at 67% Patients waiting in excess of 62 days = 220 Patients waiting in excess of 104 days = 85	As at the end of December 2024:  SCP performance at 70% Patients waiting in excess of 62 days = 200 Patients waiting in excess of 104 days = 78	As at the end of March 2025:  SCP performance at 75% Patients waiting in excess of 62 days = 182 Patients waiting in excess of 104 days = 60

## Planning Objective 5 – Mental Health and CAHMS

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<b>Mental Health Recovery Programme Optimisation</b>	<ol style="list-style-type: none"> <li>1. Referral to Assessment in 28 Days: Improve the performance across all age groups to meet or exceed the 80% target.</li> <li>2. Assessment to Treatment in 28 Days: Focus on improving the transition from assessment to treatment, aiming for an 80% target across age groups.</li> <li>3. Patients to Have a Valid Care and Treatment Plan (CTP): Ensure that a high percentage of patients have a valid CTP, with a goal of 90%.</li> <li>4. Assessment Reports Sent Within 10 Working Days: Maintain the target of sending assessment reports within 10 working days.</li> <li>5. Independent Mental Health Advocate (IMHA) Offered: Achieve the local target of offering IMHA to 100% of adult patients.</li> <li>6. Gatekeeping by Crisis Teams During Admissions: Strive for a high compliance rate of gatekeeping admissions from 9 am to 9 pm.</li> <li>7. Reduction in Therapy Wait Times: Work towards having no patients waiting more than the target weeks for therapies such as Art Therapy and Occupational Therapy.</li> <li>8. Medics Wait Times: Reduce the number of patients waiting longer than the targeted weeks to be seen by medical professionals</li> </ol>	<ul style="list-style-type: none"> <li>• Improved patient flow through the mental health recovery services, timely assessments and treatments, and adherence to planned care pathways.</li> </ul>
<b>Section 136</b>	<ul style="list-style-type: none"> <li>• Remove variable pay and streamline the process</li> <li>• Create a sustainable section 136 service</li> <li>• Development of a consistent approach across the service.</li> <li>• More predictable and equitable service delivery, reduced financial variability.</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping and optimisation of the entire patient journey from initial contact through treatment and recovery.</li> <li>• Improved patient experience, reduced delays, and better resource allocation.</li> </ul>

<b>Redesign the End-to-End Inpatient and Community Pathway</b>	<ul style="list-style-type: none"> <li>• Streamlining Inpatient Care</li> <li>• Enhancing Community-Based Care</li> <li>• Coordinating Inpatient and Community Services</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce average length of stay and improve patient flow</li> <li>• Decreased inpatient times, increased availability of inpatient resources.</li> </ul>
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## Mental Health and Learning Disabilities

We continue to make progress across the Mental Health and Learning Disabilities service improvement portfolio:

111 Option 2 is now fully established, and we are working with national colleagues to develop the service further in 2024/25 in line with national plans.

SCAMHS has made great progress in meeting targeted trajectories in respect of Part 1A & 1B and have achieved 80% in Quarter 4 2023/24 and are on track to maintain.

The outsourcing of diagnostic assessments for ASD is working well with 240 (CYP) and 247 (adult) diagnostic assessments undertaken in Year 1 of the contract.

The new GP Cluster based Well-being Service is fully operational, with Well-being Practitioners based in each cluster area offering face to face therapeutic interventions.

The newly commissioned MH&LD Third Sector Framework for early intervention and prevention services commenced in Quarter 1 2023/24. Services are now fully operational through an open access process ensuring that individuals can access support when they need it.

Following Board approval in May 2023, the new service model recommendations for inpatient and community services under the Learning Disability Service Improvement Programme (LD SIP) are being developed. We are currently undertaking extensive coproduction and codesign with service users, carers/parents, staff and partners to inform the roles, functions and responsibilities. Improvement Cymru colleagues are supporting the programme ensuring that the new service model aligns with the LD National Strategic Action Plan.

Service Area	Key Objectives	Next Steps	Outcomes
<b>Adult Mental Health</b>	<ul style="list-style-type: none"> <li>Implement new service delivery model for Community Mental Health Centres (CMHCs), including Crisis Resolution Home treatment (CRHTs).</li> </ul>	<ul style="list-style-type: none"> <li>Sign off new Service Specification following consultation in Quarter 4.</li> <li>Undertake Organisational Change Process (OCP) with affected staff.</li> </ul>	<ul style="list-style-type: none"> <li>Seamless pathway of care.</li> <li>Improved admission procedures.</li> <li>Earlier intervention and prevention in the community.</li> <li>Earlier discharge times.</li> </ul>
<b>Learning Disabilities</b>	<ul style="list-style-type: none"> <li>Co-production of the new service model for inpatient care and enhanced community services.</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment to the Learning Disability Lead Nurse post.</li> <li>Develop clinical pathways.</li> <li>Finalise new service model for community and inpatient care.</li> <li>Undertake Organisational Change Process (OCP) with affected staff.</li> </ul>	<ul style="list-style-type: none"> <li>Seamless pathway of care.</li> <li>Improved admission procedures.</li> <li>Earlier intervention and prevention in the community.</li> <li>Earlier discharge times.</li> </ul>
<b>Older Adult Mental Health</b>	<ul style="list-style-type: none"> <li>Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care.</li> </ul>	<ul style="list-style-type: none"> <li>Schedule design meeting to define and test the model for Q4.</li> <li>Agree revised timescales for pilot in 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access for assessment.</li> <li>Improved access to treatment.</li> </ul>
<b>Section 136 Provision</b>	<ul style="list-style-type: none"> <li>Agree a new service model for S136 provision across all three Local Authority areas.</li> </ul>	<ul style="list-style-type: none"> <li>Following robust options appraisal undertake 8-week public consultation on options to deliver S136 services.</li> <li>Board approval on preferred option in Quarter 2 following collation of feedback from Public Consultation.</li> </ul>	<ul style="list-style-type: none"> <li>Improved consultation process.</li> <li>Services available 24/7.</li> </ul>

## Mental Health, including CAMHS, with a focus on delivery of the national programme

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
Maintain 111 Option 2 (all age Mental Health Single Point Of Contact) service 24/7.	% Call volumes answered within 2 minutes	82.3%	80%	80%	80%	80%	<ul style="list-style-type: none"> <li>Number of calls to 111 press 2</li> <li>Reduction in Mental Health (all age) presentations on Secondary Care services, A&amp;E, Police, WAST etc</li> <li>Reduction in callers distress levels</li> <li>Provide early intervention for mental health issues</li> <li>Provide navigation to local appropriate support services</li> <li>Provide information and options for self-care and support</li> <li>Make seamless referrals to specialist Mental Health services if necessary</li> <li>Provide advice and guidance for other agencies such as GP/WAST/Police</li> <li>Timely access to diagnostic assessment.</li> <li>Early identification of additional support needs in line with the ALN Act.</li> <li>Improved educational attainment for CYP.</li> </ul>
	% increase of calls to the professional line	2.4%	10%	20%	30%	40%	
	% increase in call volume	Circa 6000 calls	10%	20%	30%	30%	
	% of callers to indicate a 2 point reduction in distress levels through the use of a SUD tool pre and post triage/intervention		80%	80%	80%	80%	
Maintain performance standards for Specialist Child and Adolescence Mental Health Services (SCAMHS) Part 1A & 1B (assessment and intervention).	% of CYP to receive treatment within 28 days of assessment.	80%	80%	80%	Maintain 80%	Maintain 80%	
	% of CYP to receive referral to assessment within 28 day	79%	80%	80%	Maintain 80%	Maintain 80%	
	% of CYP accepted for intervention to be provided with CBT/DBT based group therapy.	New Measure	7%	8%	10%	15%	
	% of CYP referred to Primary Mental Health to be redirected to School in Reach consultations.	New Measure	2%	3%	4%.	5%	
Improving diagnostic	% appointments offered to parents/carers through the development of advice hubs		40%	50%	60%	75%	

interventions for ASD.	% of outsourced diagnostic assessments completed.		25%	50%	75%	100%	<ul style="list-style-type: none"><li>• Improved holistic/well-being outcomes for CYP and their families.</li><li>• Reduced demand on statutory services such as Mental Health, Learning Disability and Social Care services.</li></ul>
	% of CYP discharged from service	New Measure	3%	4%	5%	6%	
	% of CYP are waiting less than 26 weeks for diagnostic assessment	New Measure	40%	41%	42%	43%	

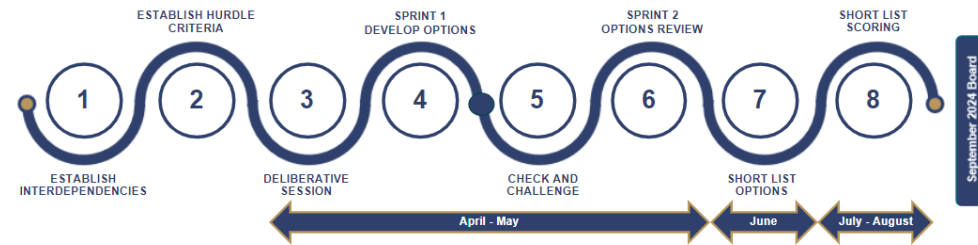
## Planning Objective 6 – Clinical Services Plan

Scope	Aim	Deliverables / actions	Q1	Q2	Q3	Q4
<p>A programme of work to develop a Clinical Services Plan, as agreed by Board in March 2023, in response to service fragilities and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.</p> <ul style="list-style-type: none"> <li>• Urgent and Emergency Paediatrics</li> <li>• Stroke</li> <li>• Planned Care (Orthopaedics, Ophthalmology, Dermatology, Urology, Critical care, Emergency General Surgery)</li> <li>• Diagnostics (Radiology, Endoscopy)</li> <li>• Primary care</li> </ul>	To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network.	Phase 4 – Paediatrics Implementation Plan				
		Phase 2 – Options Development (Stroke, Planned Care and Diagnostics)		x		
		Phase 3 – Public Engagement				x

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Baseline Assessment	Measurement Method	Outcome/Output
Safe and Sustainable Services	Development of options which improve activity or sustainability Appraisal of options to determine viability for implementation	Phase 1 - issues paper for each service	Hurdle and Evaluation criteria established considering: Activity Data Analysis Workforce Data/Cost Centre Analysis Finance Cost Driver/ Cost Centre Analysis	Development of a series of Board-approved options that can be used to engage with public, staff, partner organisations and stakeholders
	Preparation for engagement or consultation as required	Phase 2 – Options developed and appraised	Clear Implementation and milestones Action Plan	Development of a project plan detailing how engagement or consultation will be carried out as required

Scope	Deliverables / actions	Q1	Q2	Q3	Q4
<p>Phase 2 - Options Development (Stroke, Planned Care and Diagnostics)</p> <p>The following steps will be facilitated by tCI (all steps will be delivered in person unless otherwise stated):</p>	<p>Step 1 – <b>Establish the interdependencies</b> and key people who need to be involved in Phase 2. This was developed through the Multi professional Leadership Forum (MPLF) in February 2024, with a follow up discussion at the Clinical Reference Group (CRG) and further tested within the programme task and finish groups. In addition, this process has highlighted who will need to be involved in the check and challenge process (as defined in step 5); this will include wider stakeholder representation including service users and groups.</p>	Complete			
	<p>Step 2 – <b>Establish Hurdle Criteria</b>, developed by the Clinical Reference Group and sense checked in Step 3. The hurdle criteria will be approved by the Clinical Services Plan Steering Group. These may include criteria in relation to Quality, Workforce, Deliverability, Sustainability and Finance. These will be informed by advice received from the Consultation Institute (tCI).</p>	x			
	<p>Step 3 – a one-day <b>Deliberative Session</b> – A detailed review of the issues paper findings with a wider group of stakeholders including service user representation.</p>	x			
	<p>Step 4 – a two-day workshop, <b>Sprint 1 Develop options</b>, which will develop a long list of options, evaluation criteria and review the scoring methodology.</p>	x			
	<p>Step 5 – Virtual <b>Check and Challenge</b> of the long list of options with wider stakeholders and service user representation.</p>	x			
	<p>Step 6 – a two-day workshop, <b>Sprint 2 Options Review</b>, which will consider additional modelling data, the findings from the Check and Challenge, refine the options and scoring of the long list.</p>	x			
	<p>Step 7 – three half-day workshops, <b>Short List Options</b>, which will develop Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses for the short-listed options.</p>	x			
	<p>Step 8 – a one day workshop, <b>Short List Scoring</b>, which will be supported by data and SWOT analyses, to score the short-listed options.</p>		x		

## Clinical Services Plan Phase 2



## Medium-term Clinical Model

Mid and West Wales has seen significant change in the delivery of health services over the past decade. Nonetheless, the Health Board was clear in the development of the strategy that the current models of care are unsustainable and, despite changes over recent years, that remains the case. A key priority is to accelerate the drive to shift the balance towards health and well-being promotion, illness prevention and primary care. Alongside this there is a need to deliver better services through working regionally and in partnership.

The Health Board has a Clinical Services Plan programme underway to consider a range of key services and the options to deliver these over the medium-term, within our existing estate and workforce constraints, recognising the current service fragilities and lack of compliance with modern quality standards. The latest planning round has underlined the importance of this approach to the Health Board's medium-term aspirations and, in addition, surfaced a further set of service considerations.

This assessment and the broader context have reinforced that the Health Board has significant service pressures and will need to develop a coherent and comprehensive set of plans for clinical services over the medium-term. The options and implications of this will require careful consideration as any new model(s) will, predominantly, need to work within the existing constraints. It will be important that service and financial plans in the short-term align with the medium-term direction as it emerges, and it is anticipated this may present some trade-offs and compromises for the Health Board.

It is anticipated that a tranche 2 of the CSP will be required and this will look at a further set of fragile and unsustainable services. This is likely to require consideration of the role of sites as we seek to optimise what can be delivered within our constraints. A critical aspect will be the extent to which services can move towards prevention, primary care and services close to home.

In approaching this the Health Board will continue to seek the input, opinions and experiences of patients, our public, staff and partners as we co-produce these plans.

## Planning Objective 7 - Primary Care and Community Strategic Plan

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
Primary Care Strategy	<ul style="list-style-type: none"> <li>• A Board approved Primary Care Strategy, which is inclusive of: <ul style="list-style-type: none"> <li>– Enhancement of Primary Care Services</li> <li>– Integration of Technological Solutions</li> <li>– Workforce Development</li> <li>– Infrastructure and Estate Development</li> <li>– Alignment with Community Services</li> </ul> </li> <li>Development of themes/ areas to be addressed within a strategy document</li> <li>Appraisal of strategy to determine viability for implementation</li> <li>Preparation for engagement or consultation as required</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a strategy which can be used to engage with public, staff, partner organisations and stakeholders</li> <li>• Development of a project plan detailing how engagement or consultation will be carried out as required</li> <li>• Improve the range and quality of primary care services</li> <li>• Utilise digital tools to improve patient access and care management.</li> <li>• Strengthen primary care workforce capabilities</li> <li>• Upgrade primary care facilities and infrastructure</li> </ul>

## Primary and Community Care

							Impact
<b>Improving access to General Medical Services</b>	% of Practices achieving Access standard submissions	100% of practices achieved all access standards in QAIF in 2022/23	100%	100%	100%	100%	<ul style="list-style-type: none"> <li>All GP Practices meeting the contractual requirements on access</li> <li>All GP Practices participating in QAIF access standards</li> <li>Improved access in the range and number of Enhanced Services delivered across GP Practices</li> <li>Service and resource shift from secondary care to support improved access to a range of services in GMS</li> </ul>
<b>Improving access to Community Pharmacy</b>	Reduction in number of items dispensed						<ul style="list-style-type: none"> <li>All Community Pharmacies are open for their contracted hours (core and supplementary)</li> </ul>
	Increase in wider service provision	Increase in the number of PIPs, CAS, UTI consultations	Increase of an additional 250 patients quarter on				<ul style="list-style-type: none"> <li>Reduction in the number of Community Pharmacies seeking to reduce their opening times</li> </ul>
	Reduction in the number of temporary closures	194	175	158	140	124	<ul style="list-style-type: none"> <li>Improved access in the range and number of services being provided across Community Pharmacies</li> <li>Increase in the number of Independent Prescribing Pharmacists providing services</li> </ul>
<b>Improving access to General Dental Services</b>	% of delivery of volume metrics for Dental Contract Reform and Extant Contracts		Metrics to be confirmed following agreement of contracts				<ul style="list-style-type: none"> <li>Improved levels of access of routine NHS dentistry for new NHS patients</li> <li>Improved levels of access to urgent dental care for those patients that choose not to engage in routine NHS dentistry</li> <li>Increased level of specialist services delivered within the Health Board footprint</li> </ul>
<b>Improving access to Optometry Services</b>	Increase in the number of patients accessing clinical services	IPOS and DEECs data from 2023/24	Increase of an additional 250 patients quarter on				<ul style="list-style-type: none"> <li>Improving access to a wider range of Ophthalmic services through Optometric practices bringing care closer to home</li> </ul>

Reduction of  
referrals into  
Ophthalmology

- and reducing the need for patients to attend hospital for appointments
- Increase in the number of patients accessing care in Optometric Practices in line with the negotiated position

## Accelerated Cluster Planning

The implementation of Accelerated Cluster Development in Hywel Dda UHB has now become business as usual. Pan Cluster Planning Groups are in place at County level through the "Healthier" meeting structure. Sitting below these meetings are seven Cluster meetings which bring together representation from the professional collaboratives alongside third sector, local authority and other key stakeholder representatives.

We have good representation across the professional collaboratives which is demonstrated by the inclusion of raising the profile and service provision across Community Pharmacy and Optometry in particular for a number of Clusters in their plans for 2024/25. Whilst work has started on developing Community/Primary Care Nursing and Therapies collaboratives this has stalled and there are plans in place to take forward their development in 2024/25. Pan Cluster Planning Groups are arranged at County level and have wide ranging engagement to ensure that population health needs are at the heart of decision making around commissioning and development of services.

The three projects with the highest level of investment across the majority of Clusters are low to medium level mental health services (both adults and young people), First Contact Practitioners (FCP) for physiotherapy and additional pharmacist support into GP Practices. Each of these projects have been subject to review with proposals for their scale up and roll out on a consistent service level to be considered in 2024/25.

Work has been progressed to ensure that a quality improvement methodology is adopted for all Cluster projects and that a check and challenge process is in place to ensure that there is data to support the effectiveness of projects that demonstrate system, financial and patient benefit.

The ministerial milestones are discussed with the Lead GPs for each of the seven Clusters and the updates are progressed through the work of each group. For 2024/25 each Cluster has reviewed and refreshed their priorities and have provided a Plan on a Page with the Cluster IMTPs being reviewed in 2004/25 as part of the next planning cycle following submission of the Practice Development Plans on 31 March 2024.

Each Integrated Locality Plan brings together the Cluster priorities and is co-owned by the Pan Cluster Planning Groups organised to be co-terminus with local authority boundaries. Each plan organises the system based on population need, whilst embedding key enablers such as:

Financial sustainability,

- Quality Improvement Focus,
- Digital,
- Workforce and Organisational Development, and
- Infrastructure

## Cluster Plan Priorities

Cluster	Priority	Aims
Llanelli	<ul style="list-style-type: none"> <li>Improved access to Mental Health services continues to be a priority</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to mental health services for patients requiring low to medium mental health interventions</li> </ul>
	<ul style="list-style-type: none"> <li>Spirometry testing and reporting through locally accessible clinics</li> </ul>	<ul style="list-style-type: none"> <li>Clearing the current backlog and having no waiting list for future testing.</li> </ul>
	<ul style="list-style-type: none"> <li>Improving health and wellbeing signposting for patients</li> </ul>	<ul style="list-style-type: none"> <li>All care providers working together as an inclusive team to promote self-care and well-being.</li> </ul>
Taf / Tywi (2Ts)	<ul style="list-style-type: none"> <li>Pro-active frailty support for patients in their own homes</li> </ul>	<ul style="list-style-type: none"> <li>The Cluster are currently enrolled in an EQUIP project to identify, co-ordinate, plan and support for people at greater risk of needing urgent or emergency care</li> </ul>
	<ul style="list-style-type: none"> <li>Improved access to low level – medium Mental Health services for the population.</li> </ul>	<ul style="list-style-type: none"> <li>The Cluster have recently re tendered and awarded a contract to MIND for their active monitoring services.</li> </ul>
	<ul style="list-style-type: none"> <li>Enhance and continue to develop MDT working within GP Practices re: frailty</li> </ul>	<ul style="list-style-type: none"> <li>Reduced emergency admissions and average length of stay</li> </ul>
Amman Gwendraeth	<ul style="list-style-type: none"> <li>Improved access to low level – medium Mental Health services</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to mental health services for patients requiring low to medium mental health interventions.</li> </ul>
	<ul style="list-style-type: none"> <li>Chronic pain management – development of primary care pathway to support the biopsychosocial management</li> </ul>	<ul style="list-style-type: none"> <li>working in a multidisciplinary way, reducing time, cost and referrals into secondary care, increasing knowledge and awareness, empowering patients to make better lifestyle choices</li> </ul>
	<ul style="list-style-type: none"> <li>Develop the integration of the optometry and pharmacy collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of patients requiring referral to Ophthalmology.</li> </ul>
South Ceredigion	<ul style="list-style-type: none"> <li>Scale up the frailty team to reduce the case load and enable improved access to the large cohort of frail patients across the cluster</li> </ul>	<ul style="list-style-type: none"> <li>The aim is to collate quantifiable and qualitative data, proving the success of this model, to explore the future options for the funding of this service outside of the cluster budget.</li> </ul>
	<ul style="list-style-type: none"> <li>Joint cluster project between North/South Ceredigion and the 2 T's cluster to deliver a new specialist Clinical Health Psychology Service.</li> </ul>	<ul style="list-style-type: none"> <li>To test the viability and needs of psychology within women's health and pelvic health pathway</li> </ul>
	<ul style="list-style-type: none"> <li>To develop the integration of the optometry and pharmacy collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of referrals that are made to Ophthalmology through providing care in Optometric practices in line with the development of the WGOS clinical services</li> </ul>

<b>North Ceredigion</b>	<ul style="list-style-type: none"> <li>Joint cluster project between North/South Ceredigion and the 2 T's cluster to deliver a new specialist Clinical Health Psychology Service.</li> </ul>	<ul style="list-style-type: none"> <li>To test the viability and needs of psychology within women's health and pelvic health pathway</li> </ul>
	<ul style="list-style-type: none"> <li>Increase the capacity of the Early Intervention Pain Service (EIPS).</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of referrals into Secondary Care, intervening sooner for greater patient benefits, and bringing their care closer to home through community-based models.</li> </ul>
<b>South Pembrokeshire</b>	<ul style="list-style-type: none"> <li>Improving signposting for patients to support them to take control of their own health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>To support patients with Multi Care needs and to use a risk stratification tool kit model.</li> <li>Reduced emergency admissions and average length of stay.</li> <li>To keep patients in the community and to have care closer to home.</li> </ul>
	<ul style="list-style-type: none"> <li>to support our needs of our younger population from the age of 5 years of age to 18 years of age through low level mental health support.</li> </ul>	<ul style="list-style-type: none"> <li>The service needs to provide individualised support focussing on the stress triggers that impact on the child's wellbeing.</li> <li>To be proactive at an early stage of intervention.</li> </ul>
	<ul style="list-style-type: none"> <li>to inform and empower children, families, teachers, and our community with Improving Asthma / Respiratory Management in primary schools.</li> </ul>	<ul style="list-style-type: none"> <li>To confirm diagnosis of asthma or other cause for wheeze. To educate and empower the pupils, their parents, and teachers about asthma to enable them to self-manage their condition.</li> </ul>
<b>North Pembrokeshire</b>	<ul style="list-style-type: none"> <li>Improving signposting for patients to support them to take control of their own health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of referrals for radiology and into CMATS.</li> </ul>
	<ul style="list-style-type: none"> <li>Improved care for patients Diabetic Foot Health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the financial burden for the Health Service in Hywel Dda and reduce the incidence of foot ulcers, and amputations in the long term; reduce prevalence of diabetic foot ulceration</li> </ul>
	<ul style="list-style-type: none"> <li>To inform and empower children, families, teachers, and our community with Improving Asthma /Respiratory Management in primary schools</li> </ul>	<ul style="list-style-type: none"> <li>To confirm diagnosis of asthma or other cause for wheeze. To educate and empower the pupils, their parents, and teachers about asthma to enable them to self-manage their condition.</li> </ul>

## Planning Objective 8 – Estates plans

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Baseline Assessment	Measurement Method	Outcome/Output
Progress against Business Case process for Implementation of A Healthier Mid and West Wales Strategy	<ul style="list-style-type: none"> <li>Nuffield Trust report received and management action plan agreed</li> <li>WG endorsement of Programme Business case</li> <li>Approval of Strategic Outline Case (SOC)</li> <li>Establishment of team and project to deliver Outline Business Cases (OBCs)</li> </ul>	<ul style="list-style-type: none"> <li>Board-approved Programme Business Case (not yet endorsed by WG)</li> <li>Strategic Outline Case draft</li> <li>Nuffield Trust Review undertaken</li> <li>A Healthier Mid and West Wales Strategy</li> <li>Review and refresh of regional 10-year capital plan</li> </ul>	<ul style="list-style-type: none"> <li>Completed action plan following Nuffield report</li> <li>Agreement with WG on long-term strategic plan via endorsed PBC</li> <li>Reduction in carbon footprint</li> </ul>	<ul style="list-style-type: none"> <li>AHMWW Strategic Outline Case produced and agreed by Board</li> <li>Commence development of Outline Business Case(s)</li> </ul>

Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation	<ul style="list-style-type: none"> <li>• Acquisition of Picton Terrace Corporate Hwb</li> <li>• Progress against Business Case process for: <ul style="list-style-type: none"> <li>– Fishguard HWBC</li> <li>– Aberystwyth Resource Centre</li> <li>– Carmarthen Hwb</li> <li>– Pentre Awel</li> <li>– Cross Hands HWBC</li> </ul> </li> <li>• Launch of Agile Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Estates Rationalisation Strategy</li> <li>• Programme Business Case</li> <li>• A Healthier Mid and West Wales Strategy</li> <li>• Agile toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the number of properties (freehold and lease) within the Health Board's portfolio</li> <li>• Reduction in number and costs of leased properties</li> <li>• Reduction in estates backlog</li> </ul>	<ul style="list-style-type: none"> <li>• Rationalisation of St David's Park and Glien House to Corporate Hwb</li> <li>• Implementation of Short Term (1-4 years) schemes</li> <li>• Progress made towards planning for Medium Term (4-8 years) Modernisation/ Rationalisation Schemes</li> </ul>
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Scope	Aim	Deliverables /actions	Q1	Q2	Q3	Q4
<ul style="list-style-type: none"> <li>• Business cases associated with the delivery of AHMWW</li> <li>• Future work to include the remainder of the AHMWW scope relating to Bronglais and Prince Philip Hospital's modernisation</li> </ul>	To provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next 10 to 15 years	Actions taken in response to the Nuffield Trust Review to be presented to IIB	x			
		Secure Ministerial endorsement for the AHMWW PBC	x			
		Completion and submission of Board approved SOC (Date TBC subject to WG agreement)				
		Review and refresh of regional 10-year capital plan to WG		x		
		Implementation of Property Asset Strategic Plan Funding approval for moves to WG Building, Picton Terrace Commencement of staff moves into WG Building, Picton Terrace Termination of Block 14, St Davids Park lease	x	x	x	
		Submission of FBC for Cross Hands		x		

<ul style="list-style-type: none"> <li>Regional capital plans as delegated to the RPB</li> <li>Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements</li> <li>Agile working and associated factors, such as desk-booking, building design, toolkit etc</li> <li>Essential estate infrastructure through the major infrastructure business case</li> <li>Decarbonisation initiatives and net zero approaches</li> </ul>	Pentre Awel	x	x	
	BJC complete for IRCF funding		x	
	MOU			
	Heads of Terms			
	Carmarthen Hwb	x	x	
	BJC completed for IRCF funding			
	Heads of Terms			
	Fishguard Centre funding for SOC/OBC appointment of Supply Chain Partners	x	x	
	Aberystwyth Resource Centre Scoping agreed			x
	BJCs for major infrastructure investment			
	Decarbonisation agenda			x
	Continued implementation of the HDd Decarbonisation Delivery Plan 2022/25			x
	Undertake review of Decarbonisation Delivery Plan			
	Develop phase 2 of Decarbonisation Delivery Plan and gain relevant approvals			

Estates and capital

The UHB has developed an Infrastructure Enabling Plan (available as a technical document) which brings together the capital aspirations of the organisation. This document pulls together how capital is an enabler to the delivery of our:

- Strategic Objectives
- Planning objectives which include the University Health Board’s (UHB) Health and Care Strategy, ‘A Healthier Mid & West Wales; Our Future Generations Living Well’.
- Approach to the management of capital and infrastructure risks within the UHB

The enabling plan sets out the key components of each of the above categories and reflects the UHB’s future Capital Investment Plans.

The plan is split into 3 portfolios of work:

- To support the implementation of our Health and Care Strategy through our Programme Business Case to
  - Development of the Health Board Community infrastructure
  - Development of our Strategic Outline Case (SOC) for the implementation of our strategy, “A Healthier Mid and West Wales”
  - Redevelopment of Prince Philip Hospital and Bronglais General Hospital
- To support the operational business continuity schemes in the interim years to ensure that the existing estate remains functional. Schemes in business case development currently include
  - Fire safety works in Withybush and Glangwili
  - Major Infrastructure Investment across all sites
  - Aseptic Services
  - Aberystwyth Sexual Assault Referral Centre (SARC)
- Supporting the business-as-usual replacements through the Discretionary Capital Programme (DCP). The level of our backlog around estates, equipment and digital infrastructure and the limited availability of this resource ensures that we have a robust prioritisation process for the allocation DCP. Our programme for 2024/25 will be allocated as follows:

	£m
Pre-Commitment	2.962
Contingency	1.500
Residential Accommodation	0.200
Business Case Development	0.100
Capital Support	0.200
Statutory programme	0.450
Equipment	1.000
Digital	0.509
Initial estates improvements programme - Wards	0.500
<b>Total</b>	<b>7.421</b>

- Much of this year’s plan has been influenced this year by the requirement to produce a
- 10-year Strategic Capital Plan via the RPB, supported by a new Health and Social Care Integration and Rebalancing Capital Fund (IRCF). This fund will support RPB’s and their partners (including the UHB) to deliver a programme of local community hubs to co-locate front-line health and social care and other services. Some of the business cases being developed to access resources in this

fund are for the Cross Hands Health and Wellbeing Centre and for the Carmarthen Hwb development in conjunction with Carmarthenshire County Council.

- And the requirement to participate in an All-Wales Capital prioritisation process.

There are here are a number of regional business cases, particularly with Swansea Bay UHB, that we are collaborating on. These include:

- Pathology Services
- South West Wales Cancer Care Centre

## Planning Objective 9 - Digital Strategic Plan

Scope	Aim	Deliverables /actions	Q1	Q2	Q3	Q4
To begin to realise the opportunities arising from the Digital Strategy in response to AHMWW by appointing a Commercial Transformation Partner arrangement to support with the implementation of large-scale digital transformation projects across the Health Board and the region.	<ul style="list-style-type: none"> <li>Approval by the Board for a Digital Strategic Partner</li> <li>Appointment of Strategic Partner, and review of the business imperatives (needs) of the health board to deliver digital transformation</li> </ul>	Board approval			x	
		Contract awarded			x	
		First work package delivered				x
To work with WG to secure funding for the roll-out of ePMA, and a patient flow and e-observation system.		Board approval	x			
		Contract awarded		x		
		Commencement of roll-out				x
To implement the following key system developments which have been previously agreed, and ensure benefits are being realised: <ol style="list-style-type: none"> <li>Welsh Intensive Care Information System</li> <li>PROMs and PREMs system</li> <li>Hybrid print and post</li> </ol>	Ensuring that systems are implemented across the Health Board and a benefits realisation approach is embedded.	Implementation and benefits realisation approach	x	x	x	x
To ensure that future planning is progressed for the following key system developments: <ol style="list-style-type: none"> <li>Re-procurement of the Laboratory Information Management System</li> <li>The Integrated Eye Care Electronic Health Record</li> <li>Development of a Community Information System</li> <li>Development of Maternity and Paediatric record systems.</li> </ol>	That the Health Board is actively engaging in development activity undertaken across NHS Wales and with Welsh Government.					

## Our Digital Plan

In 2019, HDUHB published its Health and Care Strategy, “A Healthier Mid and West Wales (AHMWW): Our Future Generations Living Well” Digital enablement was identified as a core enabler within the document, and will be central in creating an integrated, patient centric, community based and social model of care. A Programme Business Case (PBC) presented the strategic intent in the form of an ambitious 10-year digital transformation Programme with the use of digital as an enabler.

Digital technology is a significant part of our everyday lives improving the way we socialise, shop and work. It also has great potential to improve how the NHS delivers its services in a new and modern way, providing faster, safer and more convenient care. Our Health Board approach will increase the range of digital health tools and services available. People will be able to seek health information and support online and choose whether they speak to a doctor on the phone or in person. A wide range of NHS Wales approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed. As part of this programme will be investing in improving NHS Digital systems and in developing new technology. We will make sure staff have the technology they need to do their jobs, and our systems can talk to each other and share vital information to support the delivery of care, ensuring that everyone is digital included, and staff and patients are not excluded.

The digital age has created a new set of challenges for healthcare. Traditional digital healthcare models are no longer effective. For example, the purchasing of siloed and unconnected systems, with limited interoperability which reduces the ability to leverage the data for secondary purposes. Therefore, we must adapt to keep up with changing patient expectations.

Therefore, digitally enabled transformation is the integration of digital technology into all areas of a business, resulting in fundamental changes to how businesses operate and deliver value. Successful digital transformation delivers multiple benefits, from improved clinical outcomes and patient user experiences, through to improvements in productivity and efficiencies.

Several key challenges face HDdUHB, including increase in demand for healthcare services, a lack of sustainable digital infrastructure, siloed and unconnected systems, and a lack of real-time data. In response to these challenges, a Digital Enablement Plan has been created to drive intelligent insight to deliver more efficient and effective care for staff and people using the healthcare services.

The digital enablement plan will introduce several key foundational building blocks and enable transformation of clinical services at pace. Through the Digital Enablement Plan, HDdUHB will look to: Provide digital services and tools to give people more control over their own health and the care they receive from the NHS.

The ambition is to extend the NHS Wales App to everyone, where General Practitioners have agreed to become involved, as a new digital ‘front door’ to give people secure digital access to their own medical records; find trusted information about their health online; allow patients to conveniently book appointments and view test results online. In time it will also provide medical advice and consultations securely.

Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients.

Set standards that keep information secure and make sure systems talk to each other to provide health and care staff with complete access to joined up patient records.

We have ambitious plans for the future with a 10-year Digital Enablement Transformation Plan. This aims to fundamentally change the way we deliver services in the future, improving outcomes and

enhancing financial sustainability for the health board. The scale of change across the organisation will have a significant impact on ways of working and the culture at HDdUHB. The plan represents a level of investment and commitment by HDdUHB.

To realise our vision for the people of Mid and West Wales we will need to work at pace, carefully prioritising the delivery of change to maximise impact and enable reinvestment into the programme. This cannot be done in isolation; critical to our success will be working closely with partners in an integrated way, with a shared understanding of priorities. The transformation journey has started but there is more to do to deliver for our citizens.

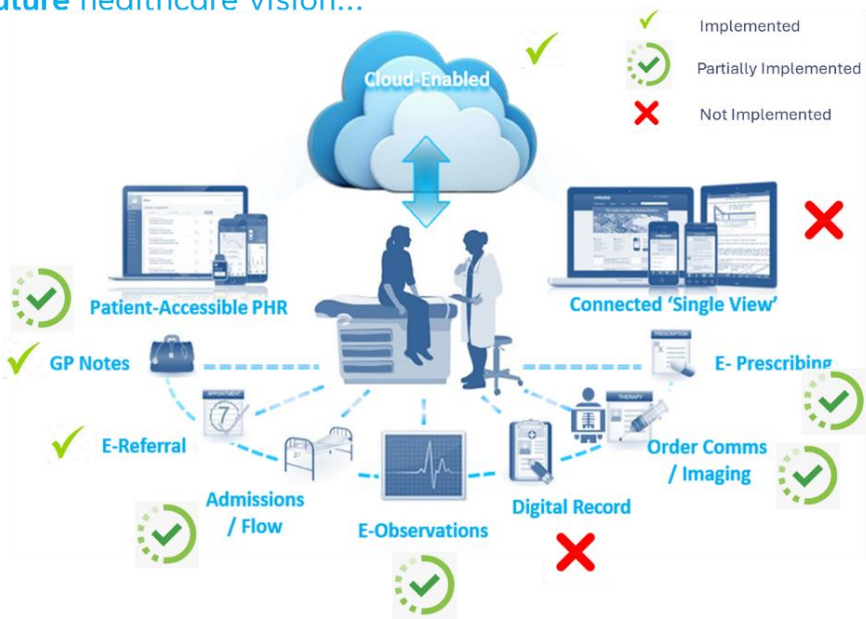
In 2023, HDdUHB updated the Patient Vision, reflecting the progress to date and the need to go further. Our ambitions include, in the future HDdUHB will have digitised all the events and information that relate to a patient's care into an easily accessible data store that can be shared with partners. Clinicians will be able to view all the requests and results relating to a patient, including images, not only from the Health Board but also partners in primary, secondary and community care. By digitising the complete care pathway, from admission through to medicines administration and on to discharge, patients will receive better and safer care as HDdUHB teams will have a clear and easily understood picture of the patient's health.

Our Patient Vision

Our digitally transformed future healthcare vision...

In the future we will have digitised all 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.



The Health Board committing to the digital programme business case and the digital enablement plan, the Health Board will continue to develop as a digital integrated health organisation. We will work to ensure patients, and staff, local citizens, and partners are able to thrive in the digital future and play active roles in shaping Hywel Dda into a digital exemplar where technology is used to improve the lives and life chances of everyone.

We want everyone to have access to the digital information, tools and services needed to help maintain and improve their own health and well-being. We want health and social care information to be captured electronically, integrated and shared securely. We want digital technology and data to be used appropriately and innovatively to help plan and improve services and ultimately improve outcomes for all.

A key component of the strategic assessment was the evaluation of operational readiness for digital change. The digital roadmap requires and recommends service redesign principles for a whole system approach.

## Planning Objective 10: Population Health

Scope	Aim	Deliverables / Actions	Q1	Q2	Q3	Q4
<ul style="list-style-type: none"> <li>Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.</li> <li>Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care)</li> </ul>	To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down okjm the long-term trends of increasing burden of ill health on the Health Board.	<ul style="list-style-type: none"> <li>Develop a strategic approach to improving population health and equity.</li> <li>Establish a governance structure with appropriate forums, and terms of reference</li> </ul>	x	x		
		<ul style="list-style-type: none"> <li>Develop and implement a regional health protection system.</li> <li>Establish HDdUHB service to be overseen by Strategic Health Protection Oversight Group and agree local priorities, identifying trajectories and improvement outcomes</li> </ul>	x	x	x	x
		<ul style="list-style-type: none"> <li>Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal imms</li> <li>Vaccination centre walk in for all over 5s for all vaccination programmes</li> <li>Data cleansing for MMR to ensure accurate portrayal of health board performance</li> <li>Vaccination sessions at all schools with 50+ pupils under 90% MMR2 rate</li> <li>Review seasonal vaccination uptake among nursing staff and make recommendations with early planning for 24/25 programme; implement changes to NIF</li> </ul>	x x x x	x	x	x
		<ul style="list-style-type: none"> <li>Tobacco - implementation of local tobacco control plan working towards Smokefree 2030</li> <li>Establishment of the multi-agency Hywel Dda tobacco control group</li> </ul>	x			
		<ul style="list-style-type: none"> <li>Delivery of Whole Systems Approach to Healthy Weight</li> <li>Develop sub-system areas of focus and agree priority actions for next two years of programme.</li> </ul>			x	x
		<ul style="list-style-type: none"> <li>(Re)Establish regional Children and Young People's governance forum under the RPB</li> <li>Regularised meetings with ToR signed off by group to improve recognition of needs and strategies to improve H&amp;WB of CYP</li> </ul>	x	x		

<ul style="list-style-type: none"> <li>• Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (SMfHW), Including support &amp; collaboration with PSBs and RPB.</li> </ul>		<ul style="list-style-type: none"> <li>• Progress the development of the Social Model for Health and Wellbeing</li> </ul>	x	x	x
		<ul style="list-style-type: none"> <li>• Produce new framework for action for SMfHW; scope the Employer Volunteer Scheme;</li> </ul>	x	x	x
		<ul style="list-style-type: none"> <li>• Initiate development of social innovation with partners</li> </ul>		x	x
		<ul style="list-style-type: none"> <li>• Map existing groups/initiatives/projects aligned to SMfHW to create synergies</li> </ul>			
		<ul style="list-style-type: none"> <li>• Alcohol and Drug Use:</li> </ul>	x	x	x
		<ul style="list-style-type: none"> <li>• Retendering of Tier 2 Drug and Alcohol Services</li> </ul>			
		<ul style="list-style-type: none"> <li>• Equity and prevention in Clinical Service Planning</li> </ul>			
		<ul style="list-style-type: none"> <li>• Develop framework for integrating equity and prevention into clinical service planning</li> </ul>	x	x	x
				x	
		<ul style="list-style-type: none"> <li>• Produce A FORM OF Return on Investment to health services for a few key public health services</li> </ul>			

With increasing demand placed on health and care services, working upstream to improve health and prevent ill health is essential to the long-term sustainability of our Health Board. Healthier Mid and West Wales lays out a vision for the best health and wellbeing for our communities; a long-term strategic focus on prevention will be required to deliver this.

There is currently a 10-year gap in healthy life expectancy between those in our poorest and most affluent communities, developing a strategic approach to improving health equity across the Health Board is a first step in a long-term plan to improve outcomes for those communities in greatest need. This will include integrating more systematically equity and prevention into the planning of our clinical services.

Our long term commitment to the Social Model for Health and Wellbeing work will help communities to take charge of improving their own health and tackle the wider determinants of health. The Whole Systems Approach to Healthy Weight programme will also require long term support, and close collaboration with local partners if the Health Board is to play its part in helping turn the tide on overweight, with 63% of our adults currently overweight or obese.

The Well-being of Future Generations Act places a duty on the Health Board to work towards a healthier, more equal Wales through long-term, collaborative preventative work. Giving children and young people the best start in life is one of the most powerful ways to improve lifelong health and promote health equity, but requires collaboration from a wide range of partners. Reinvigorating the West Wales Regional Partnership Board's Children and Young People's forum will provide a platform to progress system wide work to improve outcomes for our children and young people.

Post-Covid, the Health Board is in the process of developing and implementing a new regional health protection system with local partners. It will be important to develop a clear scope, roles and responsibilities as increasing demand is placed on local health protection funding. Strengthening the focus on maximising MMR uptake and seasonal vaccinations will protect residents, and the health system from vaccine preventable disease outbreaks.

As we work with our partners to move towards a Social Model for Health and Wellbeing (SMfHW), we will need to design, test, and implement new solutions, service models, and organisational changes that improve the welfare and wellbeing of individuals and communities. We will partner in the development of a capacity (people and resources) to support those wanting to innovate in moving towards a SMfHW mirroring, at least in part, the support we offer for technical and technology innovation within the region. While we progress long term work to prevent the increasing rates of ill health we see, it is also important that we work to tackle specific causes of ill health, such as tobacco, alcohol, and drug use. Working towards Smokefree 2030 and redesigning our drug and alcohol services will ensure we have the infrastructure to prevent harmful use of these substances as we continue to provide support to help residents adopt healthier behaviours.

Delivering these will require the Health Board to continue in its close collaboration with regional partners, particularly through the Public Service Boards, the Regional Partnership Board, and the Area Planning Board.



## Section 3: Other key components of our 2024/25 Plan



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Commissioning

Goal	Aim/Specific Deliverables	Outcome
Review of overperformance areas in the Provider LTAs	<ul style="list-style-type: none"> <li>Exploring/understanding the reasons for the increased performance/activity levels observed at external providers,</li> <li>Work with the services internally to understand appropriateness of pathway. To ascertain whether repatriation in certain cases could take place and/or care could be recommissioned/provided differently.</li> <li>Where repatriation or demand management actions can be undertaken, aspiration to return to contracted activity levels by seeking reduction in utilisation by 25%</li> </ul>	<ul style="list-style-type: none"> <li>Increased quality and safety</li> <li>Increased throughput</li> <li>Improved patient experience and outcomes</li> <li>Improved patient access</li> <li>Sustainable and affordable services</li> <li>Care closer to home</li> <li>Reduction in LTA utilisation by 25% for activity that can be performed locally</li> <li>Develop and implement a service specification for identified areas</li> </ul>
Review of underperformance areas in the Provider LTAs	<ul style="list-style-type: none"> <li>Exploring/understanding the reasons for the decrease in performance/activity levels observed within specific specialties at external providers</li> <li>Work with the services internally to understand reasons for the underperformance and whether a change in pathway has taken place.</li> <li>Quantitative and qualitative analysis to be carried out to determine whether the contract needs to be realigned and by how much.</li> </ul>	<ul style="list-style-type: none"> <li>Increased quality and safety</li> <li>Increased throughput</li> <li>Improved patient experience and outcomes</li> <li>Improved patient access</li> <li>Sustainable and affordable services</li> <li>Care closer to home</li> <li>Revision to contractual baseline</li> <li>Develop and implement a service specification for identified areas</li> </ul>
Review of Velindre Cancer Centre (VCC) LTA	<ul style="list-style-type: none"> <li>Understanding the patient flows to Velindre Cancer Centre to ascertain the level of contract required. It is recognised that the HDdUHB utilisation of VCC over the last 3 years has considerably reduced, therefore it is important that the contract and the flows are realigned.</li> </ul>	<ul style="list-style-type: none"> <li>Increased quality and safety</li> <li>Increased throughput</li> <li>Improved patient experience and outcomes</li> <li>Improved patient access</li> <li>Sustainable and affordable services</li> <li>Revision to contractual baseline to reflect actual utilisation</li> </ul>
Regional Orthopaedics	<ul style="list-style-type: none"> <li>Continue to work through the commissioning and contractual arrangements with SBUHB</li> <li>Develop and implement service specification</li> </ul>	<ul style="list-style-type: none"> <li>Increased quality and safety</li> <li>Increased throughput</li> <li>Improved patient experience and outcomes</li> <li>Improved patient access</li> <li>Sustainable and affordable services</li> </ul>

- Revision to contractual baseline to reflect actual utilisation
- Service specification

Goal	Aim/Specific Deliverables	Outcome
Review of Provider LTAs where the same services are being commissioned from 2 or more external Providers	<ul style="list-style-type: none"> <li>• Exploring/understanding the reasons for commissioning the same service from two or more external Providers.</li> <li>• Work with the individual services internally to understand whether a second commissioned pathway is required.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience and outcomes</li> <li>• Improved patient access</li> <li>• Sustainable and affordable services</li> <li>• Revision to contractual baseline to reflect actual utilisation</li> <li>• Reduction in the number of pathways for the same service at different Providers</li> </ul>
Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)	<ul style="list-style-type: none"> <li>• To help us maintain and improve the services that we secure from other Health Boards, work with external providers to routinely receive PROMs and PREMs data for our residents.</li> <li>• To also continue to work with the Value Based Healthcare team to collect this data via our own methods</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience and outcomes</li> <li>•</li> </ul>
The NHS Wales Joint Commissioning Committee	<ul style="list-style-type: none"> <li>• To continuously work proactively with the new NHS Wales Joint Commissioning Committee to ensure that specialised services for our resident population are equitable, safe, effective and sustainable.</li> </ul>	<ul style="list-style-type: none"> <li>• Equitable access to high quality, safe and sustainable specialist services</li> </ul>

Analytics – This is an enabler, which will run throughout each programme and respective project. This will be an iterative process, but will require clear baseline information such as performance, quality, finance. Clear qualitative narrative will be adopted to highlight any deviation.

## Working with National Organisations

We continue to work with several national organisations and look forward to a renewed working relationship with these through 2023/24 to deliver national programmes, tailored to meet local needs of the population of Hywel Dda. These include but are not limited to:

### NHS Wales Joint Commissioning Committee (JCC)

The Specialised Services Integrated Commissioning Plan (ICP) 2024/25 sets out how WHSSC will continue to commission high quality specialised services on behalf of the 7 Health Boards in Wales, and for the Welsh population. It is the final plan as the Welsh Health Specialised Services Committee (WHSSC), as, from 1st April 2024, WHSSC will become part of the new national commissioning arrangements in NHS Wales.

The ICP describes their transformational/strategic commissioning activities and deliverables for 2024/25 including:

- Specialised Paediatric Services Strategy (approved 2022/23)
- Specialised Mental Health Services Strategy (Presented to JC in January 2024)
- Specialised Rehabilitation Strategy (To be presented to JC in Q1 2024/25)
- Specialised Haematology Service review (inc. AWLP) implementation underway
- Specialised Cardiac Services Review Phase 1 (Presented to JC January 2024)
- Phase 2 Neonatal Services review (scoping underway)
- Recommissioning a range of services across all portfolio

To support the new JCC on meeting/delivering their specialised services priorities, the Health Board will continue to actively input into the respective governance groups/committees and contribute to the necessary work streams. We will continue to work proactively with the new JCC on all areas, throughout 2024/25 to ensure that specialised services for our resident population are equitable, safe, effective and sustainable.

### Health Education and Improvement Wales (HEIW)

We work closely with HEIW as the national strategic body for the NHS Workforce in Wales to support the delivery of the Health & Social Care Workforce Strategy aligned to A Healthier Wales. We directly input to All Wales Groups on Workforce Planning, Education and Development that cross all professional groups to support the shape and supply of the future workforce. We are leading on the implementation of a number of important initiatives that cross planning, design, development and delivery of the workforce.

### Digital Health and Care Wales

We are fully committed to collaborating with and partnering DHCW 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.

## Working with Swansea Bay University Health Board

Hywel Dda and Swansea Bay continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally between the two Health Boards. Our approach is to consider regional partnerships and regional solutions a core principle of a whole system approach to the planning and delivery of services. The ARCH Partnership will be delivered through proven joint working arrangements. In addition to the NHS transformational priorities below we will prioritise the following:

**Workforce, Education, and Skills:** Education programmes to meet services needs and underpin NHS service transformation projects by developing targeted educational programmes; management and leadership development programmes aligned to service transformation; Innovation Intensive Learning Academy; Value Based Healthcare Intensive Learning Academy.

**Research, Enterprise, and Innovation:** Supporting the foundational economy, research excellence, underpinning and enabling our innovative approach to NHS service transformation projects, collaborating with industry, and maximising income from grant and commercial income opportunities. This year’s focus is on delivery the ARCH Innovation and Research Plan, including Regional Pathology Laboratory; maximising impact on health outcomes from Swansea City Deal ‘Innovation Park’ capital projects in Pentre Awel, Singleton, & Morriston; developing our Joint Clinical Research Facilities; regional impact innovation activities such as Health Hack and Social Care Hack, ARCH Innovation Forum, supporting Swansea University’s innovation support programmes such as the Healthcare Technology Centre to develop and commercialise regional innovation, develop a harmonised Intellectual Property policy for the region and a Commercialising Innovation Strategy.

Programmes of work planned for 2024/25 will be prioritised based on short-, medium- and long-term deliverability aligned to workforce, capital and the wider availability of regional resources

ARCH Priority Areas
The ARCH Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors.
The ARCH Regional Diagnostics Programme is supporting change for a broad range of diagnostic services (including Endoscopy, Radiology, Cardiac, Neurology and Community Pathology processes), with an overall aim to increase coverall capacity, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.
The ARCH Regional Eye Care Programme will look at opportunities to standardise, stabilise and regionalise all Eye Care services for future sustainability.
The ARCH Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital.
The ARCH Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.
The ARCH Regional Cancer Programme, which is aligning the strategic vision for regional non-surgical oncology services

**Regional Working with Mid and West Wales**

For 2024/25, the priority areas for joint working across mid Wales will continue to be the same as those for 2023/24. The mid Wales approach will support the Welsh Government’s expectation for health and social care organisations to work together to plan and deliver regional solutions across organisational boundaries. The focus will continue to be on a whole pathway approach with regional links between primary, secondary, community and social care and links to national pathway work. The expected outcomes from working on a Mid Wales basis include a reduction in referrals to out of area services, reduced travel for Mid Wales residents and improved patient access, outcomes and experience.

Priority	Objective
Urology	Continue the development of a programme of renewal for Urology pathways across the region, in particular, the prostate cancer and trial without catheter pathways.
Ophthalmology	Explore available options for the Mid Wales Ophthalmology leadership role to ensure there is leadership in place for an MDT approach to Ophthalmology services across Mid Wales and a regional and whole system pathway approach.
Cancer	Ensure continued support for the establishment of the new Chemotherapy Day Unit at Bronglais General Hospital. Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also, ensure the needs of the Mid Wales population are considered as part of regional developments. Ensure that Mid Wales perspective for palliative care pathways is considered as part of the National Palliative and End of Life care programme.
Dental	Identify what available opportunities there are for making improvements to general NHS Dental services provision across Mid Wales. Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.
Clinical Strategy for Hospital Based Care and Treatment and regional solutions	Ensure continued support for the implementation of the Bronglais General Hospital 10 year Clinical Strategy including the development of regional and cross border solutions, in particular, the development of Colorectal and Rheumatology outreach services across Mid Wales.
Cross Border Workforce arrangements	Build unified workforce intelligence that identifies the workforces required and to create new and enhanced roles across Health Boards and Social Care.  Scope and deliver development programmes which include effective and efficient leadership, talent management, clinical education (including inter-professional education) which creates consistency in how we lead and support people and where possible provide intra organisation delivery.  Develop compassionate processes/initiatives that support workforce wellbeing.  Share good practice across the Mid Wales region.  Develop a recruitment strategy to encompass portfolio careers, apprenticeships, and joint working.

### Clinical Priorities

The top three clinical priorities identified by the Mid Wales Clinical Advisory Group will remain the same as previously agreed 1. Urology 2. Palliative Care and 3. Rheumatology and these are encompassed within the overarching work programme for the Joint Committee's priorities.

### Social Care priorities

The Mid Wales Social Care Group has developed a set of priorities with the focus being on sharing cross county learning and opportunities for joint working. The group's top priority is Residential Children's

accommodation for which work will continue into 2024/25. The other priorities identified, which will be addressed on a one at a time basis by the Mid Wales Social Care Group, are Extra Care and Community Care - Further Faster, Trusted Assessor, Accommodation for child refugees, Social Care workforce / Staff recruitment and retention, Domiciliary Care and Transformation of Social Care in Mid Wales.

### Rural Health and Care Wales Stakeholder Group

The workplan for Rural Health and Care Wales will continue to support the Joint Committee's priorities and more wide-ranging areas of work including the wider social model of health and wellbeing agenda.

### Welsh Language

A high proportion of our population in Mid and West Wales – whether patients, service users, carers, or our staff - wish and have a need to communicate with the health service through the medium of Welsh. The bilingual needs of our communities is celebrated and embraced by our Health Board - we are proactive in supporting our colleagues to raise awareness of the importance of making sure information and services are available in both Welsh and English and how this will impact positively on our patient experience.

We continue to report progress and key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Monitoring Report, which is published on our website annually. The report includes how the Health Board will continue to promote the use of Welsh language; support staff to use the Welsh language; and endeavour to comply with the Welsh language standards.

We are committed, not only to complying with the Welsh Language Standards, but also their broader spirit to enhance Welsh culture and communities. While we are keen to deliver on our statutory duties in meeting all aspects of the standards, we recognise that the commitment is not always consistent across our sites. We appreciate that there is a need for continued support for behavioural and culture change for us to deliver a seamless bilingual service to our service users.

The Health Board has a clear vision for the development of Welsh language and culture during 2024/25. A key focus will be on building upon the discovery process launched in 2022 to understand the Welsh language and cultural needs and aspirations of our communities – of staff, patients, service providers, and supporters. The follow-up plan reflects our findings, and we will continue to deliver upon the board's priorities alongside the requirements of the Welsh Language Standards and the More than Just Words strategic plan.



## Section 4: Delivering the Plan through the Performance Framework



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Governance, risk and assurance of the plan

### Board Assurance Framework (BAF)

The BAF enables the Board to focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, and where there is little confidence in the assurances provided. Delivery of planning objectives will also be regularly reviewed by Committees throughout the year. Committees may identify and advise of weaknesses in the assurances that have been provided to them in respect of the expected impacts and outcomes.

The BAF Dashboard Report, which is reported to Board on a triannual basis, provides a visual representation of the Health Board's progress against each of its strategic objectives by showing:

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

### Risk

The University Health Board recognises that there are risks associated with the delivery of the plan it has set out for 2024/25. The most significant risks and mitigations are in respect of maintaining/improving performance within its workforce and financial constraints. These have been outlined throughout the plan, and the University Health Board will, through its governance structures, monitor delivery of the plan and that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed taking into account these risks. The Health Board is also cognisant that there are some key uncertainties that are out of our control, and that opportunities will need to be explored in line with our revised Risk Appetite Statement.

Corporate and Clinical Directorates and Services 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. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Key actions for 2024/25 are detailed within our Risk Management Strategy and include the following:

- Implement the Organisation's Revised Risk Appetite and Tolerance Approach
- Support operational and corporate functions to strengthen their risk management arrangements
- Understand how established risk management processes currently contribute to the overall health of Hywel Dda University Health Board
- Implementation of a new All Wales Risk Management System

### Assurance of our Plan

Our Committee structure is aligned to our Strategic Objectives:

- People, Culture and Organisational Development Committee – receives assurance on delivery of the planning objectives under strategic objectives 1, 2 and 3.
- Strategic Development and Operational Delivery Committee – receives assurance on the delivery of strategic objectives 4 and 5. This Committee also holds the overarching responsibility for the development of our plan and assurance in its delivery
- Sustainable Resources Committee – receives assurance on all planning objectives under strategic objective 6, with a focus on financial performance and planning.

All planning objectives are aligned to a Committee of the Board. The Committees seek assurance on delivery in accordance with the agreed timescales with regular update reports are provided at every other Committee meeting. Progress on delivery is also monitored through the Directorate Improving Together Sessions.

## Supporting our teams to deliver – Improving Together

Our Improving Together Framework sets out the Health Board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change. Its successful implementation will help us to focus on what is important to the Health Board and enable us to provide efficient and effective services.

The Improving Together Framework outlines performance improvement arrangements at each level in the organisation. At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions. We have worked hard on developing a small set of outcomes aligned to our 6 strategic objectives which are reported through the BAF. They help us to understand whether we are driving towards our Strategic Objectives and goals as an organisation.

At the directorate level, we have established Directorate Improving Together Sessions (DITS). These have been set up to provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to:

- Outline the priorities / goals for the year
- Outline current challenges and support required
- Flag highlights or lowlights from the [Our Performance](#), [Our Safety](#) dashboards and audit and inspection summary reports. These dashboards provide quality, workforce, performance, finance, risk data all in one place. We are working on incorporating and signposting to activity data to help support operational planning. This will allow staff to have easy access to the business intelligence data they need from a number of services to drive decision making and empower people to make improvements.

The ambition is that the DITS will ensure that we are aligning support to key priorities within the Health Board with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. Over the last 12 months we have seen reductions in the average times incidents and complaints are open. We will continue to focus on these areas over the next 12 months to ensure incidents and complaints are investigated in a timely manner and corrective action is taken to reduce the chance of a recurrence. There has been an improvement in risks being reviewed in a timely manner. We have also seen improvements in staff sickness, turnover, and an improvement in the number of staff receiving an appraisal. We have also met the target for staff completing mandatory training.

## Value and Sustainability Board – how we are taking the priorities forward

We have a strong track record in reducing variation and minimising costs in areas such as medicines management, CHC and procurement and, in the challenging financial environment, the Health Board is committed to continuing to maximise the opportunities in the areas of focus for the NHS Wales Value and Sustainability Board:

**Workforce Management:** Implement a robust control framework to reduce agency costs, standardise pay rates, and optimise our core workforce. This includes each Directorate reviewing their workforce plans to

identify opportunities to reduce the variable expenditure. Planning objective 1 sets out the action being taken to make further progress to stabilise our workforce, which will include working regionally with neighbouring Health Boards, for medical staffing in particular

**Medicines and Prescribing:** Enhance medicines management by prioritising biosimilars, commercial agreements, and reducing low-value prescribing. A systematic review of savings opportunities will be conducted to ensure consistency and national scalability. Equally we will drive and implement evidence-based clinical prescribing practices to reduce variation and maximise financial and clinical outcomes. Areas of work we are focusing on include diabetes, and links to the extensive work currently being undertaken in Primary Care and is a priority within a number of our clusters (including diabetic foot clinics and self-care technologies).

**CHC/FNC (Continuing Healthcare/Funded Nursing Care):** We will develop a consistent, data-driven approach to understand and manage patient numbers, costs, and complexity. This includes the development and deployment of a grip and control framework to ensure uniform application across all organisations. As part of the all-Wales group, we will ensure that we identify and implement best practice actions and improvement priorities to rapidly realise both in-year and recurrent financial benefits, whilst continually driving improvements and outcomes for our patients.

**Procurement and Non-Pay:** Through the Value and Sustainability Board we will ensure that we strengthen our baseline intelligence and standardise information visibility to enhance procurement efficiency. This involves focusing on best price acquisition, effective contract management, and exploring outsourcing opportunities (where appropriate). As an organisation we are committed to promoting and applying national and regional standardisation to reduce clinical variation and leverage economies of scale in procurement processes.

**Clinical Variation and Service Configuration:** The Health Board has a strong Value Based Health Care programme (see below), embraced the national roll-out of Health Pathways and made significant progress in reducing clinical variation in areas such as follow-ups, releasing capacity for new patients. This includes a focus on value-based healthcare interventions and digital solutions. It is accepted however that the current configuration of services leads to duplication and limits our ability to meet best practice standards. Planning objective

This work is intrinsically linked to the scope of Planning Objective 2 (Financial recovery and roadmap)

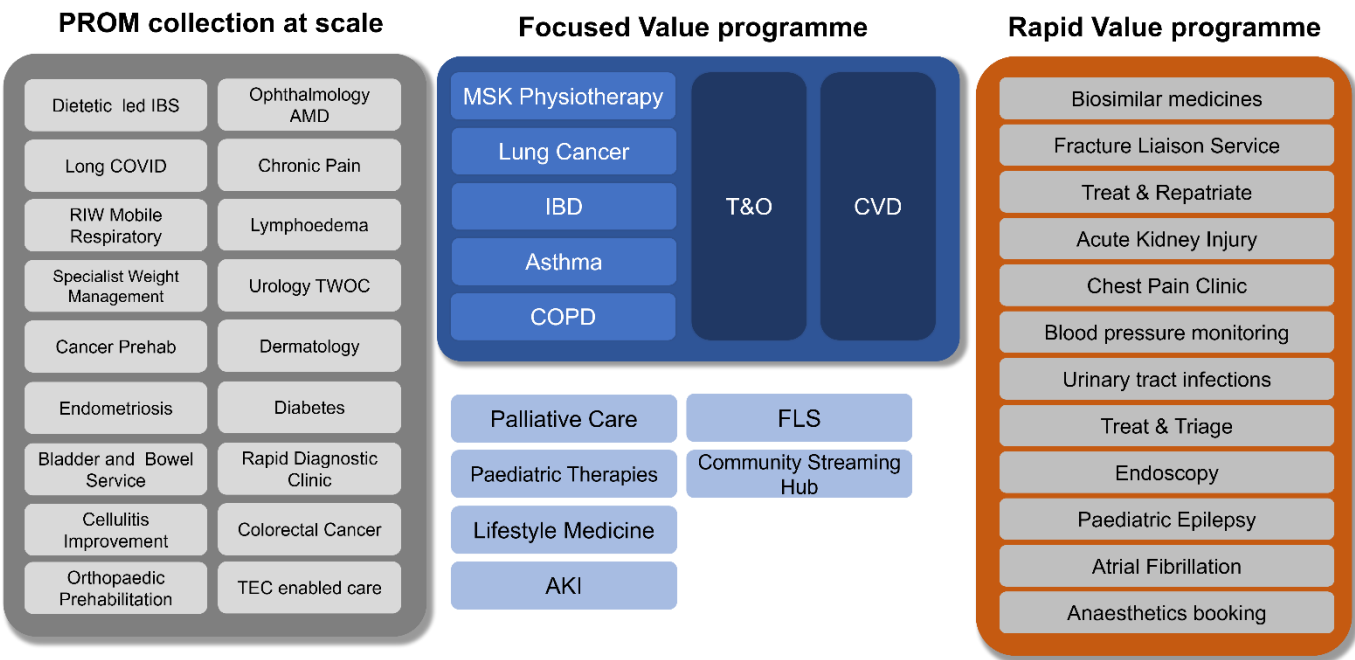
#### **Quantitative and Qualitative Measures:**

To ensure the successful adoption and implementation of these programmes, we will develop clear metrics for measuring progress, which will include cost savings, efficiency improvements, and patient care outcomes. Regular progress reviews will be conducted, aligned with the Board's expectations for governance, leadership, and milestone achievement. Furthermore, we will align our savings and wider planning processes to the Value and Sustainability Board to cascade and disseminate all the programmes into the relevant Directorates.

Finally, our alignment with the Value and Sustainability Board's objectives is critical to navigating financial challenges while improving patient care. By adopting a strategic, evidence-based approach across the identified focus areas, we not only aim to enhance our financial sustainability but also to contribute significantly to the broader objectives of NHS Wales in delivering high-quality, efficient healthcare services to the population we serve.

Value Based Healthcare (VBHC)

The work of the Value and Sustainability Board inherently links to our work on VBHC. Hywel Dda produced its VBHC strategy "Our approach to Value Based Healthcare 2022/25" and this encompass the plans for the development of capability for the routine capture of Patient Reported Outcome and Patient Reported Experience Measures in all areas of focus, the design and implementation of a focused and practical VBHC education programme and the implementation of a robust pathway costing.



Risks to delivery (operational and financial)

As noted, we recognise that there are risks associated with the delivery of the Plan set out for 2024/25. The most significant risks and mitigations have been outlined throughout the plan and we will, through our governance structures, monitor delivery of the plan and ensure that appropriate actions are taken to ensure that risks are appropriately managed.

Whilst there are many risks to each Directorate plan set out within this document, there are a few pertinent areas that present Health Board-level risks to both the operational and financial delivery of this Annual Plan. The list below is not exhaustive, but provides a helpful illustration of some key risks:

**Industrial Action** - any on-going industrial action will have a significant impact on the patient waiting list and should the industrial action be more wide-spread i.e. Into emergency medicine, this is likely to cause significant disruption and have a detrimental impact on our performance and finance.

**Savings** - there is a route to circa £15.8m of recurrent savings (part year effect) plus around £10m of non-recurrent opportunities. In addition, there are further savings opportunities for the organisation to pursue over the course of the year, which we estimate could bring a further £6m - £7m benefit to the position.

**COVID and other Infectious diseases** – any changes relating to the prevalence of COVID and/or other infectious disease will have an adverse impact on our ability to recover (as illustrated by the impact of influenza and measles through 2023/24).

**Operational Demand** - each of the areas set out in the annual plan have assumed a level of demand, should there be any material changes to the anticipated demand, this is likely to have a number of consequences across individual and/or collective plans.

**Recovery Monies** - in order to achieve a number of the Planned Care Recovery deliverables, the Health Board is planning on the basis of receiving a level of funding commensurate with the Planned Care and Diagnostic sections of the plan; in addition there is an expectation that where funding has been provided on a regional basis the Hywel Dda population will benefit from that capacity on an equal and fair basis.

**Capacity and Services** - each area of the plan is underpinned with service capacity assumptions, any changes affecting the capacity could have a positive or negative effect on the ability to manage the total demand within the system throughout 2024/25.

**Adult Social Care and Residential and Nursing Homes** - there are significant market sustainability issues across each of the three Counties relating to residential and nursing homes. Equally, the reduction in the provision of Adult Social Care (ASC) has had a significant impact on the number of Delayed Transfers of Care (DTOCs) in 2023/24. Therefore, any further reduction in the provision of ASC and/or home closures/embargos will almost certainly have a significant and detriment impact on the ability of the Health Board to discharge patients leading to an increase in DTOCs and reduced system flow and capacity.

**Workforce** - all operational plans have been developed in line with the anticipated workforce assumptions. Therefore, any material movements to these assumptions could have a positive or negative impact on the deliverability of the annual plan.

**Our estate** - we continue to have significant issues and risks with the condition of our estate, as exemplified by the disruption we have faced with respect to RAAC and fire safety works.

**External provider risks** - a significant proportion of acute services are externally provided (to the Health Board) for Hywel Dda residents. The challenges set out within this section (and wider plan) exist across both NHS Wales and the wider NHS services throughout the UK. Therefore, a significant proportion of the risks set out in this section, could have a detrimental impact on commissioned services should they come to fruition. However, the commissioning team will continue to work diligently with all providers to manage any potential disruption in as far as is reasonably possible.

## Concluding remarks

The Health Board has made significant progress under its recent leadership, with the development of the *A Healthier Mid and West Wales* strategy and the work on our culture, values and behaviours laying solid foundations for the organisation. Nonetheless, the Health Board faces significant challenges with longstanding workforce, estate, and financial pressures; significant service fragilities; and system performance not at the level we aspire to. This has led to the organisation being escalated to Targeted Intervention.

The Health Board is unfortunately again unable to produce a financially-balanced plan for 2024/25, in breach of our statutory requirements. This is a very serious and unacceptable position for the Board and we accept a step-change is required in our delivery. The Board has a firm determination to firstly reverse the deteriorating trajectory of our financial position and secondly agree a clear and deliverable route map to financial balance. In addition, whilst progress has been made in a number of areas, the Health Board continues to have significant performance issues that our plans will simultaneously need to address. In pursuit of this a one-year Annual Plan has been developed for 2024/25. This plan is our initial step towards realising these aspirations, describing the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It is however acknowledged that the in-year financial deficit, in particular, remains unacceptable and further work will be required.

The plan has also been produced during a time of transition for the Board, after a long period of stability. This can make the development of plans more difficult, but it does also offer opportunities as we seek to evolve the organisation to respond to the challenges of today and tomorrow. The scale of the financial, workforce and service challenges mean significant and fundamental change will be required. Progress has been made during 2023-24 in this direction with the international recruitment programme reducing vacancies and allowing the eradication of non-contract agency usage, a reduction in the number of long-stay patients in hospital supporting changes to the bed base and the first phase of the Clinical Services Plan including the Board decision on Urgent and Emergency Paediatrics in November 2023.

The plan this year is intentionally more focused on a smaller set of objectives (termed the Planning Objectives, POs) and on delivery over the next 12 – 36 months. Consequently, our plan prioritises Planning Objectives aligned to the Welsh Government Planning Framework, the Ministerial Priorities and the key programmes of work required to address the significant risks identified above. The plan is seeking to deliver overall improvement across all areas as part of a trajectory towards significant improvement over the three-year period. It seeks to strike the balance between being ambitious and bold, whilst being credible and deliverable, recognising that the scale of change required for the Health Board will take longer than 12 months to achieve.

The aim for 2024/25 is therefore to deliver key staging posts on this journey:

- improved financial position in year one, arresting the declining position of recent years, and working towards reaching the control total in year 2 as part of a longer-term trajectory towards financial balance
- year 2 (of 3) of the nursing workforce stabilisation plan, reducing agency usage by over 50% and on course to eradicating nursing vacancies and on-contract agency usage
- improved access for patients across all planned care performance areas, including prioritising delivery of the cancer standard in year one, removal of 104-week RTT waits (outside of Orthopaedics and Ophthalmology), 52-week outpatient waits (outside of Ophthalmology) and delivery of the 8-week standard for diagnostics
- year 2 of Transforming Urgent and Emergency Care programme delivering, as a minimum, the remainder of the identified 80-bed efficiency
- completion of Phase 2 (options development) of the Clinical Services Plan by September 2024
- development of a Primary and Community care strategy

- implementation of a new organisational structure, enhanced clinical leadership, and revised governance arrangements with a focus on the organisation's capacity and capability to deliver on our key objectives.

In parallel with the above the intention is to continue to move the organisation in the direction of continuous planning. In quarter one of 2024/25 we will assess and establish the scale of the task – across service, performance, finance and workforce domains – to deliver our aspirations for year 2, linked to the Targeted Intervention requirements, and building on the progress we anticipate during year 1. In quarter 2 we intend to set out our high-level route map to delivering this, with detailed plans being progressed through quarters 3 and 4 as part of the planning cycle for 2025/26. As noted above progress has already been made in many areas and in some cases there is an outline route map and trajectory towards delivery of the medium-term aspirations. The process described here will therefore not be rigid and progress will be made at different rates, with the overarching objective of reaching these key milestones at the earliest opportunity.



## Annexes



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Annex 1: Key metrics

Our key goals for each of our planning objectives are listed below. The progress of these key goals will be tracked within our internal Improving Together sessions and in the relevant Committees and at Board. This will help us to ensure all directorates within the Health Board are making progress towards our shared vision and goals. Please see the relevant planning objective for additional goals.



### Workforce sustainability

- Reduce nurse agency spend by 50%



### Transforming urgent and emergency care

- Reduce the number of ambulance handovers taking over 4 hours by 7.5%
- Reduce the number of ambulance handovers taking over 1 hour by 12.5%
- Reduce the number of people spending 12 hours in A&E / MIU\* by 10%
- Increase the number of people spending below 4 hours in A&E / MIU\* by 12%



### Planned care (includes cancer, diagnostics & therapies)

- Reduce the number of people waiting over 52 weeks for a new outpatient to zero (excluding Ophthalmology)
- Reduce the number of people waiting over two years for treatment to zero (excluding Orthopaedics and Ophthalmology)
- Reduce backlog of patients waiting for cancer treatment from 249 to 182 patients
- Increase percentage cancer patients starting their treatment within 62 days to 75%
- Reduce number of people waiting over 8 weeks for a diagnostic to zero



### Mental health

- Maintain the percentage of CYP to receive treatment within 28 days of assessment at 80%



### Primary care and community strategic plan

- Board approved primary care and community strategy
- Reduce delayed hospital pathways of care (discharges) by 12%



### A healthier mid and west Wales

- Rationalised estate and reduction in leases
- Reduced carbon footprint



### Clinical services plan

- Sustainable service solutions identified and considered at September 2024 Public Board



### Financial recovery and roadmap

- Delivery of £32.4m savings
- Board agreed route map to delivery of the control total



### Digital plan

- Appoint a Digital Strategic Partner to support the implementation of the digital transformation strategy by Quarter 3 2024.



### Population health

- Increase proportion of children up to date with vaccinations by 5<sup>th</sup> birthday by 5% off baseline
- Continue to achieve 5% of adults attempting to quit smoking via cessation services.



### Our core business

- Continue to achieve the 90% target for our overall patient feedback
- Increase our staff satisfaction score to above 75%
- No more than 6% of complaints going to the ombudsman (subject to final national review of Putting Things Right guidance)
- Reduce our intervention rate to the national average of 31%
- Continue to achieve the 85% target for staff completing mandatory training
- Increase the proportion of staff who have a PADR in the last 12 months to 80%
- Ensure at least 80% of our risks are reviewed within the required timeframes
- Reduce our c.difficile infections by 10%

## Annex 2: Planning Objectives – alignment and evolution from 2023-2024 to 2024/25

2024/25 Planning Objectives	2023/24 Planning Objectives
<b>PO1: Workforce stabilisation</b>	1a Develop an attraction & Recruitment plan
	1b Develop career progression opportunities
	2a Engage with and listen to our people
	2b Continue to strive to be an employer of choice
	2c Develop and maintain an overarching workforce, OD and partnerships plan
<b>PO 2: Financial recovery and roadmap</b>	6b Pathways and Value Based Healthcare
	8b Local Economic and Social Impact
	8c Financial Roadmap
<b>PO 3: Transforming urgent and emergency care</b>	3a Transforming Urgent and Emergency Care programme
<b>PO 4: Planned care (including cancer, diagnostics and therapies performance)</b>	4a Planned Care and Cancer Recovery
	4b Regional Diagnostics Plan
<b>PO 5: Mental health and CAHMS</b>	4c Mental Health Recovery Plan
<b>PO 6: Clinical services plan</b>	6a Clinical Services Plan
<b>PO 7: Primary care and community strategic plan</b>	7b Integrated Localities
<b>PO 8: A Healthier Mid and West Wales infrastructure</b>	5a Estates Strategies
	8a Decarbonisation & Sustainability
<b>PO 9: Digital strategic plan</b>	5c Digital Strategy
<b>PO 10: Population Health (including the social model for health and wellbeing)</b>	7a Population Health
	7c Social Model for Health and Wellbeing
<b>Business as usual POs (not taken forward from 2023/24 into 2024/25)</b>	3b Healthcare Acquired Infection Delivery Plan
	5b Research and innovation
	6c Continuous Engagement
	8d Welsh Language and Culture