

# Hywel Dda University Health Board

## Integrated Medium Term Plan 2022/25

This document identifies the priorities and actions required to develop our services. The document is built on from the previous years document and updated to reflect new priorities and responses to feedback from staff, patients and partners.



## Contents


A table then shows keys outputs and timelines

## Document navigation

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

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

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

Deliverables and milestones	Quarterly timeline

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

**Welsh Government Signposting** to the NHS Wales Planning Framework 2022/23 will be indicated at the beginning of relevant sections and can be identified using this arrow

**Welsh Government Signposting** to the Welsh Government Programme for Government will be indicated at the beginning of relevant sections and can be identified using this arrow

## Foreword - **PLANNING + CEO**

- On-going challenge of COVID
- Recovery of Services from COVID
- A Healthier Mid and West Wales
- Context of Ministerial Priorities; Programme for Government National Clinical Framework; NHS Outcomes Framework etc



## Our key deliverables - **PLANNING**

Key deliverables for 2022/23

Plan Headings	WG Priorities	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Rest, recovery and recuperation of staff	Workforce	• Publish results of engagement with staff to discover how we support their recovery				
		• Multi Disciplinary training and support for staff groups to 'grow our own' workforce				
		• Comprehensive development programme of existing and new leadership training and coaching, and training needs analysis of future leaders (for succession planning)				
		• Design a training programme to build excellent customer service				

## Our key deliverables - **PLANNING**

Key deliverables for 2022/23

## Our key deliverables-**PLANNING**

Key deliverables for 2022/23

## Introduction to our Strategic and Planning Objectives - **PLANNING**

### Our Strategic and Planning Objectives

- Our Strategic Objectives
- Our Planning Objectives
- Assurance of progress including outcome measures and the BAF

The University Health Board has an agreed strategy, which remains extant, including a major re-organisation of hospital based services in the south of the Hywel Dda area, and a shift towards a ‘social model of health and wellbeing’ and long-term community-driven focus on prevention. During 2022/23 the University Health Board’s have built upon the work started 2021/22 around planning objectives and have developed and re-designed these objectives in order to move us towards the future we set out in our long-term health and care strategy, ‘A Healthier Mid and West Wales’.

The Strategic Objectives and Planning Objectives are the pillars of our planning cycle, and the content of our 2021/22 Annual Recovery Plan. To continue this approach for our 2022/25 IMTP document is structured around the six strategic objectives

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

## Introduction to our Strategic and Planning Objectives - **PLANNING**

### Our Strategic and Planning Objectives

- Our Strategic Objectives
- Our Planning Objectives
- Assurance of progress including outcome measures and the BAF

## Our on-going response to COVID – **PLANNING, MANDY RAYANI, MANDY DAVIES**

### Our on-going response to COVID

- **Modelling / assumptions (Seb Neal , Lee Davies, Andrew Carruthers, Keith Jones)**
- **Field Hospitals (Gareth Rees)**
- **Vaccinations (Bethan Lewis)**
- **TTP (Alison Shakeshaft)**

PO's covered in this section:

**3E** - Advanced Analytics - creation of a self-service Advanced Analytical Platform that will, provide real-time, integrated, easily accessible data to support our clinicians and managers providing the Insight, Foresight, and Oversight to assist with day to day operational and strategic planning. Incorporate continuous innovation into our approach by utilising current and appropriate technologies, best practices and direction from latest research and publications, such as Machine Learning, Artificial Intelligence, Time Series, and Cluster Analysis. We will develop a risk stratification model approach, using predictive / cluster analytics which will look to provide evidence for new approaches to the management of chronic conditions that are needed to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2024

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

One single telephone and email point of contact – the “Hywel Dda Health Communication HUB”

This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers

All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact

Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)

Further develop the incident response and management cell set up to support our COVID-19 response

Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions

Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years

## Our on-going response to COVID – **PLANNING, MANDY RAYANI, MANDY DAVIES**

### Our on-going response to COVID

- Modelling / assumptions (**Seb Neal , Lee Davies, Andrew Carruthers, Keith Jones**)
- Field Hospitals (**Gareth Rees**)
- Vaccinations (**Bethan Lewis**)
- TTP (**Alison Shakeshaft**)

PO's covered in this section:

#### **Gold Command 1**

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

#### **Gold Command 2**

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

## Our on-going response to COVID – **PLANNING, MANDY RAYANI, MANDY DAVIES**

### Our on-going response to COVID

- Modelling / assumptions (**Seb Neal , Lee Davies, Andrew Carruthers, Keith Jones**)
- Field Hospitals (**Gareth Rees**)
- Vaccinations (**Bethan Lewis**)
- TTP (**Alison Shakeshaft**)

## Recovery of Services from COVID-PLANNING

### Recovery of Services from COVID

- Assumptions (Lee Davies , Andrew Carruthers ,Keith Jones)
- Bed Plan(Brett Denning)
- Recovery Plan including regional opportunities and A Healthier Mid and West Wales (Sion Charles, Peter Skitt, Steph Hire)
- Activity profiles / MDS(Lee Davies , Andrew Carruthers ,Keith Jones, Steph Hire)

PO's covered in this section:

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

**2A-**Develop a Health Board specific plan that contributes to reducing inequalities for unpaid Carers and responds to the priorities set out in the national and regional Carers Strategy. Ensure an annual update on progress and outcomes is provided to Board by 31<sup>st</sup> July each year.

**New PO-**By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.

**4J-** Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.

**New PO** - By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.

## Recovery of Services from COVID-PLANNING

### Recovery of Services from COVID

- Assumptions (Lee Davies , Andrew Carruthers ,Keith Jones)
- Bed Plan(Brett Denning)
- Recovery Plan including regional opportunities and A Healthier Mid and West Wales (Sion Charles, Peter Skitt, Steph Hire)
- Activity profiles / MDS(Lee Davies , Andrew Carruthers ,Keith Jones, Steph Hire)

PO's covered in this section:

**New PO follow on from 5H-** By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners.

Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan.

The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities.

The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:

Connected kind communities including implementation of the social prescribing model

Proactive and co-ordinated risk stratification, care planning and integrated community team delivery

Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home

Enhanced use of technology to support self and proactive care

Increased specialist and ambulatory care through community clinics

## Recovery of Services from COVID-**PLANNING**

### Recovery of Services from COVID

- Assumptions (**Lee Davies , Andrew Carruthers ,Keith Jones**)
- Bed Plan(**Brett Denning**)
- Recovery Plan including regional opportunities and A Healthier Mid and West Wales (**Sion Charles, Peter Skitt, Steph Hire**)
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## Our approach to the triangulation of Plans, and our roadmap to sustainability –**PLANNING, ANDREW SPRATT, TRACEY WALMSLEY**

PO's covered in this section:

**New PO** - Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.

Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate.

Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation,

investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives.

Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures,

ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off.

**6B-** Develop a continuous approach to Finance Business Partnering that pioneers Financial Sustainability across all organisational areas, including service change, value improvements and income opportunities, in harmony with other corporate partners/relationship managers (Planning Objectives 1G [Workforce] and 2A & 3F [Improving Together]).

## Our approach to the triangulation of Plans, and our roadmap to sustainability-**PLANNING,ANDREW SPRATT,TRACEY WALMSLEY**

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## Section 1: Strategic Objective 1 – Putting people at the heart of everything we do –**PLANNING**

### Introduction to Section 1

#### WG Signposting

- Workforce plan(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Synopsis of Planning Objective actions (Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville, Mandy Davies, Suzanne Tarrant)

Will include:

- Staff wellbeing (Suzanne Tarrant)
- Workforce targets(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Workforce plan(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Single Point of Contact(Mandy Davies)

PO's covered in this section:

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

**1F**-Following the development of processes to co-design the workforce offer for staff relating to (1) Recruitment (2) Induction (3) Policies (4) Employee Relations & (5) Equitable access to training develop implementation plan for each area to deliver revised practices and policies to an agreed roll out schedule to be completed by March 2023

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

One single telephone and email point of contact – the “Hywel Dda Health Communication HUB”

This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers

All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact

Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)

Further develop the incident response and management cell set up to support our COVID-19 response

Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions

Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years

## Section 1: Strategic Objective 1 – Putting people at the heart of everything we do –**PLANNING**

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Will include:

- Staff wellbeing (Suzanne Tarrant)
- Workforce targets(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Workforce plan(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Single Point of Contact(Mandy Davies)

PO's covered in this section:

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

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

This process needs to roll out through 2022/23

**New PO** -By February 2023 develop an integrated Occupational Health & Staff psychological wellbeing offer which supports staff to remain in work, offers support when absent and provides alternative opportunities when health impacts on an individual's ability to be in role.

## Section 1: Strategic Objective 1 – Putting people at the heart of everything we do –**PLANNING**

### Introduction to Section 1

#### WG Signposting

- Workforce plan(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Synopsis of Planning Objective actions (Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville, Mandy Davies, Suzanne Tarrant)

Will include:

- Staff wellbeing (Suzanne Tarrant)
- Workforce targets(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Workforce plan(Tracey Walmsley, Christine Davies ,Anne Marie Thomas, Amanda Glanville)
- Single Point of Contact(Mandy Davies)

## Section 2: Strategic Objective 2 – Working together to be best we can be-**PLANNING**

### Introduction to Section 2

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Communications; Engagement; Welsh Language (Yvonne Burson, Alex Williams, Rebecca Griffiths, Helen Morgan Howard, Enfys Williams)
- Carers (Anna Bird)
- Clinical education (Christine Davies Anne Marie Thomas ,Amanda Glanville)
- Equalities (Anna Bird)
- Charities (Nicola Llewellyn)
- RPB and Partnerships (Anna Bird and Kelvin Barlow)

PO's covered in this section:

**New PO-**By March 2023, implement and embed our approach to continuous engagement through:

Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice

Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement

Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice

**New PO-**Wording on a Communications and Welsh Language Planning Objective will be developed once New Director is in place

**2A-**Develop a Health Board specific plan that contributes to reducing inequalities for unpaid Carers and responds to the priorities set out in the national and regional Carers Strategy.

Ensure an annual update on progress and outcomes is provided to Board by 31<sup>st</sup> July each year.

**2D-**By March 2023 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this

## Section 2: Strategic Objective 2 – Working together to be best we can be-**PLANNING**

### Introduction to Section 2

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Communications; Engagement; Welsh Language (Yvonne Burson, Alex Williams, Rebecca Griffiths, Helen Morgan Howard, Enfys Williams)
- Carers (Anna Bird)
- Clinical education (Christine Davies Anne Marie Thomas ,Amanda Glanville)
- Equalities (Anna Bird)
- Charities (Nicola Llewellyn)
- RPB and Partnerships (Anna Bird and Kelvin Barlow)

PO's covered in this section:

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

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

**2E**-From April 2021 develop a programme of activities which promote awareness of the Health Board’s official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board.  
Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis.

## Section 2: Strategic Objective 2 – Working together to be best we can be-**PLANNING**

### Introduction to Section 2

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Communications; Engagement; Welsh Language (Yvonne Burson, Alex Williams, Rebecca Griffiths, Helen Morgan Howard, Enfys Williams)
- Carers (Anna Bird)
- Clinical education (Christine Davies Anne Marie Thomas ,Amanda Glanville)
- Equalities (Anna Bird)
- Charities (Nicola Llewellyn)
- RPB and Partnerships (Anna Bird and Kelvin Barlow)

PO's covered in this section:

**New PO** -By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.

**4J**-Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.

## Section 3: Strategic Objective 3 – Striving to deliver and develop excellent services-**PLANNING, GARETH JENKINS**

### Introduction to Section 3

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Quality and Standards (Mandy Rayani, Sian Passey, Mandy Davies, Sharon Daniel )
- Improving Together (Cath Evans )
- Our regulatory obligations (John Evans, Lisa Davies)
- Research and Innovation (Leighton Phillips ,Caroline Williams)
- Primary Care (Rhian Bond)

PO's covered in this section:

**3A**-To build a Quality Management Strategy (QMS): Improving Together which supports and drives quality and performance across the organisation aligned to our strategic objectives and outcomes. The strategy will encourage a strategic improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will include the development of a culture of continuous improvement; and the systems and tools needed to support such a culture. The focus will be to motivate and support colleagues at all levels to strive for excellence. This will be co-designed from June 2021, and rolled out across the whole organisation over three years.

**New PO** -Complete a review of all Health Care Standards including evidence of compliance. Ensuring engagement with WG and all Wales work during 2021-2022 to develop the national guidance that supports the quality and engagement Act. From this work, we will ensure that the UHB is prepared for the implementation of the duty of quality in 2023, including the proposal of new Planning Objectives for implementation in 2022/23

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

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

## Section 3: Strategic Objective 3 – Striving to deliver and develop excellent services-**PLANNING, GARETH JENKINS**

### Introduction to Section 3

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Quality and Standards (Mandy Rayani, Sian Passey, Mandy Davies, Sharon Daniel )
- Improving Together (Cath Evans )
- Our regulatory obligations (John Evans, Lisa Davies)
- Research and Innovation (Leighton Phillips ,Caroline Williams)
- Primary Care (Rhian Bond)

PO's covered in this section:

**6B**-Develop a continuous approach to Finance Business Partnering that pioneers Financial Sustainability across all organisational areas, including service change, value improvements and income opportunities, in harmony with other corporate partners/relationship managers (Planning Objectives 1G [Workforce] and 2A & 3F [Improving Together]).

**2H**-By March 2024, ensure implementation of a programme to support the cultural re-purposing of leadership in Hywel Dda in the context of the emergence from the pandemic. This will be evidence based, fit for future demand and aligned with our Improving Together concepts.

It includes the delivery of a comprehensive range of leadership development programmes within a succession planning framework.

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

**3G**-Develop and implement the Research and Innovation Strategic Plan (2021-24) a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the ensure Health Board, Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i) are met. The plan will be implemented developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the plan portfolio will targets and expansion of activity into areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials

## Section 3: Strategic Objective 3 – Striving to deliver and develop excellent services-**PLANNING, GARETH JENKINS**

### Introduction to Section 3

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Quality and Standards (Mandy Rayani, Sian Passey, Mandy Davies, Sharon Daniel )
- Improving Together (Cath Evans )
- Our regulatory obligations (John Evans, Lisa Davies)
- Research and Innovation (Leighton Phillips ,Caroline Williams)
- Primary Care (Rhian Bond)

PO's covered in this section:

**New PO follow on from 5H-**By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:

Connected kind communities including implementation of the social prescribing model

Proactive and co-ordinated risk stratification, care planning and integrated community team delivery

Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home

Enhanced use of technology to support self and proactive care

Increased specialist and ambulatory care through community clinics

**5J-**Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model

## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
- Social Prescribing and Social Model for Health (Cath Evans, Anna Henchie)
- Therapies (Lance Reed)
- Working with social care (Ministerial Priority)(Rhian Dawson , Peter Skitt ,Elaine Lorton)
- Transformation Funding (Kelvin Barlow, Jill Paterson, Rhian Dawson , Peter Skitt ,Elaine Lorton)
- PSBs and RPBs (Kelvin Barlow)
- Regional working (Peter Skitt, Sion Charles)

PO's covered in this section:

**4A**-By March 2024 develop a Health Board plan to drive forward improved outcomes for Homeless and Vulnerable Groups including: homeless people, refugees and asylum seekers, and for people with sensory loss in line with NHS Delivery Framework targets and report progress annually.

**4H**-Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2022. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this

**4J**-Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.

**4M**-By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB

**4P**-By December 2022 develop a COVID Recovery service to provide a comprehensive individualised person centred to support the symptom based needs of people directly affected by Covid-19

## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
- Social Prescribing and Social Model for Health (Cath Evans, Anna Henchie)
- Therapies (Lance Reed)
- Working with social care (Ministerial Priority)(Rhian Dawson , Peter Skitt ,Elaine Lorton)
- Transformation Funding (Kelvin Barlow, Jill Paterson, Rhian Dawson , Peter Skitt ,Elaine Lorton)
- PSBs and RPBs (Kelvin Barlow)
- Regional working (Peter Skitt, Sion Charles)

PO's covered in this section:

**4B**-By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years

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

**4K**-By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities.

This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities

(e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”)

and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.

**4O**-Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years.

The longer term goal will be to make this routine for all children in the area within the next 10 years

**New PO** -To evaluate the impact and benefits of the three WG supported Transformation Funds on our systems in order to help in the development of proposals to support the new funding streams that will become available from April 2022

## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
- Social Prescribing and Social Model for Health (Cath Evans, Anna Henchie)
- Therapies (Lance Reed)
- Working with social care (Ministerial Priority)(Rhian Dawson , Peter Skitt ,Elaine Lorton)
- Transformation Funding (Kelvin Barlow, Jill Paterson, Rhian Dawson , Peter Skitt ,Elaine Lorton)
- PSBs and RPBs (Kelvin Barlow)
- Regional working (Peter Skitt, Sion Charles)

PO's covered in this section:

**New PO follow on from 5H-**By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:

Connected kind communities including implementation of the social prescribing model

Proactive and co-ordinated risk stratification, care planning and integrated community team delivery

Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home

Enhanced use of technology to support self and proactive care

Increased specialist and ambulatory care through community clinics

**New PO** -Following implementation of a comprehensive social prescribing model in line with regionally agreed Standards and Principles for Social Prescribing and Connected Communities across the Region. Measure and report the impact and develop a plan by March 2023 to increase capacity and impact which will be aligned to the new national framework

## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
- Social Prescribing and Social Model for Health (Cath Evans, Anna Henchie)
- Therapies (Lance Reed)
- Working with social care (Ministerial Priority)(Rhian Dawson , Peter Skitt ,Elaine Lorton)
- Transformation Funding (Kelvin Barlow, Jill Paterson, Rhian Dawson , Peter Skitt ,Elaine Lorton)
- PSBs and RPBs (Kelvin Barlow)
- Regional working (Peter Skitt, Sion Charles)

PO's covered in this section:

**4J**-Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.

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

**New PO** -By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.

## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

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- Synopsis of Planning Objective actions

Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
- Social Prescribing and Social Model for Health (Cath Evans, Anna Henchie)
- Therapies (Lance Reed)
- Working with social care (Ministerial Priority)(Rhian Dawson , Peter Skitt ,Elaine Lorton)
- Transformation Funding (Kelvin Barlow, Jill Paterson, Rhian Dawson , Peter Skitt ,Elaine Lorton)
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## Section 4: Strategic Objective 4 – . The best health and wellbeing for our communities -**PLANNING**

### Introduction to Section 4

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Will include:

- Public Health and Prevention (Ministerial Priority) (Bethan Lewis, Jo McCarthy, Sharon Daniel, Sian Passey)
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- PSBs and RPBs (Kelvin Barlow)
- Regional working (Peter Skitt, Sion Charles)

## Section 5: Strategic Objective 5 – Safe, sustainable, equitable and kind care **PLANNING**

### Introduction to Section 5

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

- PBC and wider capital (Eldeg Rosser)
- Planned Care (Steph Hire)
- Unscheduled Care / 6 UEC Goals (Keith Jones, Sarah Perry)
- Integrated Locality Planning including Primary Care; Cluster Planning and Care Closer to Home (NHS Planning Framework) (Rhian Dawson, Peter Skitt, Elaine Lorton, Rhian Bond)
- Mental Health (Ministerial Priority) (Liz Carroll)
- Pharmacy (Jenny Pugh-Jones)
- Diagnostics (Andrea Steins, Gail Roberts-Davies)
- Clinical Effectiveness (John Evans, Lisa Davies)
- Womens and Childrens (Lisa Humphreys)
- Therapies (Lance Reed)
- BGH Strategy (Matthew Willis)
- Safeguarding-liberty protection (Madeline Peters)
- Additional Learning Needs (Will Oliver)
- Estates (Rob Elliott)

PO's covered in this section:

**5C-** Produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:

- the repurposing or new build of GGH and WGH
- implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears

Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)

Develop plans for all other infrastructure requirements in support of the health and care strategy.

## Section 5: Strategic Objective 5 – Safe, sustainable, equitable and kind care **PLANNING**

### Introduction to Section 5

#### WG Signposting

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Will include:

- PBC and wider capital (Eldeg Rosser)
- Planned Care (Steph Hire)
- Unscheduled Care / 6 UEC Goals (Keith Jones, Sarah Perry)
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- Womens and Childrens (Lisa Humphreys)
- Therapies (Lance Reed)
- BGH Strategy (Matthew Willis)
- Safeguarding-liberty protection (Madeline Peters)
- Additional Learning Needs (Will Oliver)
- Estates (Rob Elliott)

PO's covered in this section:

**5J-**Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model

**New PO follow on from 5H-**By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:

Connected kind communities including implementation of the social prescribing model

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Enhanced use of technology to support self and proactive care

Increased specialist and ambulatory care through community clinics

## Section 5: Strategic Objective 5 – Safe, sustainable, equitable and kind care **PLANNING**

### Introduction to Section 5

#### WG Signposting

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Will include:

- PBC and wider capital (Eldeg Rosser)
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- Therapies (Lance Reed)
- BGH Strategy (Matthew Willis)
- Safeguarding-liberty protection (Madeline Peters)
- Additional Learning Needs (Will Oliver)
- Estates (Rob Elliott)

PO's covered in this section:

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

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

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

**New PO**-Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st April 2022.

## Section 5: Strategic Objective 5 – Safe, sustainable, equitable and kind care **PLANNING**

### Introduction to Section 5

#### WG Signposting

- Synopsis of Planning Objective actions

Will include:

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- Planned Care (Steph Hire)
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- Integrated Locality Planning including Primary Care; Cluster Planning and Care Closer to Home (NHS Planning Framework) (Rhian Dawson, Peter Skitt, Elaine Lorton, Rhian Bond)
- Mental Health (Ministerial Priority) (Liz Carroll)
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- Therapies (Lance Reed)
- BGH Strategy (Matthew Willis)
- Safeguarding-liberty protection (Madeline Peters)
- Additional Learning Needs (Will Oliver)
- Estates (Rob Elliott)

## Section 6: Strategic Objective 6 – Sustainable use of resources –**PLANNING**

### Introduction to Section 6

#### WG Signposting

- Financial Plan (**Andrew Spratt**)
- Savings Plan(**Andrew Spratt**)
- Roadmap to sustainability (**Andrew Spratt**)
- Synopsis of Planning Objective actions

Will include:

- VBHC (**Simon Mansfield**)
- Digital (**Anthony Tracey**)
- Foundational Economy (NHS Planning Framework priority) (**Huw Thomas**)
- Decarbonisation (**Paul Williams/ Colin Kajaks**)

PO's covered in this section:

**New PO**-Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability. Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate. Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives. Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearly described, including the appropriate finance business partnering sign-off.

**6B**-Develop a continuous approach to Finance Business Partnering that pioneers Financial Sustainability across all organisational areas, including service change, value improvements and income opportunities, in harmony with other corporate partners/relationship managers (Planning Objectives 1G [Workforce] and 2A & 3F [Improving Together]).

**6F**-Implementing and further developing an activity based condition and pathway costing programme, that both aligns and integrates to Planning Objectives 6D and 6E. Principally: Through engagement at each project inception to offer a financial consideration of Value Based Healthcare to all potential projects. Then prioritising and implementing costing projects with reference to furthering organisational strategy and the likelihood of producing intelligence and evidence that supports operational and clinical change. Exploring further innovation and development in the application of this costing approach.

## Section 6: Strategic Objective 6 – Sustainable use of resources –**PLANNING**

### Introduction to Section 6

#### WG Signposting

- Financial Plan (**Andrew Spratt**)
- Savings Plan(**Andrew Spratt**)
- Roadmap to sustainability (**Andrew Spratt**)
- Synopsis of Planning Objective actions

Will include:

- VBHC (**Simon Mansfield**)
- Digital (**Anthony Tracey**)
- Foundational Economy (NHS Planning Framework priority) (**Huw Thomas**)
- Decarbonisation (**Paul Williams/ Colin Kajaks**)

PO's covered in this section:

**6G**-During the first quarter 2022/23 develop and endorse a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery

Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability.

Where feasible, through the opportunities presented via the Health Boards transformation journey, it will look to exceed targets and establish best practice models as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint to support the wider public sector ambition to address the climate emergency.

**6H**-By the end of 2022/23 develop our Social Value strategy and deliver the in-year action. The Strategy will outline our collective ambition and vision for Social Value and incorporate a clear action plan.

We will also develop a means to measure and evaluate the impact of the strategy. The strategy will be an umbrella strategy which incorporates the key pillars of work being undertaken by;

Intelligence: determine the communities and impact which have the greatest needs; assess the assets within those communities and encourage delivery within those communities;

Procurement: local sourcing in support of the foundational economy

Workforce: supporting those from our most deprived communities

Carbon: measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures

Physical assets: extracting social value from our physical estate through design and build, usage and maintenance

We will establish a Social Value Community of Practice to provide a focus and momentum for delivery.

## Section 6: Strategic Objective 6 – Sustainable use of resources –**PLANNING**

### Introduction to Section 6

#### WG Signposting

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- Savings Plan(**Andrew Spratt**)
- Roadmap to sustainability (**Andrew Spratt**)
- Synopsis of Planning Objective actions

Will include:

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- Digital (**Anthony Tracey**)
- Foundational Economy (NHS Planning Framework priority) (**Huw Thomas**)
- Decarbonisation (**Paul Williams/ Colin Kajaks**)

PO's covered in this section:

**6K New Wording-** By March 2023 to establish digital inclusion work programme which will intend to lead, connect and support a coordinated approach to various digital inclusion work across the Health Board and its wider partners. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole, the vision leaves open what it means to be digitally included in the future. Sign the Digital Inclusion Charter. Develop a Digital Inclusion Programme.

**New PO-**To develop intelligent automation, where traditional robotic process automation (RPA) technology will be combined with AI and additional capabilities such as natural language processing, to address many of the barriers with have as a Health Board. Introducing the concept of a “digital worker” which can automate any business process, interacting with line-of-business applications in the same way as a human worker, but more quickly, accurately and continuously by routinely entering or extracting data and then processing to be presented to users for secondary uses.

## Governance-PLANNING

### Introduction

#### WG Signposting

Governance including support, delivery, monitoring and assurance of and to the Plan

Will include:

- BAF (Jo Wilson, Charlotte Beare)
- Role of the Committees in assuring POs and Plan delivery (Jo Wilson)
- Role of Transformation, Service Improvement, Performance and Planning (Helen Morgan – Howard, Mandy Davies, Sian Hopkins, Cath Evans, Tracy Price)

PO's covered in this section:

**3H-**By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance.

This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved

**6G-**During the first quarter 2022/23 develop and endorse a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible, through the opportunities presented via the Health Boards transformation journey, it will look to exceed targets and establish best practice models as exemplars for the NHS and wider public sector.

The overall aim will be to reduce the Health Board's carbon footprint to support the wider public sector ambition to address the climate emergency

**3A-**To build a Quality Management Strategy (QMS): Improving Together which supports and drives quality and performance across the organisation aligned to our strategic objectives and outcomes. The strategy will encourage a strategic improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will include the development of a culture of continuous improvement; and the systems and tools needed to support such a culture. The focus will be to motivate and support colleagues

## Governance-**PLANNING**

### Introduction

#### WG Signposting

Governance including support, delivery, monitoring and assurance of and to the Plan

Will include:

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- Role of the Committees in assuring POs and Plan delivery (Jo Wilson)
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## Technical Documents(available on request)

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