



## PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 May 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board Draft Performance Report Chapter of the Annual Report and Accounts 2022/23
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alwena Hughes-Moakes, Communications and Engagement Director

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The Committee is asked to approve the Performance Report chapter of the Hywel Dda University Health Board (HDdUHB) Annual Report 2022/23, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2022/23, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2022 and March 2023.

#### Cefndir / Background

All NHS bodies are required to publish, as a single document, the Annual Report and Accounts following strict guidance set out by Welsh Government in the NHS Wales Manual for Accounts 2022/23 (Chapter 3). The Annual Report and Accounts is a suite of reports and includes:

- A **Performance Report** is to provide information on the Health Board, its main objectives and strategies and the principal risks that it faces. It must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable.
- An **Accountability Report** which must include a Corporate Governance Report, Governance Statement, a Remuneration and Staff Report and a Senedd Cymru/Welsh Parliament Accountability and Audit Report;
- A full set of **audited accounts** to include the primary financial statements and notes.

The above suite of documents is ratified independently through the University Health Board and its Committees. The final publication comprises the entire suite of documents and must be made available for distribution at the Health Board's Annual General Meeting which will be held no later than 28 September 2023.

#### Asesiad / Assessment

The COVID-19 pandemic has created unprecedented pressures for the NHS and each phase has brought new and unique challenges.

However, the success of the vaccination programme means that, despite high levels of COVID-19 within our communities, society has been transitioning back to near-normal. Similarly, the health service through 2022/23 saw the unwinding of many of the additional measures put in place for COVID-19 and return, as much as possible, to ‘business-as-normal’ operating.

The impact on the workforce of the NHS has been profound and many aspects of the COVID-19 measures were addressing recognised deficiencies; therefore, returning entirely to pre-COVID-19 arrangements would be both unrealistic and undesirable.

Beyond the direct response to COVID-19, we know that the impact of the three-year pandemic on health care provision and the willingness of the public to access services has left an enormous legacy of unmet health need. Waiting times are at their highest since records began and yet we estimate that these figures represent potentially only a third of the backlog as referrals have also reduced substantially.

The challenges facing our health and care system are at historic levels, as we and society contends with multiple, simultaneous events impacting on our way of life. For our health board, the drivers of these pressures typically fall into the categories of workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID-19 and the latent health consequences as a result of the pandemic). The wider impacts of the pandemic on the economy, education and the mental health of the population are anticipated to leave a lasting impact on the health of our communities and the determinants of health.

These issues manifest as backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. In addition, we are now at the foothills of a long-anticipated demographic trend with the ‘baby boomer’ generation, with a rise in those aged over 65 from approximately 100,000 in 2023 to approximately 124,587 by 2043. We also recognise that at Hywel Dda we have an ageing estate and an unsustainable service model. It is therefore clear that the scale of these challenges will require concerted and long-term action to address.

Despite these challenges, we are optimistic for the future. The health board has a clear strategic direction, and a passionate team of staff who regularly go above and beyond for our patients.

The Chair, Executive Directors and the Chairs of the Strategic Development and Operational Delivery Committee (SDODC) and the Quality, Safety and Experience Committee (QSEC) have reviewed this first draft of the Performance Report virtually.

**Argymhelliad / Recommendation**

The Audit and Risk Assurance Committee is asked to **APPROVE** the Performance Report chapter of the 2022/23 Annual Report for onward ratification by the Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable

Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. 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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2022/23 Manual for Accounts
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Performance Report has been reviewed by the Chair of HDdUHB, Executive Directors, including the Director of Finance, and the Chairs of SDODC and QSEC. Welsh Government have confirmed they do not need sight of the Performance Report prior to Board approval.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	Not applicable

<b>Risg: Risk:</b>	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
<b>Cyfreithiol: Legal:</b>	Associated legal impact is non-compliance with statutory duty to produce Annual Report and Accounts in time for the Annual General Meeting due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
<b>Enw Da: Reputational:</b>	Potential for media interest once the Annual Report is published.
<b>Gyfrinachedd: Privacy:</b>	Not applicable – statutory requirement.
<b>Cydraddoldeb: Equality:</b>	Not applicable – statutory requirement.

Hywel Dda University Health Board

# Annual Report and Accounts 2022-2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## What this Annual Report will tell you

Our Annual Report is a suite of documents that will tell you about your health board, the care we provide and what we do to plan, deliver, and improve healthcare for you. This document sets out what we have achieved across a broad range of areas, as we seek to continue our response to COVID-19, manage our recovery, address backlogs and unmet health need, make strides towards our strategy and continue to put people at the heart of what we do. The report is made up of three parts:

### Performance report

This report will tell you about the challenges we have faced and how we have addressed them, as well as achievements and progress made. It includes information about the direct response provided to COVID-19, along with the impacts on other areas of health and care. It details how we have performed against Welsh Government targets and our actions to improve. It also describes how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

### Accountability report

This report details our key accountability requirements under the Companies Act 2006 and The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (as adapted for public sector organisations). It includes our Annual Governance Statement (AGS), which provides information about how we manage and control our resources and risks and comply with governance arrangements.

### Financial accounts

Our summarised Financial Statements detail how we have spent our money and met our obligations under The National Health Service Finance (Wales) Act 2014.

### How to contact us

Publications in print or alternative formats/languages are available on request by contacting us:

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Telephone: 01267 239554

Website: <https://hduhb.nhs.wales/>

Social media: [Facebook: HywelDdaHealthBoard](#)

[Instagram: HywelDdaUHB](#)

[LinkedIn: hywel-dda-university-health-board](#)

[Twitter: @HywelDdaHB](#)

YouTube: [hywelddahealthboard1](#)

Hywel Dda University Health Board is a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006.

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    Infection control x

    Workforce x

Ongoing response to COVID-19 x

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## Welcome from our Chair and Chief Executive

Our Annual Report reflects on yet another extraordinary year for our health board. The COVID-19 pandemic has had an undeniable and lasting impact on our communities and the past year has been one of the most challenging for the health sector in recent memory with increasing demand upon the services we provide.

The success of the COVID-19 vaccination programme allowed society to transition back to something approaching a near-normal state. At the same time, as a health board, we have seen the unwinding during the past financial year of many of the additional measures put in place for COVID-19 and return to something approaching a 'business-as-usual' service.

However, we recognise the profound impact that the pandemic has had upon our workforce and the health board over the past three years. Many COVID-19 measures addressed recognised and specific issues at the time, although returning the organisation to a pre-COVID-19 state would be both unrealistic and undesirable.

The resolve of our staff continues to astound us, with colleagues committed to delivering the best possible patient care in difficult circumstances. Thank you to everyone working in and with Hywel Dda University Health Board, whatever your role. Thank you to all our volunteers, and our partners, for your extraordinary service caring for patients and our communities during these challenging times.

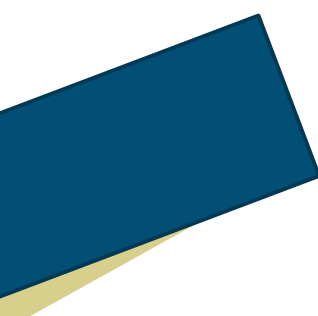
The impact of the pandemic will be acutely felt for many years to come. It is an unfortunate legacy of the disease that members of the public are less willing to access health services, which has in turn left high levels of unmet health need.

We recognise too that access to a wide range of services has been constrained over the past three years, resulting in delays in treatment and care within our health board. We are deeply sorry if you have experienced delays in access to your care and treatment. While we have made significant progress in reducing the number of patients who are waiting for treatment, we are aware that it remains difficult for people who are still waiting, or have their treatment further delayed. We are committed to further reducing our waiting lists to pre-pandemic levels and meeting the Welsh Government target.

The highly focused response to the pandemic has left a financial legacy too. We could not identify and deliver savings and efficiencies in the way we would normally, and as a result we faced significant financial challenges as funding for the COVID-19 response tailed off, leaving us needing to make up for two years of lost time.

A number of innovations were introduced with the aim of supporting patients and reducing the waiting lists – from our £20m Day Surgery Unit at Prince Philip Hospital that allows us to provide surgery to thousands of patients more quickly – to working with technology partners to introduce AI that help us to predict the length of a patient's stay in hospital. The support provided through our waiting list support service that seeks to support people while waiting, providing access to clinical staff who advise on how best to keep healthy and ensure that patients are fit and well enough for surgery or treatment.





As a geographically diverse rural health board, partnership working is vital for us – we can't improve the health and well-being of our communities alone. During the past year we have continued to work with a broad range of partners to support the wellbeing of our individuals and communities. With a significant number of our patients in hospital being medically fit and ready to leave, working together to find ways of enabling them to be discharged, alongside our local authority partners, has been crucial. In Carmarthenshire, our work with Carmarthenshire Council, Delta Wellbeing and our Advanced Paramedic Practitioners has been able to support people in their homes – and in some cases preventing the need for hospital admission. In Pembrokeshire, the local authority launched Operation Nightingale to identify and support social care for members of our communities and enable patients to return home, or to social care provision.

During the spring and summer, we worked closely with Ceredigion Council and the Urdd to welcome refugees fleeing the war in Ukraine – providing a safe haven for families in Llangrannog. Alongside our partners, our teams provided health screening support and helped our new community members to settle in the area and register with our health services.

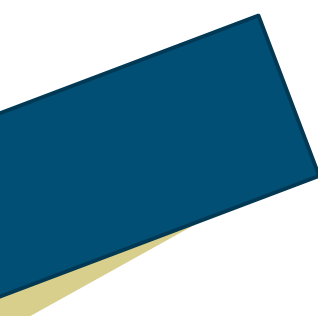
In seeking different solutions for our patients, following a successful pilot program in Carmarthenshire, we saw the funding for LUMEN, a project that supports the early diagnosis of lung cancer, extended to the entire Hywel Dda region. The service enables members of our communities who experience particular symptoms to contact the service directly, relieving the pressure on our GP services.

Increasing our staffing levels, we welcomed over 100 international nurses to Hywel Dda, and increased our overall numbers of nursing and midwifery staff to 2,955 whole time equivalents in post, which exceeded our ambition for the year. Our Apprenticeship Academy continues to grow, and we have continued to innovate our recruitment practices, including centralisation of the recruitment pathway for Registered Nurses and Health Care Support Workers. This resulted in a record number of applications being submitted to the health board this year.

Recognising that digital and technology plays an important part in how we can meet the needs of our patients, last year we were pleased to be the first health board to achieve the Digital Inclusion Charter aiming to not only deploy technology but support individuals in accessing and understanding how to use it. Closely following the Charter, we launched a health and care apps library that signposts individuals to digital apps available to them – putting health and well-being in the hands of our communities.

While it has been a very challenging period, we recognise and value the achievements and successes of our staff. Many of our staff have won awards or been recognised in different ways for their incredible work and we could not be prouder of them and what they achieve every single day.

At the time of writing this report, we have received the news that we have 11 incredible finalists covering seven of the categories in this year's National BAME Health and Care Awards with an awards ceremony on 9 June. This is a fantastic achievement and is testament to the dedication and hard work of everyone involved.



Employee recognition and appreciation has long been a cornerstone of effective organisations. The way an organisation demonstrates that they value their employees has become more important than ever. In simple terms, recognition is about what people do; appreciation is about who they are.

Hywel Dda developed a recognition and appreciation programme for 2022/23 that included several initiatives to revive how we show how we value our workforce. All these awards were part of an ongoing programme of showing appreciation and valuing our workforce.

The Chair's Commendation Awards recognise staff for their compassion, innovation and collaboration in line with the organisational values and purpose. Our long service awards scheme was introduced to recognise staff for their service to the health board at five and 10 years of service, and to mark the milestones of 25 and 40 years of service. Both schemes have spread much joy to those who have been recognised in this manner.

In December 2022, we also launched our Hywel's Applause staff awards. Staff were nominated by colleagues for awards across a range of diverse categories such as Living Our Values, Diversity and Inclusion, Unsung Hero, Rising Star and Patients' Voice. Winners were chosen by panels including colleagues across a wide variety of services.

In 2022/23 the health board also became a member of the Refugee Employment Network and achieved the Stonewall Diversity Silver award. We were also successful at the National BAME Health and Care awards, winning the Community Initiative of the Year Award and Mental Health Initiative Award.

In 2021 our Hywel Dda Health Charity launched its Bronglais Chemotherapy Appeal. We're delighted to report that this year the Charity has exceeded its target of raising the remaining £500,000 needed to provide a purpose-built chemotherapy day unit at the hospital thanks to the kind donations of our communities.

Work has also progressed at pace on our research and development activities. We're currently exploring intelligent automation, with a target of releasing 50,000 hours of time back into the organisation by 2050.

We've made good progress this year towards achieving that target working on two projects. The first is a workforce automation project in partnership with Northampton Hospital Trust, which is a Robotic Process Automation (RPA) Centre of Excellence. Together we are seeking to document two workforce processes and automate one of them, with our focus currently on exploring the automation of training records in the Electronic Staff Record (ESR) system. The second project is seeking to automate two finance processes, with work underway on automating the request to raise a bill.

Earlier in the reporting year Mr Peter Cnudde, a high-volume joint replacement surgeon at Prince Philip Hospital, Llanelli, received funding from Health and Care Research Wales as part of the NHS Research Time Awards. Mr Cnudde's area of research interest is development of a

technology-enabled patient pathway for arthroplasty, surgery where the damaged joint is replaced by an artificial one.

We're proud that the health board has also been awarded over £435,000 funding from UK Research and Innovation (UKRI) for two projects aimed at developing and improving systems to support healthcare and planning on a local and national level in Wales.

This includes the UKRI's Horizon Europe Guarantee competition, which is providing the health board with funding of £168,268 as part of the Horizon Europe project DYNAMO. This €5million project will focus on modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems. DYNAMO will result in a lean and powerful solution enabling quick, data-driven and platform-independent planning of care pathways for situations where health system functions are threatened.

The second project has been awarded £266,860 funding from UKRI's Horizon Europe Guarantee competition as part of the Horizon Europe project Invest4Health. This project seeks to mobilise novel finance models for health promotion and disease prevention.

As a health board we are committed to our values and the principles of transparency, kindness and working with our communities, staff and partners in all that we do. This dedication shines through in our annual report, which we hope will leave you informed, intrigued and inspired by what we in team Hywel Dda do. We pledge that each and every day we work to protect your health and build a system that is fit for the future needs of our fantastic staff and the wonderful people of Carmarthenshire, Pembrokeshire and Ceredigion that we have the privilege to serve.



Maria Battle, Chair

Signed: \_\_\_\_\_  
x Month 2023



Steve Moore, Chief Executive

Signed: \_\_\_\_\_  
on x Month 2023

# Chapter 1

## Performance Report 2022/23

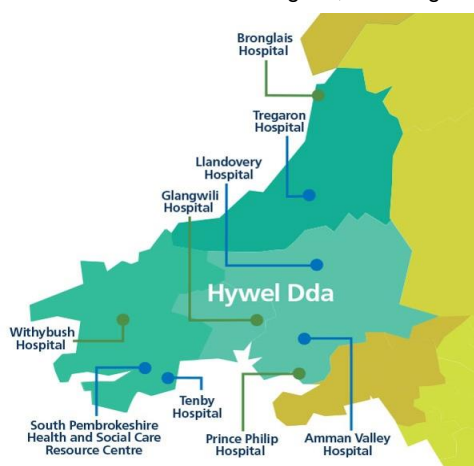


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University Health Board

## About us

[Hywel Dda University Health Board \(HDdUHB\)](#) plans and provides NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties. Our 13,143 members of staff provide primary, community, in-hospital, mental health and learning disabilities services for a quarter of the landmass of Wales. We do this in partnership with three local authorities and public, private and third sector colleagues, including our volunteers, through:



- Four main hospitals: Bronglais Hospital in Aberystwyth; Glangwili Hospital in Carmarthen; Prince Philip Hospital in Llanelli; and Withybush Hospital in Haverfordwest.
- Five community hospitals: Amman Valley and Llandovery hospitals in Carmarthenshire; Tregaron Hospital in Ceredigion; and Tenby and South Pembrokeshire hospitals in Pembrokeshire.
- Two integrated care centres: Aberaeron and Cardigan in Ceredigion, and a number of other community settings e.g., Bro Preseli, Crymch.
- 48 general practices (six of which are health board managed practices); 40 dental practices (including four orthodontic); 97 community pharmacies; 44 general ophthalmic practices (44 providing Eye Health Examination Wales services and 29 providing low vision services; domiciliary only providers and health centres.
- Numerous locations providing mental health and learning disabilities services.
- Highly specialised services commissioned by Welsh Health Specialised Services Committee.
- Sure Start joint services with Carmarthenshire, Ceredigion, and Pembrokeshire local authorities.

## The population we serve

### Population projection

By 2025 our total resident population is estimated to be at about 390,000 people. In addition, we also provide care for large numbers of tourists and students.

### Welsh language

The proportion of residents who can speak Welsh is 47 per cent.

### Ageing population

The average age of people in the three counties is increasing steadily, we have a higher proportion of older people than average across Wales. Those aged 65 and over currently comprise a quarter of the health board's population. Projections suggest that by 2043 there will be almost 125,000 people living in Hywel Dda aged over 65, of which almost 22,000 will be aged over 85. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions, such as circulatory and respiratory diseases and cancers. We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by 4 per cent per annum

### Health inequalities

Variation in healthy behaviours leads to variation in health outcomes, this is also influenced by levels of deprivation. Twenty-two per cent of our population are children and young people, with nearly a third living in poverty. A wider overview of our Health Needs has been developed as part of our collaboration with the West Wales Care Partnership, and the co-produced area Health Needs Assessment: [Population-Needs-Assessment](#). Additionally, we are a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. Well-being Assessments were undertaken by each PSB in 2022, leading to development of Well-being Plans.

### Changing patterns of disease

We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by four per cent per annum. Dementia, diabetes, obesity and chronic conditions also represent a large and increasing proportion of our primary care and urgent care activity. COVID-19 has had a significant impact on our population by for example, increasing isolation, especially for older people and those who are carers, worsening mental health conditions, restricting access to wider support networks and services, and increasing cases of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

### Tobacco

18.7 per cent of adults in our area smoke. Prevalence of smoking is highest in Pembrokeshire (20.3 per cent), followed by Carmarthenshire (18.8 per cent) and Ceredigion (16.6 per cent). Smoking is a significant risk factor for many diseases and early death.

### Food

Four per cent of people in our area do not eat enough fruit and vegetables, and 59 per cent are overweight or obese. If current trends continue, it is projected that by 2030 64 per cent of adults in Wales will be overweight or obese. The adult weight management multi-disciplinary service is fully

recruited. The service continues to roll out and embed a range of one to one, and group interventions, designed to support an individual person centred, needs led approach.

**Physical activity**

Over 24 per cent of adults in our area do not take enough regular physical activity to benefit their health.

**Social isolation and loneliness**

14.6 per cent of our population report feeling lonely. We continue to make progress across the entire Transforming Mental Health agenda. We were the first health board to introduce 111 Option 2, offering 24/7 mental health support to those in need.





## Introduction

The COVID-19 pandemic has created unprecedented pressures for the NHS and each phase has brought new and unique challenges. However, the success of the vaccination programme means, despite high levels of COVID-19 within our communities, that society has been transitioning back to near-normal. Similarly, the health service through 2022/23 saw the unwinding of many of the additional measures put in place for COVID-19 and return, as much as possible, to 'business-as-normal' operating.

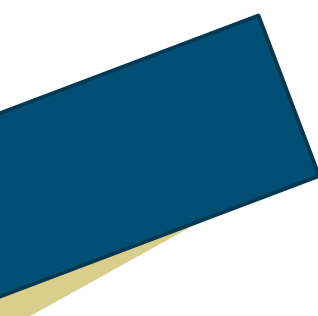
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The challenges facing our health and care system are at historic levels as we and society contends with multiple, simultaneous events impacting on our way of life. For our health board, the drivers of these pressures typically fall into the categories of workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID-19 and the latent health consequences as a result of the pandemic). The wider impacts of the pandemic on the economy, education and the mental health of the population are anticipated to leave a lasting impact on the health of our communities and the determinants of health.

These issues manifest as backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. In addition, we are now at the foothills of a long-anticipated demographic trend with the 'baby boomer' generation, with a rise in those aged over 65 from approximately 100,000 in 2023 to approximately 124,587 by 2043. We also recognise that at Hywel Dda we have an ageing estate and an unsustainable service model. It is therefore clear that the scale of these challenges will require concerted and long-term action to address.

Despite these challenges, we are optimistic for the future. The health board has a clear strategic direction, and a passionate team of staff who regularly go above and beyond for our patients. Our strategy, built on the principles of care closer to home and a shift to primary and preventative care, includes a set of design assumptions which articulate how services will improve to realise this vision. The pandemic has not only sharpened our focus on these but in some areas has accelerated our delivery (new outpatient models for example). During the past year, we have been able to narrow down the number of possible sites for our new Urgent and Planned Care Hospital to three possible sites and in August 2022, the Board endorsed plans to consult with our population on which of these three sites, located in a zone between Narberth and St Clears in the south of the Hywel Dda area, would be best. The 12-week public consultation launched on 23



February 2023 and the feedback, together with the output of further analysis of the sites, will be presented to Board during late summer 2023.

We recognise the seismic shift that COVID-19 has had on planning, deployment and implementation of systems, structures, and services. The impact has been both significant and dynamic and cannot be underestimated. It has changed and advanced the way we approach our planning, meaning that many changes previously identified for the longer-term have been implemented sooner than envisaged, with digital enablement being a prime example of this. This means that planning and assumptions were re-thought, along with their timelines, as the health board moved into a transformational period. Despite the challenges and fundamental changes encountered during 2022/23, there have been unexpected opportunities presented to reset, accelerate, and expedite, where appropriate, to transform services.

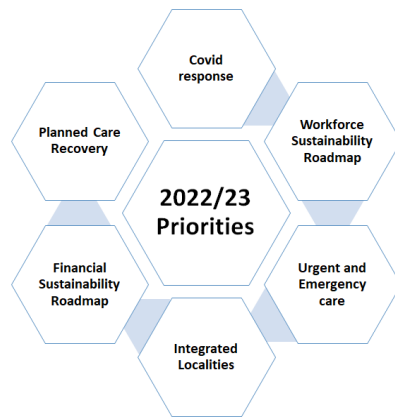
Our underlying deficit has worsened over the last three financial years following the gaps in delivery of recurrent savings.

While an initial Integrated Medium Term Plan (IMTP), which aimed to balance over a three-year period, was developed for the health board in 2022, due to the financial challenges faced, the board was unable to fully approve the plan for submission to Welsh Government and a three-year plan was produced in its place.

In September 2022, the health board was advised by Welsh Government that it was being raised to 'targeted intervention' for planning and finance, and retained at 'enhanced monitoring' for quality issues related to performance. Targeted intervention is a heightened level of escalation within NHS Wales and occurs when Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement. Welsh Government confirmed that de-escalation would be considered when the health board:

- had an approvable and credible plan, and improvement in its financial position
- assessment at level 3 of the maturity matrix
- agreement of and sustainable progress made towards a finance improvement trajectory
- builds on relationships and fully engages on the transformation and reshaping of services

The focus of the three year plan produced, was built around the six key priorities for 2022/23, which incorporated both COVID-19 response and recovery and the delivery of a roadmap to service, workforce, and financial sustainability in line with our strategic direction:



We are committed to addressing these challenges and are in the process of constructing a clear core plan, focusing on recovery. For 2023/24 this will be coupled with ensuring that the exceptional economic challenges we face next year are well described and assessed.

Value based health care approaches are being taken across the whole organisation, and it is our aspiration that a target operating model can be constructed to focus our delivery of services in the most optimum way for our patients, with this forming a critical part of our approach to the medium-term outlook and aligning with the design assumptions set out in our strategy – A Healthier Mid and West Wales – and recent Programme Business Case (PBC). The PBC is a high-level document which sets out to secure Welsh Government support for a programme of investment.

### Strategic and planning objectives

We are clear on our long-term destination – articulated in our strategy – A Healthier Mid and West Wales – and reinforced in our PBC that was presented to Welsh Government in February 2022. Our PBC outlines the case for the buildings and infrastructure we need to deliver our long-term strategy. It seeks the greatest investment into health and well-being that west Wales will have ever seen, in the region of £1.3 billion. Reaching that destination requires progress across a number of domains, which we have termed ‘strategic objectives’.



These strategic objectives relate to our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed 'planning objectives', we are taking to make progress in each of these domains. In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. We have used this approach throughout the year, and it is now well embedded into our business practices.







This approach has been used by the health board for the past two years and is now well embedded into our business practices. Each planning objective is led by an executive director and aligned to a committee of the board, with regular update reports provided at every other committee meeting. Our board assurance framework tracks progress and the impact of these actions on our strategic outcome measures.

Our approach to planning revolves around these strategic and planning objectives, with a systematic review of the planning objectives a critical aspect of the organisation's planning cycle. In the development of this plan, we have undertaken this review, with many planning objectives completed and updated and others revised. Our board formally signs-off all planning objectives and they are not altered or removed without board approval, demonstrating our openness and accountability to the population we serve.

The development of planning objectives takes account of a range of factors, including: our risks and performance, the Minister's priorities, Welsh Government policies and legislation, and work in support of our strategy.

### Alignment of the Ministerial Priorities to Our Strategic Objectives

The table below provides an overview in relation to how our strategic objectives align to the ministerial priorities:

Ministerial Priorities	Our strategic objectives					
	 1. Putting people at the heart of everything we do.	 2. Working together to be the best we can be	 3. Striving to deliver and develop excellent services	 4. The best health and wellbeing for our communities	 5. Safe, sustainable accessible, and kind care	 6. Sustainable use of resources
COVID-19 Response and Challenges			✓	✓		
NHS Recovery - Access to timely planned care 6 Goals of Urgent and Emergency Care	✓		✓	✓	✓	
Working alongside social care – Care closer to home		✓		✓	✓	
A Healthier Wales		✓		✓	✓	
NHS finance and managing within resources - Economy and Environment						✓
Mental Health and emotional wellbeing				✓	✓	
Supporting the health and care workforce	✓	✓	✓	✓	✓	✓
Population Health				✓	✓	
Infection prevention and control				✓	✓	
Digital and Technology	✓		✓		✓	

### **Our Strategic Journey – A Healthier Mid and West Wales**

Following extensive staff and public engagement and consultation we published in 2018 our long-term Health and Care strategy: A Healthier Mid and West Wales. 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 and therefore the vital role community networks will play in achieving the required transformation.

The design aims to create a sustainable healthcare system for the future, built on a 'social model of health and wellbeing', requiring 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 future model of care will have a network of integrated health and well-being centres, developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities.

Each of the seven integrated community networks will be supported by one or more health and well-being centre which will bring people and services together in one place and provide virtual links between the population and the community network. Multidisciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new Urgent and Planned Care Hospital in the south of the region which will operate as the main hospital site for Hywel Dda. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and integrated health and wellbeing centres which will provide more locality-based care:

- Urgent and Planned Care Hospital (located between Narberth and St Clears in the South of the region)
- Bronglais Hospital in Aberystwyth
- Prince Philip Hospital in Llanelli
- Glangwili Hospital in Carmarthen
- Withybush Hospital in Haverfordwest
- A number of locally based integrated health and wellbeing centres.

During 2022/23 we submitted our Programme Business Case (PBC) to Welsh Government for consideration. This PBC is the crystallisation of a very long period of discussion and a further stage in our long-term journey. Our objective is to reach submission of Full Business Case stage across all elements of our programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements for our population as soon as possible, and progress at pace to align with the decarbonisation target.

This is only one part of wider transformation across the organisation. Programme and project management support is provided for key change and transformation programmes, aligned to our strategic and planning objectives. These are the building blocks that help us achieve our long-term health and care strategy.

Our transformation work programme is centred around four domains:

Hywel Dda University Health Board – Annual Report 2022/23

- Transforming population health and wellbeing: this includes projects (e.g. social prescribing) that support our long-term shift towards a social model for health and wellbeing, and prevention and early intervention in relation to health and wellbeing.
- Transforming our current clinical services: our current focus is on supporting our Urgent and Emergency Care programme, and projects to support our recovery from the impact of the pandemic.
- Transforming our future models of care: our focus on the transformation of clinical pathways, particularly those that impact on our future acute and community models and associated business cases.
- Transforming the way we work: projects supporting the Agile Working and Decarbonisation programmes of work, as well as providing general support on good practice in relation to programme and project management, along with templates and toolkits

### Our Strategic Direction

There is an obvious and strong connection between our Health and Care Strategy and this three-year plan. As noted previously our Planning Objectives, detailed in this document, set out the actions we are taking today to both improve services and to build towards our strategy and deliver our Strategic Objectives. Our design assumptions, the Board Assurance Framework, our Strategic Outcome Measures all contribute to connecting our daily activities with making our strategic vision a reality, which in turn will deliver our Strategic Objectives, which ultimately will deliver our mission to “build kind and healthy places to live and work in Mid and West Wales”.





# Our Key Performance Measures



## Our Key Performance Measures

The COVID-19 pandemic has resulted in considerable pressures across NHS services. In conjunction with Welsh Government, we identified the following areas to prioritise for improvements in 2022/23:

### Planned (non-emergency) care

- Increase planned care activity back to 2019/20 levels, especially in surgical specialties
- Reduce the number of patients waiting over one year for a first outpatient appointment
- Reduce the number of patients waiting over two years for treatment

### Urgent and emergency care

- Reduce the number of ambulance handovers to our emergency departments taking over four hours

### Cancer

- Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion
- Reduce the backlog of cancer patients waiting more than 104 days

### Mental health

- Increase the percentage of adults receiving a psychological therapy within six months of their referral

### Neurodevelopmental services

- Increase the percentage of children and young people receiving a neurodevelopmental assessment within six months of their referral

### Infection control

- Reduce the number of cases of C.difficile infections
- Reduce the number of cases of E.coli infections

### Workforce

- Increase the number of nurses and midwives we have in post

The issues and risks impacting our performance, the actions taken, and progress made for each of the above areas are discussed in more detail below.

Details of all areas we have been working on to improve performance can be found in our Integrated Performance Assurance Report which is updated monthly and published:

[Monitoring our performance - Hywel Dda University Health Board \(nhs.wales\).](#)

## Key Issues and Risks Impacting Our Performance in 2022/23

### Business continuity incidents

During 2022/23, due to extreme pressures our acute sites reached the highest level of risk escalation on seven occasions and required Business Continuity management. Senior leaders were required to reprioritise their scheduled activities to provide oversight and challenge to clinicians and management colleagues to secure an increased number of hospital discharges to facilitate flow and reduce risk.

### Staff shortages

Vacancy gaps, staff retention, staff sickness, industrial action and carry over of annual leave from the pandemic all impacted on our capacity to see and treat patients.

### Patient acuity

Due to delays in patients coming forward for care during lockdown and the resulting increased waiting times, many patients were of greater acuity and complexity than pre-pandemic and therefore needed higher levels of care.

### Patient flow

Delays in ambulances posed a risk to patients waiting in the community for an ambulance or access to treatment / transport.

The increase in patient acuity mentioned above led to an increase in the number of patients with complex discharge requirements which in turn resulted in patient discharge delays while arrangements were put in place to meet the patients' needs. Most delays were attributable to timely access to various pathway assessments, domiciliary care provision, availability of reablement packages, social worker capacity and care home placements. As of 22 March 2023, 294 of our inpatients were clinically fit and ready to leave hospital.

The discharge delays impacted on our emergency departments and assessment units, with a number of patients waiting days for an inpatient bed. On the morning of 31 March 2023, we had 59 patients in our emergency departments awaiting admission but only had spaces for 49 major/resuscitation patients. The remaining patients were waiting in minor bays, on ambulances, on chairs, in corridors and in the waiting room.

### Demand and capacity

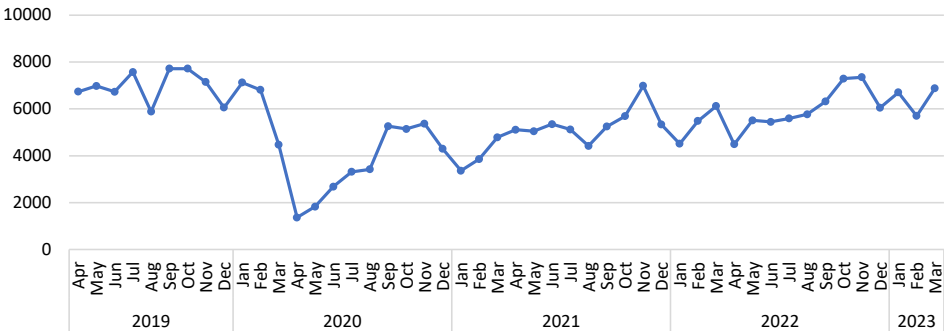
The patient flow issues described above led to insufficient accommodation space to treat new patients arriving in our emergency departments. As of 31 March 2023, our acute hospitals had been at 95 per cent occupancy for more than 12 months.

Demand for treatment was higher than our capacity to see patients in many areas (e.g., mental health services, single cancer pathway and endoscopy) which led to increased waiting lists. Patients not attending appointments impacted our capacity. This was most noticeable within our mental health services.

Planned Care

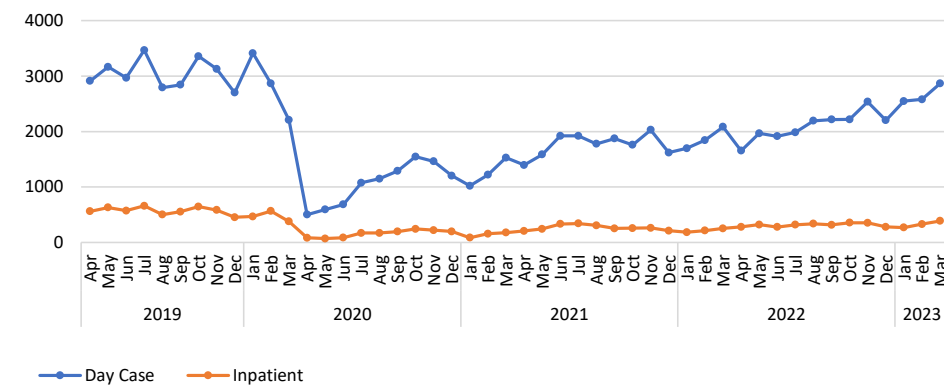
- Our key planned care ambitions for 2022/23 were to:
- Increase planned care activity back to 2019/20 levels, especially in surgical specialties
  - Reduce the number of patients waiting more than one year for a first outpatient appointment
  - Reduce the number of patients waiting more than two years for treatment

Planned care activity – number of new outpatients seen



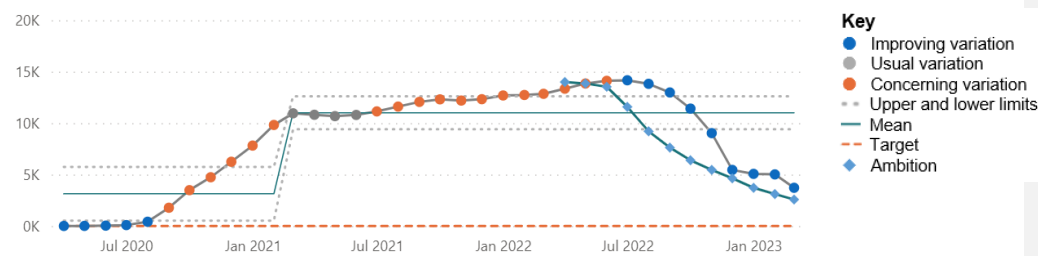
Capacity and throughput in outpatients has been consistently increasing and is now similar to pre-COVID-19 levels for new patients, with some specialties exceeding throughput by the use of alternative pathways. In March 2023 we carried out 6,884 new outpatient appointments, a two per cent increase over the 2019/20 monthly average. Within surgical specialties we carried out 4,400 new outpatient appointments, an increase of 18 per cent over the 2019/20 monthly average. Breast, colorectal, ENT, gynaecology, and urology all exceeded the 2019/20 monthly average. Activity for general surgery, ophthalmology and trauma and orthopaedics did not hit 2019/20 levels but was sufficient to resolve the number of outpatients waiting over 52 weeks.

Planned Care activity – number of day cases and inpatients treated



Both inpatient and day case activity have seen improvements in more recent months, albeit remaining below 2019/20 monthly average activity, in part impacted by lost capacity due to industrial action. Inpatient activity steadily increased through 2022/23. Bigger gains have been seen in day case activity, which is benefitting from the two new day theatres at Prince Phillip Hospital, Llanelli and the repurpose of the day surgical unit at Amman Valley Hospital, delivering cataract surgery, both opening at the end of 2022. In March 2023, we carried out 2,866 day-case procedures, which was 96 per cent of our 2019/20 monthly average, with colorectal, gynaecology, trauma and orthopaedics and urology all exceeding the 2019/20 monthly average. Further work is needed in general surgery and ophthalmology who carried out around two-thirds of the day cases in March 2023 compared to the 2019/20 monthly average.

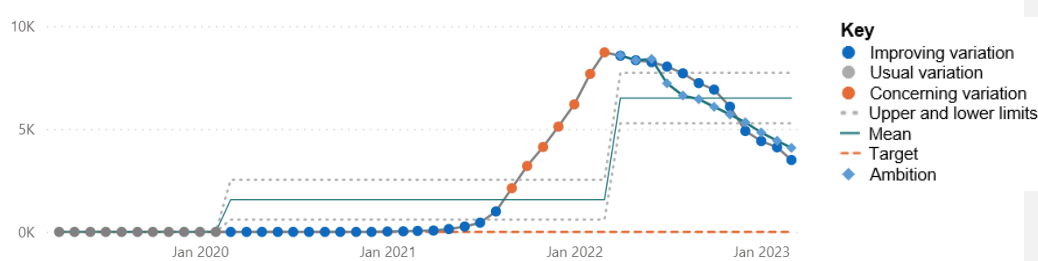
Number of patients waiting more than one year for a first outpatient appointment



During 2022/23, health boards in Wales were set a target to have no patients waiting more than a year for a first outpatient appointment by 31 December 2022. While this was a significant challenge for all health boards, we managed to achieve significant improvement through the year, reaching our final position of 5,452 breaches at the end of December 2022. HDdUHB ranked first among other Welsh health boards, achieved the greatest percentage improvement over the course of 2022 and had significantly fewer specialties with breaches remaining.

Following on from the end of December 2022 position, we set ourselves an ambition to further reduce the number of patients waiting more than 52 weeks for a first outpatient appointment to below 4,000 by the end of March 2023. We achieved this and our final position at the end of March was 3,715 breaches. We aim to improve this position further in 2023/24.

Number of patients waiting more than two years for treatment



Alongside the outpatient target, during 2022/23, health boards in Wales were set a target to have no patients waiting more than two years for treatment by 31 March 2023. This again was a significant challenge for all health boards and HDdUHB made continuous steady improvement through the year, despite significant capacity and staffing challenges. We achieved a position of 3,495 breaches at the end of March 2023, which exceeded our original ambition of 4,000 breaches.

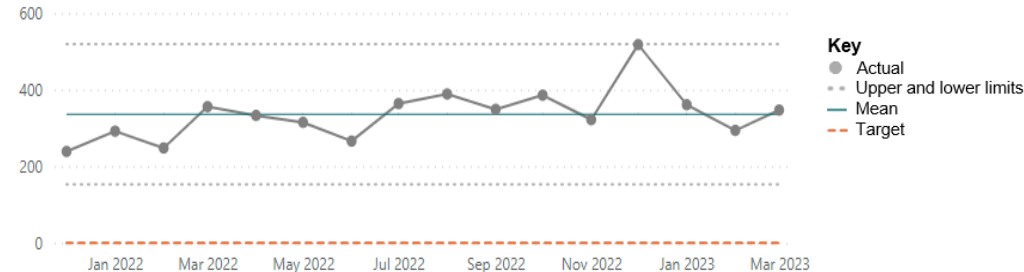
Key actions taken to improve performance and mitigate risks:

- A focus on risk stratification and clinical prioritisation of waiting lists to ensure clinically urgent patients are seen in a timely manner while balancing this with treating our long waiting cohort of patients.
- Regular reviews of outpatient, day case and inpatient space alongside workforce and recruitment plans to enable incremental improvements in activity throughout 2022/23.
- Clinical leadership and adoption of best practice guidance enables improved productivity and efficiency, benefitting outpatient and surgical treatment activity.
- Re-established dedicated wards areas for elective inpatients.
- Two new day surgical theatres established at Prince Philip Hospital from December 2022.
- A new dedicated day surgical facility established at Amman Valley Hospital for ophthalmology cataract surgery.
- Continued progress with our outpatient transformation priorities including utilisation of digital delivery platforms and increasing application of See on Symptoms (SoS) / Patient Initiated Follow Up (PIFU) approaches to follow-up care.
- A combination of face-to-face and virtual activity provided to maximise capacity
- Focused and targeted validation of waiting lists, using local resources and external support
- Active support to long waiting patients awaiting access to care via our locally developed Waiting List Support Service (WLSS)
- Close scrutiny and monitoring of delivery plans by specialty to support our ambitions
- Refined and improved demand and capacity planning tools.

### Urgent and Emergency Care

Our key urgent and emergency care ambition for 2022/23 was to reduce the number of ambulance handovers to our emergency departments taking more than four hours.

Number of ambulance handovers to our emergency departments taking more than 4 hours



During 22/23, on average there were 354 ambulances waiting more than four hours to handover per month, reaching a peak of 518 in December 2022. The key driver of these delays is system flow constraints, with the emergency departments regularly overcrowded while patients await an inpatient bed. In March 2023, 294 of our patients were ready to leave our acute/community hospitals but were unable to be discharged primarily due to a lack of social care and domiciliary support. We have also experienced significant challenges due to the peaks of COVID-19 and the rise in healthcare associated infections which have added further pressures to patient flow and capacity. Despite the challenges outlined, we have seen a steady improvement since January 2023 in several urgent and emergency care performance framework measures.

Key actions taken to improve performance and mitigate risks

- A Joint Operational Delivery Group was established with the Welsh Ambulance Services NHS Trust (WAST) to oversee delivery of joint actions to improve handover performance.
- Same Day Emergency Care (SDEC) was introduced in Glangwili, Prince Philip and Withybush hospitals. A Same Day Urgent Care (SDUC) service began operating from Cardigan Integrated Care Centre. These helped reduce admissions with wrap around care from the community available to support admission avoidance where safe and appropriate to do so.
- Our Urgent and Intermediate Care GPs undertook Patient Triage Assessment and Streaming (PTAS) of patients waiting for an ambulance during the hours we see most people arrive at our emergency departments (between 10am and 2pm). Where deemed appropriate, patients were recommended alternative care options to avoid conveyance to hospital and admission.
- We introduced an Advanced Paramedic Practitioner role to work alongside our PTAS model to help reduce levels of ambulance conveyances to hospital.
- Establishment of Contact First 111 – a helpline hosted by WAST to provide health advice and information for people living in Wales.
- Virtual Urgent Primary Care Centre (UPCC) – We have been working to develop a virtual UPCC. The majority of our GP practices have signed up to delivery and confirmed they are ready and able to take referrals from Contact First 111 when the virtual UPCC is live.
- Application of Telehealth as a pilot for early identification of deteriorating patients in the community and in care homes, and intervention to avoid hospital attendance and admission.
- Created additional community-based step-down/surge capacity in each county.
- Commissioned an extra 13 care home beds during the winter period to assist with patient flow.
- All acute sites have introduced the Real Time Demand and Capacity (RTDC) programme to help support and identify discharges to improve flow within the emergency departments.
- We adopted and continue to embed our six goals programme for organising and planning our [Urgent and Emergency Care \(UEC\) transformation](#) and operational improvement.

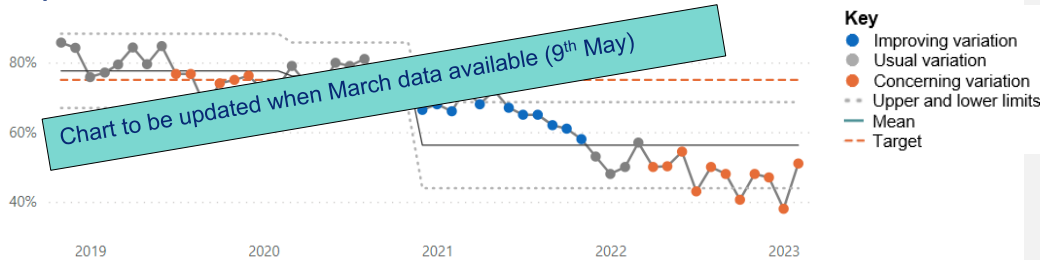


Cancer

Our key cancer ambitions for 2022/23 were to:

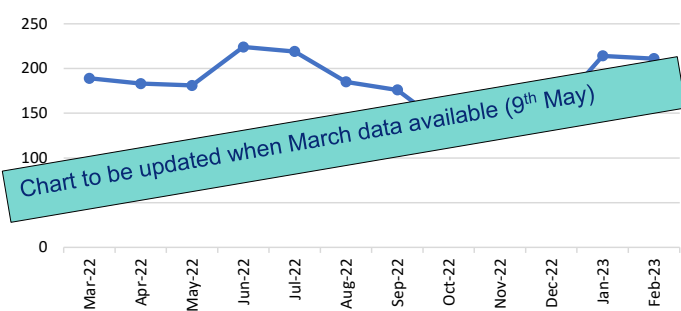
- Increase the percentage of patients on the suspected cancer pathway that start treatment within 62 days of the point of suspicion
- Reduce the backlog of cancer patients waiting over 104 days

% of patients starting first definitive cancer treatment within 62 days from point of suspicion

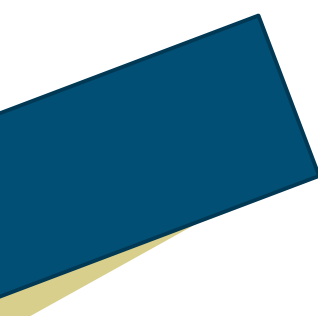


Performance has shown variation during 2022/23. The changes from urgent suspected cancer and non-urgent suspected cancer (USC/NUSC) in February 2020 saw an increase in the number of patients being tracked on the single cancer pathway (SCP). In February 2023 there were 38 per cent more patients entering the pathway than in February 2020. Demand for surgical treatments and systemic anti-cancer therapy treatment (SACT) exceed the pre-COVID-19 period. Between April 2022 and March 2023, the overall backlog has reduced by 28 per cent (596 in April 2022 to 429 in March 2023). As the backlog further reduces, we expect our SCP performance to improve over the course of 2023/24 with a forecast performance trajectory of 70 per cent by March 2024.

Reduce the backlog of cancer patients waiting more than 104 days



The largest volume of patients awaiting in excess of 104 days is within the urology pathway. However, there was a 40per cent reduction within urology (142 in April 2022 to 85 in April 2023), Lower GI saw a reduction of 32 per cent (41 in April 2022 to 28 April 2023), Skin saw a reduction of 50 per cent (12 in April 2022 to six in April 2023) and gynaecology saw a reduction of 29 per cent (24 in April 2022 to 17 in April 2023). Unfortunately, within some tumour sites, which are reliant on a tertiary pathway or have a level of complexity have either seen no improvement or



small growth in volume (lung and UGI). The remaining tumour sites have retained small residual 104+ day waits due to complexity.

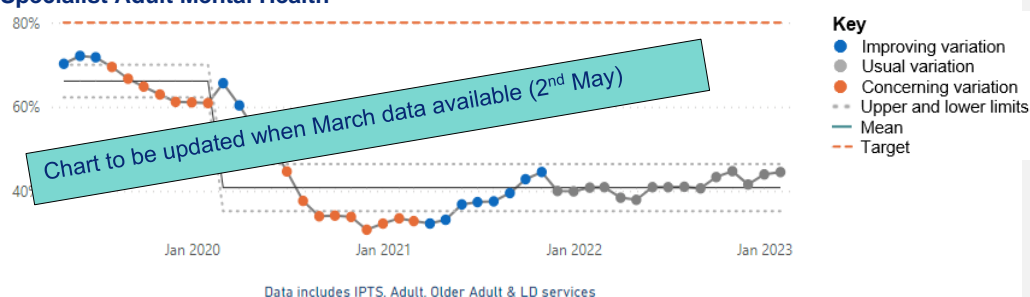
Key actions taken to improve performance and mitigate risks

- A rapid diagnosis clinic was introduced for patients with vague symptoms, who do not meet the criteria for the site-specific tumour pathways.
- Faecal Immunochemical Test (FIT) is a screening test for colon cancer. FIT testing in Primary Care was piloted in January 2023, full roll-out scheduled for April 2023.
- Weekly validation meetings with tumour site specific clinical teams.
- SCP diagnostics group meetings were held monthly to identify, investigate and resolve bottlenecks in the system.
- As a result of the pandemic the number of referrals to radiology services exceeded our capacity to meet the demand and a backlog of patients waiting accumulated. Demand and capacity planning for radiology service in collaboration with the NHS Wales Delivery Unit.
- We audited our outpatient appointment referrals to identify potential issues and developed improvement plans to address.
- Monthly performance meetings with Welsh Government.
- Trajectory performance plans were developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. Monitored via weekly Multidisciplinary Operational Cancer watchtower group.

## Mental Health

Our key mental health ambition for 2022/23 was to increase the percentage of adults receiving a psychological therapy within 26 weeks of their referral.

### Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health



This measure is made up of four different service areas - Integrated Psychological Therapies Services, Adult Psychology, Learning Disabilities Psychology and Older Adult Mental Health. Performance has steadily been improving towards the latter part of 2022/23 although we remain considerably below target (80 per cent). Our average performance in 2022/23 was 41.6 per cent per month. The number of referrals received surpassed our capacity to treat clients.

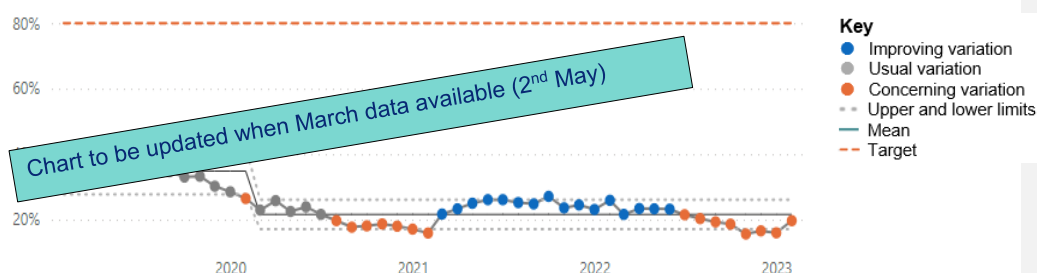
#### Key actions taken to improve performance and mitigate risks

- We have created a programme of group therapy sessions in Integrated Psychological Therapies to enable clients to receive treatment earlier than if they were waiting for a one-to-one session.
- Undertaken waiting list validation to ensure it is accurate and up to date, understand the level of clinical risk on our waiting lists, prioritise treatments for the most urgent and inform discussions with patients over their next steps.
- Trialling a single wait list model in adult psychology to offer clients options earlier, however this does mean that they may need to attend appointments out of their home county or through virtual platforms.
- Undertaken caseload reviews within the learning disabilities psychology service to maximise capacity and prioritise in order of clinical need to minimise risk to client and others.
- Introduction of a pilot SMS text service to reduce the number of patients not attending scheduled appointments.
- Recruitment drives to provide a sustainable workforce.
- Procurement of a third sector company to provide additional psychological therapy capacity to see more patients.

## Neurodevelopmental Services

Our key neurodevelopmental related ambition for 2022/23 was to increase the percentage of children and young people receiving an ADHD (Attention Deficit Hyperactivity Disorder) or ASD (Autism Spectrum Disorder) neurodevelopmental assessment within 26 weeks of their referral.

### Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment



Performance has been showing a concern since July 2022. Our average performance in 2022/23 was 19.8 per cent per month which is well below the target (80 per cent). The number of referrals received surpassed our capacity to treat children and young people.

Key actions taken to improve performance and mitigate risks:

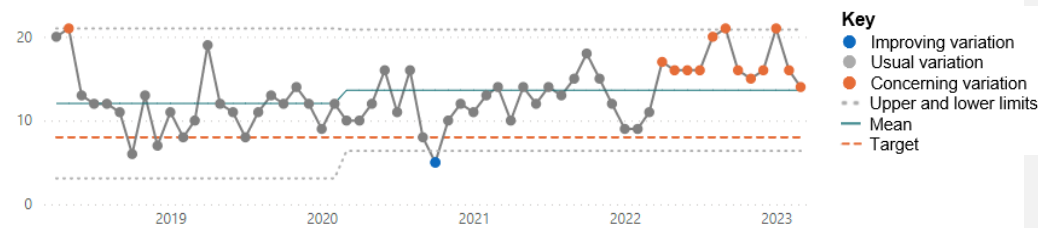
- Increased scrutiny and support available via the Improving Together sessions set up by the health board and will contribute to the demand and capacity planning.
- Meetings with the Delivery Unit (DU) continue to identify areas for improvement. Independent review of Neurodevelopmental services across health boards in Wales being undertaken.
- Received Welsh Government approval to outsource assessments to address our waiting list.
- Collaborative working with the Waiting List Support Service so that all children and young people on the waiting list receive a form of communication from the health board confirming they are on the waiting list and offering generic support while they wait.
- Review of processes being undertaken to include the introduction of a centralised booking system/process to reduce did not attend (DNA) rates.
- Autism Spectrum Disorder (ASD):
  - Completed process mapping of current systems and pathways to improve efficiency and reduce time to assessment.
  - Meetings continue with a variety of digital platform providers to identify alternative ways of addressing waiting lists.
  - Alternative accommodation is being sourced to increase capacity, number of assessment opportunities and address IT issues.
- Attention Deficit Hyperactivity Disorder (ADHD):
  - Service review of Community Paediatrics, commissioned by the Executive Team
  - Task and Finish group created to address increased waiting times.
  - Recruitment of Specialty and associated Specialist (SAS) doctors and an ADHD nurse specialist has seen an increase in capacity.
  - Creation of a working group to ensure that all IT processes are followed which will allow improved reporting.

Infection control

Our key Healthcare Associated Infection ambitions for 2022/23 were to:

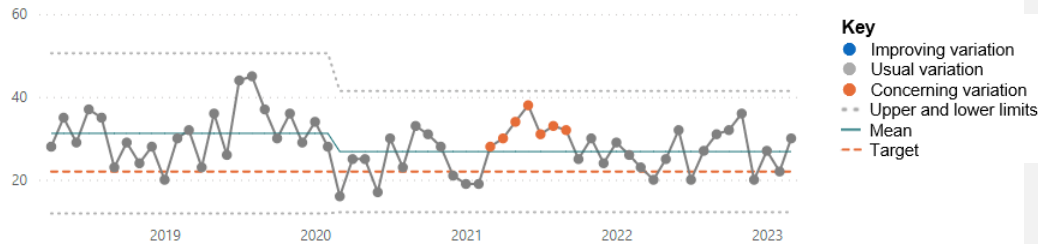
- Reduce the number of cases of C.difficile infections
- Reduce the number of cases of E.coli infections

Number of laboratory-confirmed C.difficile cases per month



During 2022/23, we saw an increase in the number of confirmed C.difficile cases with an average of 17 per month, reaching a peak of 21 in September 2022 and January 2023. HDdUHB displayed the highest population rate of cases across all health boards in Wales.

Number of laboratory-confirmed E.coli bacteraemia cases per month



During 2022/23, the number of confirmed E.coli cases was comparative with previous years, although in total we had 24 less cases than 2021/22. Hywel Dda was ranked fifth out of the six health boards in Wales.

Key actions taken to improve performance and mitigate risks:

- The Healthcare Associated Infections (HCAI) improvement plan was developed to focus on key aspects of infection prevention and control, aimed at reducing rates and maintaining standards. The improvement plan is monitored monthly, and performance is scrutinised. The plan is aligned to the five core commitments outlined in the Commitment to Purpose – Eliminating Preventable Healthcare Associated Infections:
  - Changing the culture.
  - Leadership.
  - Improving quality and safety.
  - Measuring success.
  - Public health.

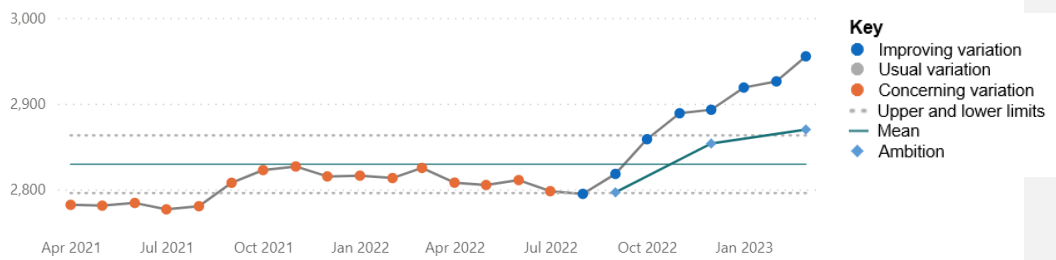
Each of these five core commitments have a series of aligned improvement actions:

- Education and training programmes must include capacity to respond to new and emerging threats.
- Increasing focus on education and training for care home and primary care staff training.
- Developing opportunities for Domiciliary Care training.
- Provide bespoke/targeted education on C.difficile through development of education folders for staff and competency assessment.
- Make antimicrobial stewardship training and audits mandatory for all prescribers to improve engagement and drive improvement.
- Raise awareness of the Microguide Application to move to digital ways of working and increase engagement and access to evidence base.
- Work with Communication Team to reinvigorate signage to raise profile of Infection Prevention and Control across health board premises: digital screens, posters, hand hygiene signage.
- Reintroduce face to face Infection Prevention and Control (IPC)/Antimicrobial Refresher Training to GPs and medical consultants.
- Review IPC policies and procedures - ensure that they are clear, unambiguous, and easily accessible policies.
- Review capacity for adequate isolation facilities and improve compliance with isolation requests.
- Conduct a deep dive into cleaning services across the organisation and review audit processes for environmental cleanliness.
- Reinstate quarterly audit program for hand hygiene, IPS and commodes.
- Review processes through surveillance of infections with a focus on data collection, data analysis and feedback to clinicians and others involved in decision making.

Workforce

Our key workforce related ambition for 2022/23 was to increase the number of nurses and midwives we have in post.

Number of nursing and midwifery staff in post

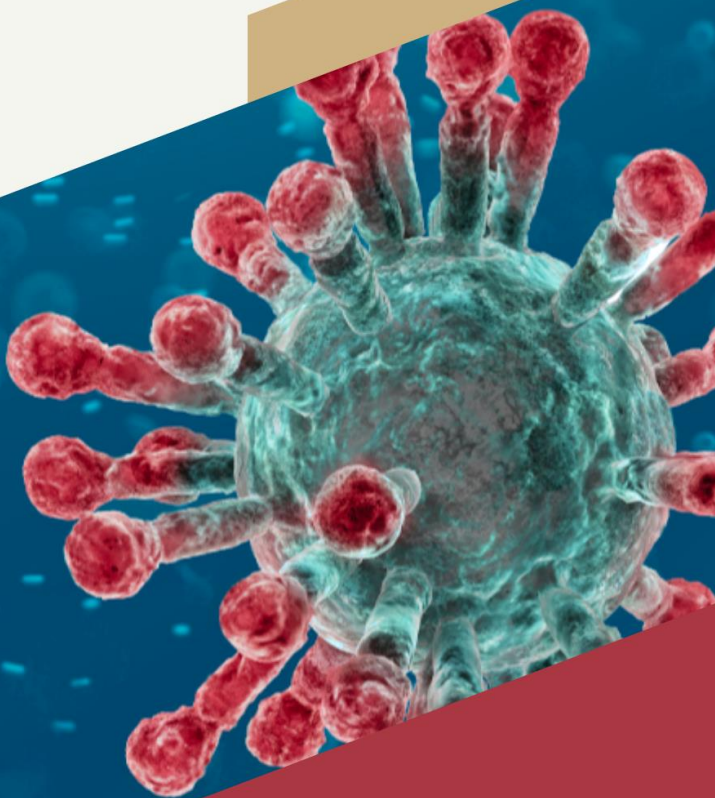


We exceeded our 2022/23 ambition to increase the whole-time equivalent (WTE) total of nursing and midwifery staff in post to 2,870, achieving 2,955 nursing and midwifery staff in post in March 2023. This is in line with the five-year projection we are working to have 3,318 nursing and midwifery staff in post by 2027/28.

- Key actions taken to improve performance and mitigate risks:
- Our progress in increasing the total WTE nursing and midwifery staff in post is attributable to our commitment to our Nursing Workforce Action Plan which crucially includes:
- Streamlining of newly qualified registered nurses.
  - An active workplan in progress with the Nursing Retention Task and Finish Group.
  - The International Registered Nursing Recruitment project.
  - A targeted campaign for return to practice nurses.



# Ongoing response to Covid-19



## Ongoing response to COVID-19

### Testing and immunisation for COVID-19

#### COVID-19 testing

The health board first commenced community testing for COVID-19 in March 2020. Since that time, the demand for testing, national strategy and testing infrastructure have changed frequently and quite dramatically. We developed a robust testing infrastructure, which has been responsive to the changing expectations from Welsh Government, as the national testing strategy has developed. Throughout 2022-23 COVID-19 testing was systematically stepped down, as the prevalence and impact of COVID-19 reduced through the year in line with seasonality of respiratory illness, success of COVID-19 vaccination and changing government guidance. During autumn and winter testing moved to a multiplex model testing for wider respiratory illnesses.

#### Symptomatic testing

General public community testing using RT-PCR stopped on 1 April 2022, with the national withdrawal of all regional and mobile testing units. Symptomatic members of the public were able to access free Lateral Flow Devices (LFDs) until the end of June 2022, since this time, tests have only been available to purchase.

We continued to support the testing of symptomatic health and social care staff throughout the year to safeguard vulnerable patients and care home residents. Testing requirements for staff changed throughout the year, dependant on surveillance data and impact of infectivity.

In line with Welsh Government guidance, all testing of symptomatic staff ceased on 1 April 2023.

#### Care Home testing

We continued to offer both symptomatic and asymptomatic testing in outbreak/incident management scenarios across the care home sector. As we moved into the summer, with the seasonal decrease in circulating respiratory illness, we moved away from automatic whole home testing. Testing in closed settings is now managed via a normal incident management plan and delivered only as and when necessary.

#### Inpatient testing

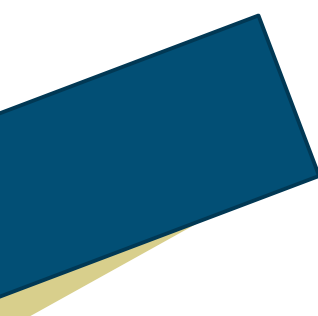
We continued to test patients on admission to hospital throughout the year, reducing to only those with respiratory symptoms when prevalence reduced and flexing up to include all admissions at times of higher prevalence and during outbreaks.

Following admission, patients were tested if they developed symptoms.

From 1 April 2023, only admissions and in patients with respiratory symptoms, who would benefit from treatment, or in order to support infection prevention and control streaming or for passive surveillance are tested.

#### Asymptomatic testing

Prior to July 2022, all pre-operative patients received a RT-PCR test to check COVID-19 infection status prior to surgery. Since July 2022, in line with Welsh Government guidance, pre-operative



patients have been risk assessed with only those requiring major surgery or likely to require higher levels of post-operative care being tested. All pre-operative COVID-19 testing was paused on 31 March 2023.

RT-PCR testing for chemotherapy patients ceased in June 2022 and was replaced by LFD testing.

Routine availability of LFD kits for asymptomatic testing ceased on 31 March 2022, however, we continued to provide LFDs to health and social care staff throughout the year. Guidance for staff testing changed throughout the year to support return to work following a positive COVID-19 result and staff who were contacts of positive cases. All health and social care staff testing ceased on 1 April 2023.

#### **Contact tracing**

Routine contact tracing was stepped down during the year, in line with the reduction in testing for COVID-19. Focus moved to tracing to support vulnerable closed settings such as care homes, inpatients and health and social care staff.

Routine tracing is no longer in place and is only used to support outbreaks in closed settings. Local authority contact tracing teams have transitioned into working across the wider health protection system in partnership with the health board teams and Public Health Wales to provide a regional, more sustainable approach to health protection.

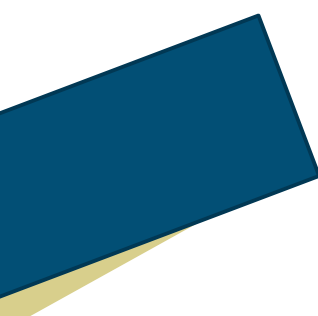
#### **COVID-19 vaccination programme**

Delivery of our COVID-19 vaccination programme for the three counties in 2022/23 was considered as a transition year, moving towards a more fully integrated approach to immunisation and wider public population health, and is fully aligned to the Welsh Government National Immunisation Framework (COVID-19 Vaccination Strategy for 2022 published | GOV.WALES). The aim of our COVID-19 vaccination programme remains to protect those who are at most risk from serious illness or death from the virus and deliver the vaccine to them and those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a health or care environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), we continue to strive to offer everyone eligible their primary or booster vaccinations.

To offer protection and vaccinate people as quickly as we can, we are using a blended approach to deliver the COVID-19 Vaccination Programme at the pace required, and accommodate the logistical issues caused by the vaccine characteristics, vaccine supplies, our demographics and rurality and changing national policy and advice. In this way, we use all our strengths to offer vaccination to our community.

This means some people have or will receive their vaccinations through their GP surgery or community pharmacy, while others will be invited to their nearest mass vaccination centre, where vaccine is delivered by health board staff.



We also vaccinate target groups in other ways where necessary, for example, we have undertaken vaccination in the hospital to care for long term patients or service – unpaid carers and those people who are homeless. This aims to minimise any impact of health inequalities and ensure no one is left behind in our communities.

Flexibility of delivery is crucial to meeting the guidance of eligibility as set out by the JCVI and on occasions priority groups will be invited in for vaccination at the same time so that we can make maximum use of the vaccine supplies provided to us. The programme continues to reach our younger population, we aim to support our younger children through clinics in our mass vaccination centre or alternative clinic settings that are suitable for this younger group. We aim to ensure the environment is adapted for the needs of this younger group to prevent any distress and support a positive experience.

The spring booster programme during April to July 2022 saw the delivery of 48,876 COVID-19 vaccinations to our residents. Uptake levels remained high across our groups when we exceeded our 75 per cent uptake target.

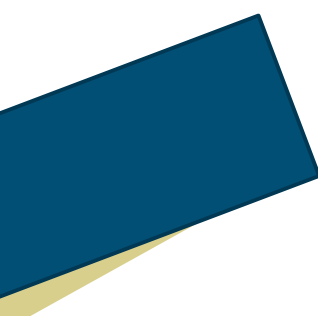
The autumn booster programme during September 2022 to March 2023 saw the delivery of 137,193 COVID-19 vaccinations to our residents and health and social care workers. Uptake levels were challenging with a number of our eligible population deciding not to come forward for their vaccination. Through discussions it was evident the majority of people who did not want to have a vaccine this autumn was due to the rationale they had recently contracted the virus and therefore felt they had a boost in their immunity. This autumn we did not reach the target of 75 per cent uptake with our overall uptake at 67 per cent.

We are especially proud of our vaccination teams made up of immunisers from across acute, primary and community settings and supported by administrative teams and volunteers when they were able to respond to vaccine availability, enabling us to transition this year to offering the coadministration of COVID-19 and flu vaccines. Their ongoing response across all our delivery settings to the delivery of both a spring booster and autumn booster for our population while continuing to reach out to our communities to complete their primary courses has been outstanding.

### Seasonal flu

There was concern that a challenging flu season, in addition to the COVID-19 pandemic and associated vaccination programme, could have resulted in significant additional pressure and overwhelmed the NHS and care system. Therefore, a revised strategy was developed to deliver the flu vaccine in a safe and timely manner to protect eligible groups in the community, allowing for co-administration with the COVID-19 vaccine wherever possible.

Partners in primary care maintained their plans to accommodate an appointment only systems to vaccinate as many people as possible and maximising the opportunity to co-administer both vaccines. Due to the timescale of the availability of both vaccines the opportunities were delayed at the start of the flu season, however, it did align from October 2022 onwards and every effort was taken to maximise this approach. Co-administration was successful in many of Primary Care



and health board vaccination clinics, and we will continue to strive to improve on this approach for future respiratory vaccination programmes.

Uptake of Live Attenuated Influenza Vaccine (LAIV) in two and three-year-olds for 2022/23 flu season is 39.5 per cent. There was a 70 per cent increase in hospitalisations of children under five years of age from flu in 2022/23 flu season, compared to 2021/22. We will build on this targeted approach for our two and three-year-olds with discussions, and advice to, primary care colleagues around the importance of delivering LAIV early during flu season 2023/24 in protecting infants, and the protection this also provides for the rest of the population with children being considered 'super-spreaders' of winter respiratory viruses.

The School Nursing Service continued to deliver a flu programme for both primary school children and secondary school children. Despite challenges due to the circulating COVID-19 infection and other viruses affecting children's attendance at school, they successfully delivered the enhanced school programmes with very good uptake across all ages.

Our health board immunisation team also reached out to our children who are home-schooled to ensure they were vaccinated. The team took the opportunity to reach out to the parents / guardians of these children and offer any additional vaccines outstanding on their childhood immunisation plan. There was a good response to the contact made with these families and an approach we will explore further alongside our School Nursing Team.

This was complemented by an external communications and public relations exercise that aligned with Welsh Government's vaccination strategy. Part of this campaign included a significant investment to reach the non-digital audience, such as newspaper adverts across the three counties to replicate the success received the previous year, along with radio adverts. Meanwhile, all schools were provided with flu promotion materials to issue directly to parents.

Our Occupational Health team, supported by peer vaccinators, led on the roll out of the flu vaccine to staff. The logistical issues of delivering a vaccination programme within the constraints of COVID-19 guidance and was managed through exceptional partnership working and the need to be as flexible and responsive as possible. Co-administration of flu alongside their COVID-19 vaccine appointment was supported through our mass vaccination centres where possible.

The programme was supported by a communications and staff engagement campaign, which highlighted available clinics and how to access vaccines.

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





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



- This strategic objective maps to the following ministerial priorities and measures:
- NHS Recovery – access to timely planned care
  - 6 Goals of Urgent and Emergency Care
  - Supporting the health and care of the workforce
  - Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Patient	Our patients report a positive experience following their treatment and care
Population	We are actively engaging our population and seek their feedback about current experience and future needs
Staff	Our staff feel valued and involved in decisions

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

Our planning objectives	Status
1A - NHS Delivery Framework targets	☐ Complete
1B - Hywel Dda Health Hub – Single Point of Contact	☐ On-track
1E - Personalised care for patients waiting	☐ On-track
1F - HR offer (induction, policies, employee relations, training)	☐ On-track
1G - OD Relationship Manager rollout	☐ On-track
1H - “Making a Difference” Customer Service programme	☐ On-track
1I - Family Liaison Service rollout	☐ Behind
Our principal risks	Control RAG
1184 - Measuring how we improve patient and workforce experience	☐ Medium
1185 - Consistent and meaningful engagement through our workforce	☐ Medium
1186 - Attract, retain and develop staff with the right skills	☐ Medium
Our outcome measures	Status
Overall patient experience score	☐ On target
% adults able to influence decisions affecting the local area	☐ No data
Overall score for staff engagement	☐ Missed target

For further details on the principal risks and outcomes see our Board Assurance Framework:  
[Board Agenda and Papers 30 March 2023](#) (item 3.1).



### Our planning objectives

We identified seven planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<div>□ Complete</div> <div><b>1A: NHS Delivery Framework Targets</b> Develop and implement plans to deliver NHS Delivery Framework targets related to workforce by 31 March 2024</div>	<p>A dashboard was presented to our People, Organisational Development and Culture Committee (PODCC) in February 2022. The dashboard included a full range of measures with a number of positive comments received from members of the Committee, including: “really appreciate the simplicity of the messaging with a clear focus on current performance, performance against trend and future actions to address any performance improvement required”.</p>
<div>□ On-track</div> <div><b>1B: Hywel Dda Health Hub: Single Point of Contact</b><ul style="list-style-type: none"><li>Develop a single telephone and email point of contact to link patient appointments, online booking and call handlers. All specialist teams to have their calls routed through here.</li><li>Developments to support our COVID-19 response</li><li>Further develop a system to facilitate tracking, auditing and reporting of enquiries, responses and actions</li><li>Develop and implement a plan to roll out access for all patients to own records and appointments</li></ul></div>	<ul style="list-style-type: none"><li>A Single Point of Contact (SPoC) has been established within the communications hub. Evaluation demonstrated service efficiencies, redistribution of staff within the service, and that patients have instant human interaction and one SPoC providing a quality service, rather than leaving an answer phone message that may take several days to respond to.</li><li>Work has also been undertaken with the finance value-based healthcare team to demonstrate the value of investment in terms of outcomes from the communication hub.</li><li>As a result of this, a wide range of services are now available through the SPoC.</li></ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>1E: Personalised care for patients waiting</b> Roll out the process developed in 2021/22 to:</p> <ul style="list-style-type: none"> <li>• Maintain personalised contact with all patients waiting for elective care.</li> <li>• Establish a systematic approach to measuring harm, bringing together clinically assessed harm and harm self-assessed by the patient and use this to prioritise waiting lists.</li> <li>• Incorporate review and checking of patient consent</li> </ul>	<p>This Planning Objective was merged with Planning Objective 1B, as their aims aligned.</p>
<p>□ On-track</p> <p><b>1F: HR offer (induction, policies, employee relations, access to training)</b> This will address the way the health board recruits new staff and provides induction, all existing HR policies, the way in which employee relation matters are managed and equitable access to training and the health board's staff wellbeing services.</p>	<ul style="list-style-type: none"> <li>• Induction is now a complete onboarding package, linked with the automated nudges, regular communication and linked to staff experience.</li> <li>• We are developing a prioritised implementation plan for recruitment which will be co-designed with our staff.</li> <li>• Launched our new internet recruitment platform: <a href="https://hduhb.nhs.wales/working-for-us/">https://hduhb.nhs.wales/working-for-us/</a></li> <li>• The recruitment pathway for registered nurses has been streamlined and centralised.</li> <li>• Recruitment training was updated to give a 'menu' of bilingual recruitment training.</li> <li>• 36 policies were identified for review in 2022/23 of which 30 were completed and the other 6 are close to fruition.</li> <li>• Employee relations action plan developed to improve all aspects of our offering from how we manage the process through to completion the timescales involved.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>1G: Organisational Development (OD) Relationship Manager rollout</b> Organisational Development Relationship Managers (ODRM) to coordinate the development of Directorate level People Culture Plans across the organisation.</p>	<p>The role of the ODRM has become well established with the links helping to address particularly challenging cultural issues in certain service areas. The team continues to work closely with trade union colleagues to resolve particular cultural challenges as and when they arise, and to promote healthy working relationships wherever possible. The work being progressed by the team is helping to build Hywel Dda's reputation as an employer of choice.</p>
<p>□ On-track</p> <p><b>1H: "Making a Difference" Customer Service programme</b> Implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024.</p>	<p>The roll-out of the Making a Difference Customer Service Programme has continued from 2021/22. This is supported by a number of key actions to ensure as many members of staff from across the health board engage with the programme as possible. This includes:</p> <ul style="list-style-type: none"> <li>• Evaluating the programme</li> <li>• The development of a behaviour tool</li> <li>• Targeting under-represented staff groups</li> <li>• Beginning to work with Patient Experience Team to enable targeted interventions now to be able to demonstrate impact of programme from a quantitative and not just qualitative perspective. Evaluation will be submitted to the April 2023 PODCC to close down the action plan.</li> </ul>
<p>□ Behind</p> <p><b>1I: Family Liaison Service rollout</b> To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2023</p>	<p>The role of the Family Liaison Service is an extension of the service delivered during COVID-19. Work is continuing, based on evaluation, what the future service model could look like depending on the funding available for it.</p>

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

## Culture and Workforce experience

Continuing with our ambition to make every workday at HDdUHB a good day, we have introduced a number of initiatives to better support our staff both in work and in their lives outside work to maintain their health and wellbeing.

### Customer service programme 'Making a Difference'

In April 2022, we launched our bilingual 'Making a Difference' programme. Designed through evidence-based research, focusing on individual needs, this programme provides information and signposting to well-being services, staff benefits, community groups and provides an opportunity for staff voices to be heard. To date more than 500 staff have attended the sessions, of which 100 per cent would recommend to colleagues. The programme was shortlisted as a finalist for the CIPD Wales Best Learning and Development Initiative.

### Recognition and Appreciation Programme

Employee recognition and appreciation has long been a cornerstone of effective organisations. The way an organisation demonstrates that they value their employees has become more important than ever. In simple terms, recognition is about what people do; appreciation is about who they are.

Hywel Dda developed a recognition and appreciation programme for 2022/23 which outlined several initiatives to revive how we show value in our workforce. All these awards were part of an ongoing programme of showing appreciation and valuing our workforce.

### Chair's Commendation Awards

The Chair's Commendation Awards recognise staff for their compassion, innovation and collaboration in line with the organisational values and purpose. Quarterly events have been held for nominees and winners to connect and celebrate achievements. These events have been extremely positive with many winners gained from a wide array of services.



### Long Service Awards

Our long service awards scheme was introduced to recognise staff for their service to the health board. Staff celebrating five and 10 years of service received an e-card congratulating and thanking them for their commitment to the service. Colleagues who reached the milestones of 25 or 40 years' service received a card with personal message and a specially designed pin badge. These awards have been universally recognised across Hywel Dda and have spread much joy for colleagues being recognised in this manner.



### Hywel's Applause

In December 2022, we launched our Hywel's Applause staff awards. Staff were nominated by colleagues for awards across a range of diverse categories such as Living Our Values, Diversity and Inclusion, Unsung Hero, Rising Star and Patients' Voice. Winners were chosen by panels including colleagues across a wide variety of services.

- *"Although my nomination wasn't shortlisted, she was informed, and it really boosted her confidence."*
- *"The team member I nominated got shortlisted. This not only made me smile, but boosted her morale, she felt appreciated, plus provided positivity to the team as we shared the great news".*
- *"It was empowering and enabled me to have more of a say outside of my usual working remit."*

- *"Oh, my goodness I didn't know she had done this, that was completely beautiful and has brought me to tears. I'm a winner already working with such a lovely team."*
- *"It was a lovely evening and so emotional being nominated by the people who really count."*

Staff benefits continue to be promoted via the Hapi app, which also offers financial wellbeing support to staff. 'Wagestream' was introduced at the end of 2022, which enables staff to access their salary in a more flexible and timely way. To date, 14 per cent of staff have signed up to Wagestream.



### Staff Networks

The health board has expanded its staff networks and recently launched a RespectAbility network to support neurodiverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks such as Enfys, BAME, Staff Carers, Armed Forces and the Menopause Café. Specialist and targeted diversity and inclusion training continues to be offered to our staff.

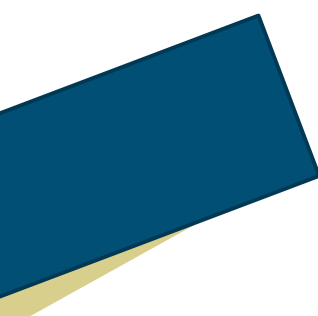
In 2022/23 the health board also became a member of the Refugee Employment Network and achieved the Stonewall Diversity Silver award. The health board were also successful at the National BAME Health and Care awards winning the Community Initiative of the Year Award and Mental Health Initiative Award.

### Staff psychological well-being

The mental health and emotional wellbeing of our staff has remained a priority in the last year and the Staff Psychological Wellbeing team has worked to extend the offer to staff and gain valuable feedback on what works well. This has included improving and expanding the information we have available to support staff wellbeing:

- Launching our "How do I feel and what might help me?" Care Pathways to make it easier for staff to access the most relevant resources at the right time.
- Offering our innovative Recovery in Nature: Ecotherapy Retreats for staff and Recovery in Nature Days.
  - *"This was truly an enjoyable and beneficial experience and one that I would whole heartedly recommend to others."*
- Our Wellbeing at Work webinar series including Preventing Burnout, Team Resilience, how to use a Stress Risk Assessment and Wellbeing Resources.
  - *"I love all these webinars, it's a chance to really check in with the sometimes obvious but picking up new techniques/strategies too."*
- Launching the first of our Staff Wellbeing Needs Surveys to help us understand what is working for staff, what barriers might prevent staff from caring for their own wellbeing and how we can improve.





We have also continued to provide access to one-to-one psychological support with 555 self-referrals over the year, a 6.5 per cent increase from the previous year. Almost 2,000 one-hour therapeutic appointments were booked with staff, covering a range of issues including work relationships, stress and burnout, home relationships, anxiety and depression.

- *"The service is excellent, and I would fully recommend to anyone. The waiting time was minimal, the staff are helpful, sympathetic and knowledgeable and being able to do the appointment virtually was great in my circumstances"*

## Recruitment

### International recruitment

In 2022/23, NHS Wales participated in an ambitious and ethical International Nurse Recruitment Project to recruit 430 Internationally Educated Nurses into Wales. One hundred of these nurses were recruited into Hywel Dda, relocating from a variety of countries, settling in well to local communities.

The nurses have been placed across our four hospital sites and work in a variety of specialty areas. The project has moved at pace to ensure the swift relocation, training and embedding of the nurses and to date, not one nurse has left Hywel Dda.

The international recruitment project has supported the stabilisation of Glangwili Hospital. As at March 2023, 100 overseas nurses have been placed with a further 31 to be placed over the coming months. This has reduced the nursing vacancies in Glangwili Hospital by more than 50 whole time equivalent nurses since August 2022 and has reduced the number of unfilled shifts.

Supporting this work has been an escalation process for use of agency nursing, improving governance in our agency booking process and allowing decisions on agency use to be based on patient demand or staffing gaps. Support has also been provided through central recruitment streams to continue to reduce the vacancy factor for registered nurses and health care support workers.

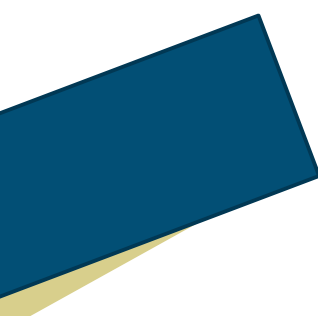
### Recruitment campaigns

During 2022/2023, the health board's 'Working for Us Pages' were re-styled and re-branded. This, in conjunction with the further development and interlinking of Swyddi Hywel Dda Jobs social media platforms, has resulted in a record number of applications being submitted to the health board.

To ensure attraction strategies are inclusive, we have widened our advertising platforms to include local and national posters in train stations, tourist hot spots, trains, M4 and M5 corridor service stations, radio, Spotify, press, letter box leaflet drops, petrol pumps, buses, London underground and Manchester and Birmingham New Street stations digital advertising. In addition, we also link with local authorities, businesses and educational establishments to share advertising via online platforms.

### Recruitment centralisation

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In a bid to ensure recruitment efficiency and inclusion and to enhance the recruitment experience for candidates, a centralised recruitment pathway has been developed for registered nurses and health care support workers.

#### **Inclusive recruitment**

To ensure we are accessible to all, and to support our local and wider communities, a variety of pragmatic recruitment solutions have been developed. This includes advertising some vacancies where an application and shortlisting process is not required. This has enabled services to fill their high vacancy gaps in a very short period of time with local people who may not have applied online.

#### **Workforce planning**

In 2022/23, the health board has developed a Workforce Regeneration Framework, a tool that will help us to quantify our workforce gaps and develop options to meet these gaps over the long term. The framework focuses on working collaboratively with our partners to stabilise and evolve our workforce through the recruitment, development and retainment of staff, optimising digital technology and being innovative with new models of working. This framework is now being tested locally and has informed work at a regional and all-Wales level.



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



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




This strategic objective maps to the following ministerial priorities and measures:

- Working alongside social care – care closer to home
- A healthier Wales
- Supporting the health and care of the workforce

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Patient	We are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them
Staff	Our staff feel that they are part of an effective team
Population	As a health board, our strategic vision is clear and our objectives are aligned

Our planning objectives	Status
2A – Regional Carers Strategy response	☐ Complete
2B – Strategic Equality plan and Objectives establishment	☐ On-track
2D – Clinical education plan	☐ On-track
2E – Evidencing impact of charitable funds	☐ On-track
2I – Integrated Occupational Health & Staff psychological wellbeing offer	☐ Behind
2J – “Future Shot” Leadership Programmes	☐ On-track
2K – Organisational listening, learning and cultural humility	☐ On-track
2L – Staff engagement strategic plan	☐ On-track
2M – Arts in Health Programme development	☐ Complete
Our principal risks	Control RAG
1185 – Consistent and meaningful engagement through our workforce	☐ Medium
1186 – Attract, retain and develop staff with the right skills	☐ Medium
1187 – Strong reputation to attract people and partners	☐ Medium
1188 – Effective leveraging within partnerships	☐ High
Our outcome measures	Status
Team members trust each other’s contribution	☐ No change
I am proud to tell people I work for Hywel dda	☐ Missed target



Our planning objectives	Status
Staff: PADR in the last 12 months that has supported my development and provided me with clear objectives in line with the organisation's goals	❑ Improved but missed target

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## Our planning objectives

We identified nine planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<p>□ <b>Complete</b></p> <p><b>2A: Regional Carers Strategy response</b> Develop a health board specific plan that supports the sustainable delivery of our commissioned services for unpaid carers and responds to the Regional Carers Strategy.</p>	<p>A joint bid to the Shared Prosperity Fund is being submitted with Carmarthenshire local authority to support a Care 24 package – a social care training programme which will incorporate the all-Wales induction framework. Assurance has also been given that progress has been made to improve the experience and support available to unpaid carers.</p>
<p>□ <b>On-track</b></p> <p><b>2B: Strategic Equality plan and Objectives establishment</b> Implement a series of actions to enhance Hywel Dda as a culturally competent organisation. This is able to support and recognise individual needs of employees, patients and carers.</p>	<p>The health board has expanded its staff networks and launched a RespectAbility network to support neuro-diverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks: Enfys, BAME, Staff Carers, Armed Forces, Menopause Café.</p>
<p>□ <b>On-track</b></p> <p><b>2D: Clinical education plan</b> Develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care.</p>	<ul style="list-style-type: none"><li>• An Interprofessional Education Plan has been developed and introduced which sets out the changes required for the delivery of interprofessional education and training over the next three years and sets out how it aims to provide an innovative and equitable learning experience to staff.</li><li>• Simulation Based Education (SBE) is a key vehicle for the delivery of the Interprofessional Education Plan, and we have made significant progress in developing our approach.</li></ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>2E: Evidencing impact of charitable funds</b> Continue to deliver the objectives of the charity's three-year plan (2020-2023) to further promote awareness of our 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 the health board.</p>	<p>We exceeded the target for the Bronglais Chemotherapy Appeal, funded a commemorative bench for Armed Forces Week and developed a new charity website:  <a href="https://hywelddahealthcharities.nhs.wales/">https://hywelddahealthcharities.nhs.wales/</a>.</p>
<p>□ Behind</p> <p><b>2I: Integrated Occupational Health and Staff psychological wellbeing offer</b> Develop an integrated Occupational Health and Staff psychological wellbeing offer with a single point of contact 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.</p>	<ul style="list-style-type: none"> <li>• This objective was delayed due to ongoing All Wales discussions regarding a once for Wales approach.</li> <li>• This has been carried forward as a planning objective for 2023/24, with a due date by September 23. The first step will be to engage the key stakeholders. Initial meetings have been arranged for April 2023.</li> </ul>
<p>□ On-track</p> <p><b>2J: "Future Shot" Leadership Programmes</b> Design a comprehensive range of leadership development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care.</p>	<ul style="list-style-type: none"> <li>• Delivered a number of leadership development programmes across all staff groups, including: Behavioural Insights in Practice; Leadership Engagement with Awesome People (LEAP).</li> <li>• Design and development of a new talent management and succession planning framework (to be launched summer 2023).</li> <li>• The coaching capacity across the organisation is continuing to grow with 5 cohorts either are completed or underway. The number of qualified coaches is increasing as a consequence and supports the development of a coaching culture across Hywel Dda.</li> <li>• A decision was taken early in 2022 to defer the development of a graduate leadership programme across health and social care in favour of the development of the LEAP programme as a more efficient way of growing our leadership capacity at pace.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>2K: Organisational listening, learning and cultural humility</b></p> <p>Demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support health and wellbeing.</p>	<p>Action plan delivered to progress outcomes from the Staff Discovery report as well as the NHS Staff Survey, Medical Engagement Scale and the Nurse and Midwifery Wellbeing at Work Survey. Actions included a wider range of channels to listen and learn from our staff; more intelligent surveillance to triangulate our cultural understanding and a much broader range of ways in which we show our appreciation and recognition of our staff. When this has combined with our approach to people culture planning on the ground, we are seeing some very positive staff experience improvement.</p>
<p>□ On-track</p> <p><b>2L: Staff engagement strategic plan</b></p> <p>Develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover.</p>	<ul style="list-style-type: none"> <li>• Surveillance work to understand why people are thinking of leaving as well as exit surveys and interviews are helping us to better understand the issues that are important to our staff. Issues which our nurses say are important to them include work/life balance, greater flexibility, and career opportunities.</li> <li>• Our ODRMs have been working with teams to help understand particular service challenges.</li> <li>• A group has also been established to work on the retention rates of medical staff.</li> <li>• We have the best overall staff turnover rate of all health boards in Wales.</li> </ul>
<p>□ Complete</p> <p><b>2M: Arts in Health Programme development</b></p> <p>To sustain and develop the Arts in Health Programme to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and staff.</p>	<p>Arts in Health developments are on track with public and staff engagement on the development of a new vision for Arts in Health. Creative activities for staff wellbeing are ongoing with Hywel Dda singing bursaries; the Creative Collective and Cultural Cwtsh wellbeing resource for health and social care workers. For patients, initiatives have included 'Arts Boost' Arts and Mental Health provision for children and young people in partnership with SCAMHS and Live Music across Hywel Dda's ITU service. For communities, Dance on Prescription and Creative Prescribing Discovery Programmes are underway.</p>



For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

## **Key reflections on Strategic Objective 2: 'Working together to be the best we can be'**

In relation to our progress against Strategic Objective 2 'Working together to be the best we can be', one of the health board's key outcomes has been the development of a clear strategic vision to which our objectives are aligned.

Our work to promote the value of an employee led performance appraisal and development conversational approach continues to be on an improvement trajectory. Our compliance rate with the PADR Tier 1 target reached 73% in February 2023.

### **Our Future Generations Living Well**

We have a shared vision with our communities for us to live healthy, joyful lives. We want people and the communities they live in to be:

- Connected – able to live and work together
- Supportive – able to help each other
- Adaptive – able to change as they need to
- Resilient – able to bounce back when they face challenges
- Resourceful – able to find ways to overcome issues

Our ambition is to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on. We are working in our communities to provide more joined-up support and care as close to home as possible.

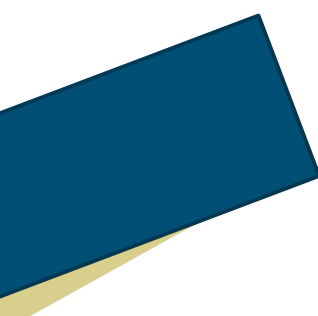
Our hospitals also have an important role to provide quality specialist support when needed, and we want to improve hospital services, so they provide individuals with the very best standards and safety in care, with better outcomes for them.

Our vision for health and care was developed by listening to our following conversations with our communities. Our ambition is outlined within our strategy, A Healthier Mid and West Wales: Our future generations living well.

We submitted ambitious plans to the Welsh Government early in 2022, which if successful, could result in the region of £1.3billion investment into health and care in west Wales. The foundation of the plan is to bring as much care as possible closer to people's homes, with plans for multiple integrated health and wellbeing centres, designed with local communities, across Carmarthenshire, Ceredigion and Pembrokeshire.

A new urgent and planned care hospital is part of our strategy to be able to re-provide more care in community settings, by having a sustainable hospital model fit for future generations. This would improve and increase the specialist care services that can be provided and tackle some long





standing challenges, including old hospitals, problems in maintaining medical rotas over several hospitals, and staff recruitment.

In a meeting held on 4 August 2022, the Board heard that the process to date in appraising potential new hospital sites, within the zone agreed following public consultation in 2018, had received best practice recognition from the independent body the Consultation Institute.

There was unanimous agreement that further public consultation was needed, especially in order to hear the voices of the seldom heard and staff, including those in the community and primary care services.

Based on the evidence and detail provided through the comprehensive land appraisal process to date, the Board decided to take three of five previously considered sites, through to public consultation.

#### **Submission of the Programme Business Case**

The Programme Business Case (PBC) which we submitted to the Welsh Government in February 2022 is the first, high-level document, to try and secure Welsh Government endorsement for the programme and support the funding of more detailed work.

We hope this process will eventually lead to £1.3billion Welsh Government investment in the buildings and infrastructure we need to deliver our long-term strategy. If approved, this would be an unprecedented, and much needed, level of investment in health care in west Wales.

Welsh Government is currently considering our PBC, and if successful, the next step will be to develop a Strategic Outline Case (SOC) for each of the key developments before developing Full Business Cases. Over the course of the reporting year work has continued to develop the SOC including: the Introduction and Strategic Case; Economic Case; Management Case; Financial Case and Commercial Case.

Subject to the completion of the Clinical Strategy Review, which is a co-dependency of the SOC, we are on target to complete the draft version of the SOC by the end of June 2023. The health board is currently anticipating that Welsh Government funding for the development costs associated with the case will be available in 2023/24.

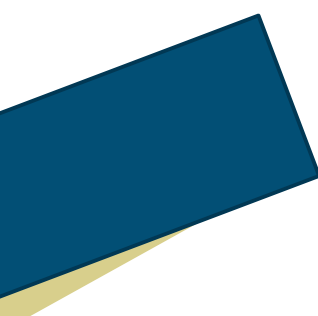
Our objective is to reach submission of Full Business Case stage across all elements of our Programme by March 2026. This timeline is ambitious but will enable us to deliver improvements to our populations as soon as possible, and progress at pace to deliver the NHS Wales 2030 decarbonisation target.

However, this will be a lengthy process. For example, we expect the new Urgent and Planned Care Hospital will take until at least the end of 2029 to open.

#### **New hospital site land consultation**

The health board launched its formal 12-week consultation on 23 February 2023, inviting members of the public, staff and partner organisations, to share views about three potential sites for a new





planned and urgent care hospital as part of HDdUHB's wider strategy to improve health and care in the region. Full details on this and other community engagement activities are included at the end of the chapter on Strategic Objective 3 - Striving to deliver and develop excellent services.

### **Partnership approach to health and care**

Throughout 2022, the three Hywel Dda area Public Service Boards have worked in partnership to establish a joint methodology framework and joint engagement plan to support county-based work to refresh our joint Well-being Assessments.

Producing a robust and accurate assessment of well-being, which placed the views and needs of the residents of Hywel Dda at the forefront, was critical. The assessments also provided valuable insights to the health board to support its own strategic planning, operational delivery and transformation agenda.

The assessments sought to capture a broad spectrum of economic, social, environmental and cultural factors that impact on people's daily lives. This included identifying the strengths, assets, challenges and opportunities that citizens in each local authority area face.

Well-being assessments formed the basis on which to build the 2023-2028 Well-being Plans, which have recently been out to public consultation and are currently in the process of being scrutinised and approved.

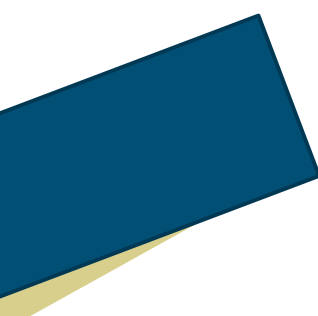
The West Wales Regional Partnership Board (RPB) continues to build on 'Further, Faster' - Our mission to build an Integrated Community Care Service for Wales. Welsh Government attended the RPB meeting held in January 2023 to provide an overview of their policy paper 'Further, Faster'. The RPB is working to build on recent progress to build a stronger web of support for to give people a better quality of life and is jointly developing and agreeing a community care service and workforce model.

At its January meeting the RPB also agreed the West Wales Advocacy Strategy and it is being implemented through our joint Commissioning Programme Board. In February 2023 the RPB held a workshop, facilitated by the Institute of Public Care Oxford Brookes University, to support the development of the 10 Year Integrated Capital Strategy.

### **Supporting social care and ensuring safe discharge**

Our Healthier Mid and West Wales strategy describes a whole system approach to health and wellbeing. It places significant emphasis on placing people and communities at the heart of the model with community networks playing a vital role in achieving the required transformation.

The future model aims to create a sustainable healthcare system built on a "social model of health and wellbeing", requiring a shift from a focus on hospital-based care to one of wellness and prevention where care is provided closer to home through enhanced community models. The future model of care will have a network of integrated health and wellbeing centres, developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities. Services offered in



health and well-being centres will also be provided from current community facilities, which have a variety of names, and in Glangwili and Withybush hospitals in their roles as community hospitals.

### **Working with our partners on research opportunities**

HDdUHB has, for a number of years, played an active role in supporting research to improve patient care and services. This includes the health board collaborating with partners, including the University of Wales Trinity Saint David (UWTSD) to support the delivery of a healthier mid and west Wales, as well as with Aberystwyth University to help transform healthcare with the opening of a clinical research facility.

Earlier in the reporting year Dr Peter Cnudde, a high-volume joint replacement surgeon at Prince Philip Hospital, Llanelli, received funding from Health and Care Research Wales as part of the NHS Research Time Awards. Dr Cnudde's area of research interest is development of a technology-enabled patient pathway for arthroplasty, surgery where the damaged joint is replaced by an artificial one.

The health board has also been awarded more than £435,000 of funding from UK Research and Innovation (UKRI) for two projects aimed at developing and improving systems to support healthcare and planning on a local and national level in Wales.

The UKRI's Horizon Europe Guarantee competition is providing the health board with funding of £168,268 as part of the Horizon Europe project DYNAMO. The €5million project will focus on modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems. DYNAMO will result in a lean and powerful solution enabling quick, data-driven and platform-independent planning of care pathways for situations where health system functions are threatened.

The second project has been awarded £266,860 funding from UKRI's Horizon Europe Guarantee competition as part of the Horizon Europe project Invest4Health. This project seeks to mobilise novel finance models for health promotion and disease prevention.

## **Highlighting Key Developments**

### **ORCHA Health and Care applications library**

The health board worked with ORCHA (the Organisation for the Review of Care and Health Apps) and became the first in Wales to launch a Health and Care Application Library that contains hundreds of independently reviewed apps.

With more than 375,000 health apps available across the various app stores – covering everything from healthy eating recipes to jogging apps, and ones that monitor heart rhythms or provide mental health support – it can be difficult to know which ones are trustworthy and effective.

We partnered with ORCHA to develop a library of health and care applications that have undergone independent review. The ORCHA team, which includes actively practicing clinicians, accredit health apps against several stringent criteria in areas such as clinical/professional assurance, data and privacy, usability, and accessibility; giving each app an easy-to-understand percentage score that will help local people decide whether to download it or not.

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### **The LUMEN project**

The LUMEN project provides people living in Carmarthenshire and who are experiencing respiratory problems either as smokers or non-smokers with direct access to a specialist nurse who can discuss symptoms, and if appropriate, refer them directly for further investigation. If successful, it is hoped that the pilot will be extended to both Pembrokeshire and Ceredigion in the next year.

### **Operation Nightingale 23**

Developed by Pembrokeshire County Council in response to the sustained period of winter pressures, Operation Nightingale 23 delivered a variety of measures to help increase the flow of patients out of hospital including:

- the short-term redeployment of council staff into community support roles
- additional social work capacity
- the redeployment of existing social care capacity into the hospital teams to prioritise patient care assessment and care package allocation
- the engagement of community groups and volunteers to allow people to safely leave hospital and return home.

### **Falls and Frailty Response Scheme**

St John Ambulance Cymru's Falls Response Scheme in Pembrokeshire started on 1 January 2023 and lifted significant pressure from the NHS in the area, as well as delivering urgent care to those who need it most in the local community.

The scheme, based in Haverfordwest, ran until the end of March 2023 and was delivered in partnership between the health board, the Welsh Ambulance Services NHS Trust and St John Ambulance Cymru, working together to help the communities across the region.

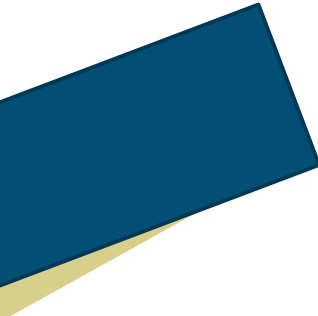
When 999 is dialled, the incident can be triaged to the St John Ambulance Cymru Falls Response team if a fall has occurred. The St John Ambulance team assesses the patient, works with the Ambulance service's Clinical Support Desk to identify an appropriate treatment pathway which may include transporting the patient to hospital by Ambulance or remaining at home. Further support can also be arranged if required.

### **Home First scheme**

Advanced Paramedics from the Welsh Ambulance Services Trust (WAST) worked through the Home First scheme, in Llanelli, to assess 999 calls to see if there are any ways to use their advanced skills to treat people safely at home. Attending more than 70 per cent of all calls in the locality, Advanced Paramedics diverted many patients from Accident and Emergency to be treated through other routes.

### **Digital Nursing: Welsh Nursing Care Record (WNCR)**

Since starting its journey in April 2021 as the first health board in Wales to introduce the new digital Welsh Nursing Care Record (WNCR), Hywel Dda has continued to lead the way in this ground-breaking clinically led national project.



Following the official launch of WNCR in Hywel Dda, the rollout of the technology has continued at pace, and was reported as complete at the May 2022 Board meeting. Our journey towards smarter, patient-centred ways of working uses the latest tablet-based digital technology, rather than paper forms. WNCR has transformed nursing documentation within the health board.

### **The Role of the Stakeholder Reference Group**

The Stakeholder Reference Group (SRG) provides a forum for engagement and input among stakeholders from across the communities we serve. Its aim is to consider and reach a balanced stakeholder perspective to inform our decision making.

The group has membership from a wide range of stakeholders who have an interest in, and whose own role and activities may be impacted by health board decisions. Members include community partners, provider organisations, and special interest groups.

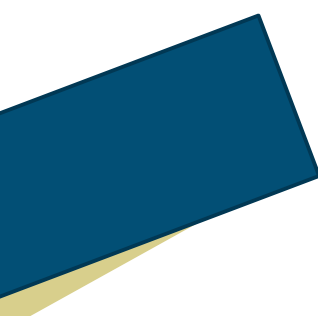
Four meetings of Hywel Dda SRG took place during 2022/23, which provided SRG members with opportunities to discuss, comment, and make recommendations to the health board on the following listed areas of work. This has ensured active involvement and direction from stakeholders in these key areas of health board business including:

- Transformation Programme Update
- Continuous Engagement
- Arts in Health
- Charter for Young People/Early Adopter
- Role and remit of Ethics Committee
- Waiting Well/Waiting Lists
- A Healthier Mid and West Wales
- IMTP (Three Year Plan)
- Recovery Plan update
- Building a Healthier Future after COVID -19: Engagement Update
- Cluster Plans
- New Urgent and Planned Care Hospital Project

### **Dyfed Powys Local Resilience Forum**

Dyfed Powys Local Resilience Forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales the Environment Agency and others. Mandated in legislation, these agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act 2004. The LRF is also supported by other organisations, known as Category 2 responders, such as the Health and Safety Executive, transport and utilities companies Highways Agency and public utility companies. They have a responsibility to co-operate with Category 1 organisations and to share relevant information with the LRF. The geographical area the forum covers is based on the Dyfed Powys Police area.

The LRF also works with other partners in the military and voluntary sectors who provide a valuable contribution to LRF work in emergency preparedness. The LRF aims to plan and prepare for both localised incidents and catastrophic emergencies. It works to identify and assess potential risks and produce emergency plans to either prevent or mitigate the impact of such any incident



on their local communities. Training and exercising for such events are of vital importance and the LRF facilitates multi-agency opportunities to develop our collective resilience.

Over the last year the health board has participated in the Dyfed Powys LRF's multi-agency response to a number of incidents (fire, extreme weather and water supply disruption). Participation in training events such as 'media/talking heads; Gold level strategic training for Executive Directors and debrief training has supported our continued programme of preparedness and resilience. The health board has also participated in both a regional exercise relating to power outages (Exercise Lemur) and also in the National Tier 1 Exercise Mighty Oak which focused on the strategic level response. Both these exercises have assisted in further developing our own resilience to such a scenario.

## Equality, diversity and inclusion

The health board is committed to putting people at the centre of everything it does. The vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with the organisation - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity and respect, whatever their background and beliefs.

Control measures are in place to ensure that the organisation's obligations under equality and human rights legislation are complied with. The Board approved a revised Strategic Equality Plan and objectives for the period 2020-24.

COVID-19 exacerbated inequalities for those with protected characteristics and communities that are socio-economically deprived so, in response we reviewed our plans outlining how we were going to meet those objectives and one key action was the establishment of a Black, Asian and Minority Ethnic Advisory Board along with:

- The requirements of the Socio-economic Duty which became law in 2021 were embedded into the health board's strategic decision-making process.
- The Equality Impact Assessment (EqIA) process was reviewed, to incorporate the socio-economic duty, and an EqIA training programme is available for all staff.
- Equality and Human Rights training is mandatory for all staff as part of the corporate induction.
- A Strategic Equality Plan Annual Report is published annually, alongside a Workforce Equality Report and Pay Gap Reports focusing on gender, ethnicity and disability.

### Equality objectives

The work to progress the equality agenda is inter-linked with our work around the Well-being of Future Generations (Wales) Act 2015 (WFGA) and the Social Services and Well-being (Wales) Act 2014. For more information on the Strategic Equality Plan and objectives and progress outlined in the annual reports, visit <https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/>.

### Examples of key highlights for 2022/23 include:

- A well-established Menopause Café for staff which has seen additional sessions provided by specialists on menopause yoga, diet and the menopause and a Q&A session with our Specialist Menopause Consultant. The Menopause Team also provided an information session targeted at our male staff to educate them about the menopause and how they can offer support to those around them
- New staff network for staff with a disability recognising staff with physical and neuro-diversity needs.
- Our ENFYs LGBTQ+ Staff Network has been revived following the pandemic and network members have represented the health board at several Pride events across south and west Wales. Network members have been joined by staff from Sexual health, Smoking Cessation, Immunisations and Vaccinations and Workforce and Organisational Development at these events to engage with the public, offer advice on our healthcare services and promote recruitment opportunities.
- The Black, Asian and Minority Ethnic Staff Network continues to grow in popularity and is meeting regularly to discuss issues in the workplace. The network reports activity to the health board's Black, Asian and Minority Ethnic Advisory Group and network members are working with the Workforce Experience and Culture Team to develop an action plan as part of a Bullying and Harassment Task and Finish Group. Social events have also been arranged for the network members, aimed particularly at new overseas staff who are looking to settle into the area after joining the health board. A successful Diwali event was held in October 2022 and network members took part in a multi-faith Christmas Service in December.
- Eighty-five Equality, Diversity and Inclusion (EDI) training sessions have been offered to staff throughout 2022-2023 on a range of topics. These have taken the form of formal training delivered by external training providers, webinars and in-house training by health board staff. The Diversity and Inclusion team have been working with the Learning and Development team to develop EDI training modules for managers which will be rolled out in 2023 as part of the new LEAP programme. The aim of these modules will be to equip staff in leadership roles with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values.
- Plans are underway to review the health board's Strategic Equality Plan and Objectives for 2024-2028. This work is being undertaken in partnership with the local authorities, Dyfed Powys Police, Mid and West Wales Fire and Rescue, local universities and National Parks, to develop a new set of objectives to promote inclusivity and eliminate discrimination in all areas of its work.



## **Strategic Objective 3 – Striving to deliver & develop excellent services**



### Strategic Objective 3 - Striving to deliver and develop excellent services

- This strategic objective maps to the following ministerial priorities and measures:
- COVID-19 Response and Challenges
  - NHS Recovery – access to timely planned care 6 Goals of Urgent and Emergency Care
  - Supporting the health and care of the workforce
  - Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Discover	We are actively involved in research development and innovation
Design	Our staff actively bring improvement and innovation into our thinking
Deliver	Our staff are empowered and supported to enact change and continuously learn and improve

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

Our planning objectives	Status
3A – Improving Together	<input type="checkbox"/> Ahead
3C – Quality and Engagement Requirements	<input type="checkbox"/> On-track
3E – Business Intelligence and Modelling	<input type="checkbox"/> On-track
3G – Research and Innovation	<input type="checkbox"/> Ahead
3H – Planning Objective Delivery Learning	<input type="checkbox"/> Behind
3I – Primary Care Contract Reform	<input type="checkbox"/> On-track
3J – A Healthier Mid and West Wales Communications Plan	<input type="checkbox"/> On-track
3L – Review of existing security arrangements	<input type="checkbox"/> On-track
3M – UHB Communications Plan	<input type="checkbox"/> Behind
3N – Welsh language	<input type="checkbox"/> Behind
Our principal risks	Control RAG
1186 – Attract, retain and develop staff with the right skills	<input type="checkbox"/> Medium
1189 – Timely and sufficient learning, innovation and improvement	<input type="checkbox"/> Medium



Our planning objectives	Status
1191 – Underestimation of Excellence	□ Medium
Our outcome measures	Status
Number of new hosted R&D studies commenced in year	□ Missed target
I am able to make improvements in my area at work	□ Missed target
We are empowered and supported to enact change and continuously learn and improve	□ Missed target

### Our planning objectives

We identified 10 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<div>□ Ahead</div> <div><b>3A: Improving Together</b> Implement a quality management system which uses Improving Together as a delivery vehicle. This will support and drive quality and performance improvements across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The aim will be to motivate and support colleagues at all levels to strive for excellence.</div>	<ul style="list-style-type: none"><li>• The Improving Together Framework sets out our approach to embed performance improvement through our governance and is enabled by data at every level to support decision making and to drive service change.</li><li>• At the most strategic level, the Board Assurance Framework and Integrated Performance Assurance Report provide Board, Committees and Executive Team with data and evidence to help understand whether we are achieving and working towards national and local ambitions.</li><li>• At the directorate level, we have established Directorate Improving Together Sessions to provide dedicated time for teams to meet with their Executive Director and Corporate Executive Directors to discuss priorities / goals, current challenges, support required and flag highlights or relating to quality, workforce, performance, finance, risk, audits and inspections. The sessions are supported by the newly developed Our Performance and Our Safety dashboards.</li></ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>3C: Quality and Engagement Requirements</b></p> <p>Establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality and Engagement Act.</p>	<p>An implementation group has been established, to ensure that the health board is compliant with its duties under the Health and Social Care Quality and Engagement (Wales) Act 2020. There are two main duties under the Act which the health board must consider:</p> <p>The Duty of Candour</p> <ul style="list-style-type: none"> <li>• A culture of openness, transparency and candour is widely associated with good quality care. To help achieve this, the Act places a duty of candour on providers of NHS services (NHS bodies and primary care) - supporting existing professional duties.</li> <li>• The duty requires NHS providers to follow a process – to be set out in Regulations – when a service user suffers an adverse outcome which has or could result in unexpected or unintended harm that is more than minimal, and the provision of health care was or may have been a factor. There is no element of fault, enabling a focus on learning and improvement, not blame.</li> <li>• The duty seeks to promote a culture of openness and improves the quality of care within the health service by encouraging organisational learning, avoiding future incidents.</li> </ul> <p>The Duty of Quality</p> <ul style="list-style-type: none"> <li>• Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture. To help achieve this, the Act: <ul style="list-style-type: none"> <li>○ places an overarching duty of quality on the Welsh Ministers; and</li> <li>○ reframes and broadens the existing duty on NHS bodies.</li> </ul> </li> <li>• This ensures the concept of “quality” is used in its broader definition, not limited to the quality of services provided to an individual nor to service standards.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>3E: Business Intelligence and Modelling</b> Develop an advanced analytical platform that is highly accessible, provides real-time, integrated data to support our clinicians and managers to assist with day-to-day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications.</p>	<p>An advanced analytical platform has been developed and is now accessible and includes applications that perform Time Series Analysis, Forecasting, Statistical Process Control (SPC) Charts and Flow Visualisation; whilst a GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform.</p>
<p>□ Ahead</p> <p><b>3G: Research and Innovation</b> Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the health board, Welsh Government and HCRW expectations and improvement targets.</p>	<p>This year has seen a continued implementation of our agreed Research and Innovation Strategic Plan for 2021-24. As a result, significant research income has been generated, and a number of new projects instigated across HDdUHB.</p> <p>To support this work, we have continued to develop our clinical trials facilities on our hospital sites.</p>

Planning objective and status	Update
<p>❑ Behind</p> <p><b>3H: Planning Objective Delivery Learning</b> Establish a process to gather and disseminate learning from the delivery of all Planning Objectives. This learning will come from both within the organisation and from our local population.</p>	<p>A number of discussions took place throughout the year, and it was agreed that a Planning Objective (PO) Dashboard would be developed to enable PO leads to monitor outcome measures and assess whether they are having a positive impact on quality, workforce and financial performance. However, as work was about to begin, a new project management system (PACE) was being introduced in the health board which has the functionality to be developed and utilised for capturing the learning from POs. This work has been deprioritised for 2023/24 and not included within the annual plan. However further work is underway to identify specific outcome measures for each of the POs identified for 2023/24 with planned trajectories to assist with PO leads and the Executive Team. PO reporting mechanisms are also being reviewed to ensure that the Board and Committees receive the assurance that HDdUHB is understanding the impact of the POs and applying the learning to their decision-making. This PO is therefore closed.</p>
<p>❑ On-track</p> <p><b>3I: Primary Care Contract Reform</b> To implement contract reform in line with national guidance and timescales.</p>	<ul style="list-style-type: none"> <li>• Implementation of the General Medical Services contract changes for 2022-23 have all been undertaken and the necessary monitoring and reporting mechanisms are in place.</li> <li>• All contract changes for the Community Pharmacy contract negotiated for 2022-23 have been implemented to meet national timescales.</li> <li>• Contract Reform has continued to be supported as part of the commissioning of General Dental Services in line with national guidance. Work is ongoing to shape the NHS mandate for future contract negotiations.</li> <li>• Work is ongoing to develop the clinical pathways and contractual requirements to support implementation of the negotiations that concluded in 2022 and to share the NHS mandate for future contract negotiations.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>3J: A Healthier Mid and West Wales Communications Plan</b></p> <p>Develop an initial communications plan in relation to our strategy - <i>A Healthier Mid and West Wales</i> - and our three-year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as mid and west Wales emerges from the pandemic.</p>	<p>A Communications Plan has been drafted. The focus towards the latter part of the year has been on a detailed communications plan for ensuring awareness and continued engagement in the New Hospital Site Consultation.</p>
<p>□ On-track</p> <p><b>3L: Review of existing security arrangements</b></p> <p>Undertake a review of the existing security arrangements within the health board with particular reference to strengthening the following areas: physical security, automated locks, CCTV, access control systems, intruder alarms, communication systems, human factor, patient/staff personal property, local management and staff ownership.</p>	<p>To meet the requirements of this Planning Objective a Security Management Framework Task and Finish Group was established to oversee the work.</p> <p>Significant progress has been made around CCTV (investment has been received to improve CCTV provision within A&amp;E departments across the health board) and Access Control management in particular, while a Security Management Policy has been drafted.</p>
<p>□ Behind</p> <p><b>3M: UHB Communications Plan</b></p> <p>Developing a comprehensive three-year communication plan to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population.</p>	<p>We have continued to develop and shape our communications strategy for the health board. This has included reviewing our current communication activities and communications channels; and launching our new intranet pages. The new communications plan will be developed by July 2023.</p>

Planning objective and status	Update
<div>❑ Behind</div> <div><b>3N: Welsh Language</b> Undertake a Welsh language and culture discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh language and culture.</div>	<p>The Welsh Language and Culture Discovery process was launched at the health board's stall at the National Eisteddfod in Tregaron in August 2022.</p> <p>The Discovery report will be presented to PODCC in June 2023.</p>

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

Welsh Language

HDdUHB wants to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). In this way, we will not only comply with the Welsh Language Standards but embrace the spirit.

The Welsh Language Standards, effective from 30 May 2019, are a set of statutory requirements which clearly identify our responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website here: <https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/>

Even though our organisation is passionate and ambitious to achieve and go beyond our statutory duties, we recognise that delivery is not always consistent across our sites and teams. Culture needs to evolve for us to deliver a seamless bilingual service to people who use the NHS and care services, and this is a long-term endeavour.

The Welsh language is one of the treasures of Wales. It is part of what defines us as both people and as a nation.

The health board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace. We aim to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. Whether a fluent speaker, a speaker lacking in confidence who wishes to improve their skills, or a new speaker, the workplace provides opportunities to use, practise and learn Welsh.

A huge milestone towards this goal was achieved this year when we appointed a tutor to specifically work with staff who have Level 3 and above Welsh language skills but lack the confidence to use their skills. This appointment was made possible through funding from the National Centre for Learning Welsh. The tutor started at the end of February, therefore outcomes will not be measured until 2023/24.

We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website (<https://hduhb.nhs.wales>).

**Language skills of staff**

The language skills of staff, in accordance with Standard 116 and 117, are captured and recorded on the electronic staff management system (ESR). As of March 31, 2023, 97.42 per cent of staff have recorded their Welsh language skills as follows:

**Welsh skill level Number of Employees and percentage**

Welsh skill level	Number of employees	percentage
0 - No Skills / Dim Sgiliau	4,439	38.27%
1 - Entry/ Mynediad	2,711	23.37%
2 - Foundation / Sylfaen	1,056	9.10%
3 - Intermediate / Canolradd	869	7.49%
4 - Higher / Uwch	909	7.84%
5 - Proficiency / Hyfedredd	1,317	11.35%
Not yet recorded on ESR	299	2.58%
Grand Total	11,600	100%

The number of new and vacant posts that were advertised during the year, recorded as per those where Welsh language skills were essential or desirable and the number where Welsh needs to be learnt or where Welsh was not necessary are reported below:

- Number of Welsh Essential Posts – 41
- Number of Welsh Desirable Posts – 4,467
- Number where Welsh needs to be learnt – 0
- Number where Welsh not necessary – 0
- Total Number of Posts – 4,508

**Welsh language related complaints**

Four Welsh language service complaints were received during 2022/23. Two complaints have resulted in an investigation by the Welsh Language Commissioner within the year under section 71 of the Welsh Language Measure. Full details can be found in the Annual Welsh Language Report, which will be published on our website (<https://hduhb.nhs.wales>).



## Engagement and Consultation with our communities

### New hospital site land consultation

The health board recognised that engagement with the public was a fundamental requirement of the land identification process and has ensured that they have been involved at every major step. We established a series of workshops to review progress, to agree outputs and confirm the next step to be taken. The Board endorsed this process following the submission of reports at each major stage.

During April to June 2022, we reviewed and agreed the technical evaluation criteria, weighted the technical evaluation criteria, and scored the short-listed sites using the weighted criteria.

On 9 June 2022, the Board endorsed the weighted criteria which were established through a workstream which included 52 per cent public representation and 48 per cent health board staff and other stakeholders. This reflected an earlier Board commitment that there is a reasonable expectation that the public voice should be the majority voice in the technical appraisal process.

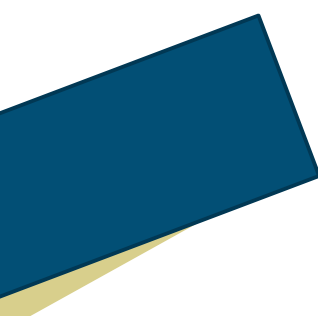
The final workshop on 28 June 2022 scored the short-list of sites against the weighted technical appraisal criteria. In addition to members of the public and health board staff and stakeholders. Not all stakeholders participated in the scoring, with Hywel Dda Community Health Council (CHC) representatives ensuring they were there to witness the process. Consideration for staff representation was sought from a range of grades in Clinical, Corporate and Facilities departments from across the Hywel Dda area.

The Equality and Health Impact (EHIA) was produced for submission with the Programme Business Case and is a live document being updated as part of the ongoing programme. The EHIA has been reviewed and updated as appropriate to reflect feedback from:

1. An online focus group independently facilitated by the Consultation Institute on 14 June 2022, which included participants from Pembrokeshire (6) Carmarthenshire (4) and Ceredigion (1).
2. A questionnaire which was conducted between 1 – 14 June 2022 and sent to groups that represent people with protected characteristics and members of the health board's involvement and engagement scheme, Siarad Iechyd / Talking Health. 775 responses were received. The questionnaire was also shared by the 'Save Withybush Campaign' group, which resulted in more feedback from Pembrokeshire residents overall, representing 89 per cent of respondents.

The formal 12-week consultation was launched on 23 February 2023, inviting members of the public, staff and partner organisations, to share views about three potential sites for a new planned and urgent care hospital as part of the health board's wider strategy to improve health and care in the region.

A new Urgent and Planned Care Hospital is part of the health board's strategy to be able to re-provide more care in community settings, by having a sustainable hospital model fit for future generations. This will improve and increase the specialist care services that can be provided in



Hywel Dda and tackle some long-standing challenges, including old hospitals, problems in maintaining clinical rotas over several hospitals, and staff recruitment.

The consultation sets out three potential sites for a new Urgent and Planned Care Hospital in the south of the HDdUHB area – two near Whitland and one near St Clears.

The health board does not have a preferred site and has not bought any site or land for this development. Purchasing a site and delivering the new Urgent and Planned Care Hospital is subject to the Welsh Government funding, which is not yet confirmed, and if successful, would take several years to achieve.

To help members of our communities to learn more about the plans for our new urgent and planned care hospital, the health board arranged a number of public events – both in-person and online – for people to share their views.

#### **Review of Paediatric Services**

Until October 2014 a 24-hour paediatric inpatient unit was available at both Withybush Hospital and Glangwili Hospital. After this date the inpatient unit at Withybush Hospital was changed to a 12-hour Paediatric Ambulatory Care Unit (PACU) service. The 12-hour service was supported by a Dedicated Ambulance Vehicle (DAV), introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites. Glangwili Hospital remained a 24-hour inpatient unit.

A series of temporary changes have been made to the service since then and these have been documented and reviewed. In the interim of a new hospital being built, the health board is reviewing the temporary changes it has made since 2016 to the way urgent and emergency hospital services for children and young people are provided in the south of our area.

The public were invited to share their views in a questionnaire if there were any issues that they would like the health board to consider or be aware of as we undertook the interim paediatric review, and they were asked if they would like to be kept informed and have further opportunities to have their say about this work.

During the reporting year the health board began preparing for a public consultation on how we will provide urgent and emergency children and young people's (paediatric) services for children who live in, or visit, areas that are serviced by Withybush and Glangwili Hospitals, in the future.

The health board has worked to develop and appraise a list of viable options, working with children and young people, their parents and guardians and the multidisciplinary team of staff who work with children and young people in the Hywel Dda area. During the options development phase we engaged with: children and young people on our wards; a survey on Have Your Say/Dweud eich Dweud; a young person survey was sent to secondary schools and youth clubs; staff drop-in sessions; informal drop-in events at Folly Farm, Pembrokeshire; Xcel Bowl, Carmarthenshire; and Cardigan Castle, Ceredigion; visits to Portfield School, Haverfordwest and Ysgol y Preseli, Crymych to listen to children; engagement with the Gypsy and Traveller community in Pembrokeshire.

We also sought expressions of interest from the public and representatives of community and third sector groups to take part in: a deliberative session using the issues paper as a basis for discussion with an appraisal group; to appraise the long list of options using hurdle criteria; and to appraise the options still being considered (short list).

### **Have Your Say / Dweud eich Dweud – online engagement**

The health board online engagement portal Have Your Say / Dweud eich Dweud has hosted the following projects to engage and consult with the communities during 2022/23 on the following issues:

- **Application to close Tycroes branch surgery in Ammanford**
  - Margaret Street Practice, HDdUHB and the Community Health Council worked together to engage patients of both surgeries to gain an understanding of how a proposed closure of Tycroes branch surgery would affect patients. This ran from 9 May until 24 June. In October 2022 the Board announced a unanimous agreement that the Practice must be supported to continue offering services from its branch surgery and to decline the application to close Tycroes Surgery.
- **Fishguard Integrated Health and Wellbeing Centre**
  - The health board is moving forward with plans to develop the Fishguard Integrated Health and Well-being Centre to support the population across north Pembrokeshire from Solva and St Davids in the west, to Fishguard and Newport.
  - The engagement ran throughout the summer of 2022 and asked the public what they would like to see in the Centre and included a public drop-in on 29 June. The process of listening to communities will be an important part of developing our business case, which will be submitted to Welsh Government for the funding.
- **Neyland and Johnston Surgery – the future of services for registered patients**
  - Neyland and Johnston GP Surgery made the difficult decision to resign the General Medical Services contract to operate the practice from 31 October 2022, following the recent retirement of one of the GP partners and unsuccessful attempts to recruit more GPs.
  - Working closely with the practice and Community Health Council, the health board sought the views of the local community and patients via a questionnaire which closed on 2 September 2022.
  - The health board announced that it would take over Neyland and Johnston Surgery as a managed practice later that month
- **Solva Surgery - the future of services for registered patients**
  - Dr Dhadvai at Solva Surgery made the difficult decision to resign the General Medical Services contract to operate her practice with effect from 31 March 2023. This follows her decision to retire in the spring, and unsuccessful attempts over recent years to recruit another GP partner to continue the service.
  - Working closely with the practice and Community Health Council, the health board sought the views of the local community and patients via a questionnaire which closed on 4 February 2023
  - There was also a public drop-in event for registered patients on Tuesday 24 January 2023

- Later in February 2023 the health board announced that it would take over Solva Surgery as a managed practice.
- **Health and wellbeing centre Llanelli**
  - As part of its Health Improvement and Wellbeing the health board submitted a planning application in December 2022 for the delivery of a Health Improvement and Wellbeing Centre in Llanelli, which will increase the range and accessibility of essential services for the local population. The health board and partners have explored other potential locations but has established Anchor Point as the most suitable property for development.
  - The facility is intended to improve the health and well-being of the community and future generations by providing discreet and confidential services to the local community for children, young people and adults who wish to seek support with lifestyle behaviour change.
  - A public drop-in session was arranged for 21 February 2023 with the public invited to send questions in advance of the event on Have Your Say
- **Have your say about arts in health at Hywel Dda**
  - Our strategy - A Healthier Mid and West Wales: Our future generations living well - shares our vision for improving health and well-being for our communities. Part of this work will build on the knowledge and growing evidence base that tells us that the arts have a powerful role to play in supporting health and wellbeing.
  - The public were asked to provide their views in a questionnaire, on a message board or by sharing a story, and to tell us how the arts and music and helped individuals, but also how they might also help improve people's health and wellbeing in our area; and improve the quality of the hospital or care experience.

#### **Siarad Iechyd / Talking Health Involvement and Engagement Scheme**

Siarad Iechyd / Talking Health involvement and engagement scheme has more than 1,000 members who have expressed interest in a variety of different health services. Members receive information regularly from the health board and many are willing to take part in additional activities including questionnaires, events, and local and national consultations.

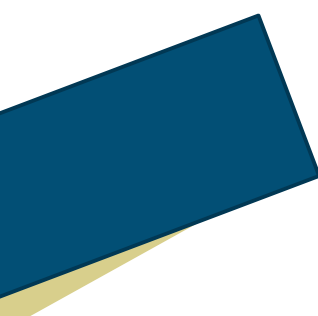
#### **Readers' Panel**

The Siarad Iechyd / Talking Health membership includes a number who are part of a readers' panel who comment and offer constructive feedback on draft leaflets and documents.

Members have reviewed leaflets including:

- Capsaicin Cream Patient Information Leaflet
- Unlicensed medicines information for patients – Leaflet A and B
- Patient information Leaflet Malignancy Unknown Origin Clinic
- Malignancy of Unknown Origin Service Information for GPs
- Asthma Inhaler and Climate Change Leaflet
- Cancer Treatment Helpline Patient Information Leaflet - leaflets A and B
- Tramadol - information for patients and carers

#### **Stakeholder database**



The Engagement Team has a large database of more than 4,000 key stakeholder contact details from the area including statutory organisations, third sector, special interest groups to sports organisations, nurseries etc.

#### **Bronglais chemotherapy day unit CDU staff and patient surveys**

The Bronglais chemotherapy day unit (CDU) surveys were conducted to engage with staff and patients of the unit with regards to the ongoing redesign and upgrade of the chemotherapy day unit.

The surveys were conducted between 23 September and 31 October 2022, both online and using paper copies of the questionnaire which were made available at the unit for both staff and patients to complete.

The purpose of the surveys was to seek the views and experiences of patients about the current CDU unit, and also the views of staff on their experiences of working in the unit, with a view to gain a more inclusive overview of what the proposed CDU unit might look like and what improvement are needed, to feed into the technical and concept stages of the project.

The feedback received from the surveys have been incorporated into the next stage of the project. The equality data collected as part of the surveys will help inform the equality impact assessment element of the project.

The main aim of the project, which was approved by the Board on 29 July 2021, is to enable the delivery of a safe, local and fit-for-the-future solution for systemic anti-cancer treatment (SACT) for people living in Ceredigion and parts of the neighbouring counties of North Powys and South Gwynedd.

#### **Voices of Children and Young People Steering Group**

The Voices of Children and Young People Steering Group was established as a group to ensure the voices of children and young people are listened to and inform the work of health board.

The group has a wide remit. It helps to support the development of appropriate guidance, policies and procedures to ensure the importance of learning from children and young people is recognised and considered by HDdUHB. It provides support to ensure children and young people influence the strategic direction of the organisation, and that the voices of children and young people influence services and staff across the organisation.

#### **Celebrating the Voices of Children and Young People: 15 – 20 May 2022**

The Voices of Children and Young People Steering Group ran a week of a range of activities to celebrate the voices of children and young people within Hywel Dda.

The week was used to raise awareness of the Children's Charter, which was developed in partnership with Dyfed-Powys Police, Dyfed-Powys Police and Crime Commissioner, HDdUHB, Mid and West Wales Fire and Rescue Service, and involved more than 200 children and young people.

Highlights of the Children's week include:

- A Children's Charter badge competition (available in English, Welsh and Ukrainian and Russian)
- The launch of a new BSL version of the Children's Charter
- Awareness raising at the Nursing and Midwifery Conference, Llanelli
- Pledges by staff to sign up to the Children's Charter

The paediatric departments across the health board also be provided a range of activities and displays during the week focusing on the theme of kindness. These activities included:

- Kindness – Charter and UNCRC Rights - Article 24: Right to good healthcare
- Technology – Bullying - Article 19: Right to be protected from hurt
- Diversity and Inclusion - Article 2: All children should be treated equally
- Kindness to the planet / environment - Article 24: right to a clean environment

#### **Children's Charter Badge Competition**

The Children's Charter Badge competition posters were sent to primary schools within the health board area and to the Welcome Centre in Llangrannog, which provided an opportunity for Ukrainian children to be involved. The children were asked to design a badge to promote the Charter.

Two drawing were successful. Drawing 1 will be used as a badge and a background image for Microsoft teams. Drawing 2 will be used as an email banner. Both the successful drawings will help to raise awareness of the Children's Charter throughout the health board.

#### **Cross Hands Health and Wellbeing Centre**

Briefings were held to provide stakeholders with information around the development of the Cross Hands Health and Wellbeing Centre, which included an opportunity to provide their views and feedback. The Carmarthenshire Disability Forum, Community Health Council and Local Councillors took part.

#### **Engagement and Experience Group**

An Engagement and Experience Group has been established during 2022/23 to consider feedback from all sources of engagement with public, patients and staff, to ensure that the work of HDdUHB is informed and influenced by the views and perspectives of all our stakeholders.

#### **National Eisteddfod, Tregaron**

The National Eisteddfod in Tregaron provided the health board with an unrivalled opportunity to engage with local and visiting populations. A week of events and an interactive stall saw the health board hosting the first signing and singing of Yma o Hyd with Dafydd Iwan; the launch of speech and language communication boards to support individuals who experience communication difficulties; launch of the health board's Welsh language and culture discovery process by BBC broadcaster Beti George; and participation in a discussion on life and death, art and medicine by the Arts and Wellbeing team. Throughout the week, teams from across the health board were on hand to share more about a broad range of topics – from how to develop your career at Hywel

Dda to keeping your blood pressure in check, storytelling sessions for younger audiences to support from the dementia wellbeing team – there was something for everyone.



## **Strategic Objective 4 – The best health & wellbeing for our communities**





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

- This strategic objective maps to the following ministerial priorities and measures:
- COVID-19 Response and Challenges
  - NHS Recovery – access to timely planned care 6 Goals of Urgent and Emergency Care
  - Working alongside social care – care closer to home
  - Mental and emotional wellbeing
  - Supporting the health and care of the workforce
  - Population health
  - Infection prevention and control
  - Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Population	Our communities feel happy, safe and are able to live life to the full
Health and Wellbeing	Our communities have opportunity from birth to old age to be healthy, happy and well informed
Equity	Our communities have a voice and are able to fulfil their potential no matter what their background or circumstance

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

Our planning objectives	Status
4A – Public Health Delivery Targets	<input type="checkbox"/> On-track
4B – Public Health Local Performance Targets	<input type="checkbox"/> On-track
4C – Transformation fund schemes	<input type="checkbox"/> Complete
4D – Public Health Screening	<input type="checkbox"/> On-track
4G – Healthy Weight: Healthy Wales	<input type="checkbox"/> On-track
4H – Emergency planning and civil contingencies	<input type="checkbox"/> Complete
4I – Armed Forces Covenant	<input type="checkbox"/> On-track
4J – Regional Well-being Plans	<input type="checkbox"/> On-track
4K – Health Inequalities	<input type="checkbox"/> On-track
4L – Social Model for Health and Wellbeing	<input type="checkbox"/> On-track
4M – Health protection	<input type="checkbox"/> On-track

Our planning objectives	Status
4N – Food system	□ On-track
4P – Recovery and Rehabilitation Service	□ On-track
4Q – Community Care Support to reduce non-elective acute bed capacity	□ Behind
4R – Green Health and Sustainability	□ On-track
4S – Improvement in Population Health	□ Ahead
4T – Continuous engagement implementation	□ On-track
4U – Community proposals for place-based action	□ On-track
4V – One Health	□ On-track
4W – Whole School Approach to Mental and Emotional Wellbeing	□ On-track
Our principal risks	Control RAG
1192 – Wrong value set for best health and well-being	□ High
1193 – Broadening or failure to address health inequalities	□ Medium
1194 – Increasing uptake and access to public health interventions	□ Medium
Our outcome measures	Status
Mean mental wellbeing score for adults (16+)	□ No data
% adults (16+) with two or more healthy behaviours	□ No data
% children with two or more healthy behaviours	□ No data
Gap in life expectancy (most and least deprived) – males and females	□ No data
Health life expectancy – males and females	□ No data

For further details on the principal risks and outcomes see our Board Assurance Framework: [Board Agenda and Papers 30 March 2023](#) (item 3.1).

## Our planning objectives

We identified 20 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<p>□ On-track</p> <p><b>4A: Public health Delivery Targets</b> Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next three years.</p>	<p>There have been a number of key developments through 2022/23 including but not limited to:</p> <ul style="list-style-type: none"><li>• Respiratory virus vaccination plan presented to Board in September 2022. A joint influenza and covid programme for 2022/23 underway.</li><li>• Deep dive into childhood vaccine uptake ongoing presented to our Strategic Development and Operational Delivery Committee (SDODC). The findings from the deep dive will form the basis of an improvement plan.</li><li>• Health Improvement and wellbeing strategy presented to Board in November 2022.</li></ul>
<p>□ On-track</p> <p><b>4B: Public Health Local Performance Targets</b> Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years.</p>	<p>Planning Objectives 4A and 4B are closely linked and the key developments for 4A reflect the achievements for 4B.</p>
<p>□ Complete</p> <p><b>4C: Transformation fund schemes</b> Undertake an evaluation of the impact and benefits of the three Welsh Government supported Transformation Funds and Integrated Care Fund supported schemes to develop proposals, with local authority partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024.</p>	<ul style="list-style-type: none"><li>• The Transformation Funds and Integrated Care Fund (ICF) programmes no longer exist.</li><li>• All programmes were reviewed and for some programmes funding has been agreed through Regional Integration Funding (RIF) against the new criteria established under RIF and will continue to report through that structure and into our Integrated Executive Group.</li></ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4D: Public Health Screening</b> By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas</p>	<p>There are three significant pieces of work that we are progressing:</p> <ul style="list-style-type: none"> <li>• Moondance Cancer (Bowel Cancer) Learning Programme for Schools - partnership programme between Moondance Cancer Initiative, Hywel Dda Public Health Team and Pembrokeshire Healthy Schools Scheme. The programme, originally developed and piloted in Cwm Taf, is an investment to influence long-term behaviour change within younger generations by educating them about cancer, cancer treatment, and the connection to healthy behaviours. It also explores intergenerational learning, by raising awareness of bowel screening, signs, and symptoms amongst the pupils' wider family network.</li> <li>• Cervical Screening and Refugees - a multidisciplinary team of key health professionals, led by a GP Cancer Lead, looking at cervical screening uptake within the refugee population in Hywel Dda.</li> <li>• Barriers to Screening Uptake in Carers - currently in the early stages of scoping out this piece of work will look at carers' uptake of screening programmes, what are the barriers and enablers for themselves and also the experiences of those they care for. This work will link in with local carers support networks and national work that is already going on.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4G: Healthy Weight: Healthy Wales</b> Over the period 2022/23 - 2024/25 implement the health board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following three-year planning cycle.</p>	<p>The main focus in 2022/23 has centred on:</p> <ul style="list-style-type: none"> <li>• Completion of recruitment to the level 3 weight management service and communication to the public and professionals about single point of entry (level 2/3) and self-referral routes to the service.</li> <li>• Establishment of 3 task and finish groups, led by the Clinical Pathway Lead to do the work needed across disciplines and organisations to model capacity and demand and plan and cost the model of provision for level 2 adults, for maternity and for children, young people and families.</li> <li>• This work is being aligned closely with the work on the All-Wales Diabetes Prevention Programme and more recently the Strategic Programme for Primary Care in order to maximise reach and population outcomes by utilising different funding streams.</li> </ul>
<p>□ Complete</p> <p><b>4H: Emergency planning and civil contingencies</b> Review and refresh the HDdUHB'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.</p>	<p>The refreshed Major Incident plan was approved at the health board meeting in July 2022. The aim of the Major Incident Plan is to save life and mitigate injury in circumstances where routine services may prove inadequate and to provide co-ordination to ensure that limited resources are deployed most effectively. This plan is based on the use of Withybush, Glangwili and Bronglais hospitals as the Designated Receiving Hospitals for the area with Prince Phillip Hospital designated as a supporting hospital. All the facilities of the health service would be available in the event of a major incident. If the number of casualties exceeds the available capacity at the time, it may be necessary, in order to release beds, to call other hospitals to assist by accepting casualties from the incident and/or patients transferred from these hospitals. It should be noted that in the event of a Major Incident in a neighbouring area, Bronglais, Glangwili, Withybush and Prince Phillip hospitals may be called upon to act as supporting hospitals.</p>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4I: Armed Forces Covenant</b> Further develop the health board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually.</p>	<p>The Armed Forces Covenant Duty was enacted in November 2022 and strengthens the legal requirements of the health board to pay due regard to the needs of the Armed Forces Community when making decisions. The Armed Forces Covenant Duty has been incorporated into the Equality Impact Assessment process to ensure that the legal requirements are met. Work will be continuing in 2023/24 to progress existing areas of work and identify new actions. This includes making an application for the Veteran Aware award, which is part of the Veterans Healthcare Alliance, and builds on our existing Gold Award as part of the Defence Employers Recognition Scheme.</p>
<p>□ On-track</p> <p><b>4J: Regional Well-being Plans</b> Work in partnership with the Public Service Boards (PSB) 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.</p>	<p>The wellbeing assessments have been completed, and plans put out to public consultation.</p>
<p>□ On-track</p> <p><b>4K: Health Inequalities</b> 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 and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.</p>	<p>A strategy document has been drafted and will be presented to Board in May 2023 for approval.</p>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4L: Social Model for Health and Wellbeing</b> Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities.</p>	<p>A systematic review of the literature with regards to a social model for health and wellbeing has been undertaken on our behalf by Aberystwyth University.</p> <p>We have also been engaging with a process called ‘Conversations with a Purpose’ to help with a thematic review.</p>
<p>□ On-track</p> <p><b>4M: Health protection</b> Create a sustainable and robust health protection service, including a sustainable tuberculosis services model.</p>	<p>The External Review of the Llwynhendy Tuberculosis cluster has been completed and was presented to Board in January 2023.</p> <p>We are developing our future health protection model with our three local authority partners and Public Health Wales</p>
<p>□ On-track</p> <p><b>4N: Food system</b> Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing.</p>	<ul style="list-style-type: none"> <li>• A Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated.</li> <li>• FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group.</li> </ul>

## Planning objective and status

## Update

### □ On-track

#### 4P: Recovery and Rehabilitation Service

By December 2022 develop and seek Board approval for a Recovery and Rehabilitation plan that will provide a comprehensive individualised person-centred framework to support the needs of the 4 identified populations included in "Rehabilitation: a framework for continuity and recovery", including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2024

The aim and vision is to establish effective prehabilitation and rehabilitation services across the length and breadth of the system to support delivery of the best possible health and wellbeing outcomes for our communities and progress recovery of our population following the COVID-19 pandemic. To enable this plan, our Therapy Services identified four workstreams that underpin delivery:

- Performance reporting/demand and capacity Planning.
- Digital delivery
- Workforce plan
- Accommodation and equipment.

Each workstream contains actions to review and develop services across the length and breadth of the patient journey and support the development of service delivery models and appropriate level of care. Actions within each workstream run concurrently requiring continuous and agile programme oversight and governance to ensure projects are not in conflict.

### □ Behind

#### 4Q: Community Care Support to reduce non-elective acute bed capacity

Through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day.

Our objective is to grow the total homebased care workforce in the community on a sustainable basis. To develop a consistent and regional set of principles which can be owned and implemented as most appropriate in each county system. The focus of the teams will be to support independence, reablement or enablement and the Home First principles. We seek to do this in partnership recognising the impacts on the experience and outcomes for individuals and the wider population. We seek to share the responsibility and risk in the design, implementation and resourcing and will ensure senior consistent representation in a regional steering group and local Operational Delivery Groups.



Planning objective and status	Update
<p>□ On-track</p> <p><b>4R: Green Health and Sustainability</b> 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.</p>	<ul style="list-style-type: none"> <li>• A Preventions Board has been established.</li> <li>• Additionally, a One Health Practitioner is now in post and key to linking public health into the decarbonisation and climate agenda.</li> </ul>
<p>□ Ahead</p> <p><b>4S: Improvement in Population Health</b> Develop and implement the strategy to improve population health so that everyone within our region can expect to live more of life in good health by:</p> <ol style="list-style-type: none"> <li>1. Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death.</li> <li>2. by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working.</li> </ol>	<p>The strategy we have been developing will have separate elements to reflect:</p> <ul style="list-style-type: none"> <li>• Our local Tobacco Control Strategy aims - smoke free environments, reducing prevalence, smoking cessation service provision, clinical strategies and priority groups and prevention.</li> <li>• Alcohol Harm Reduction and Drug Misuse Strategy aims - prevention and early intervention, harm reduction, treatment and recovery, crime reduction, complex needs, mental health and homelessness, children, families and communities.</li> <li>• Wider Health Improvement and Wellbeing aims - housing and health, suicide, blood borne viruses, and objectives related to enabling factors, outcomes and performance.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4T: Continuous engagement implementation</b></p> <p>Implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• Providing training on continuous engagement and our duties to engage/consult around service changes in keeping with The Consultation Institute's advice</li> <li>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</li> <li>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice.</li> </ul>	<ul style="list-style-type: none"> <li>• A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute.</li> <li>• Review undertaken of current mechanisms. New Continuous Engagement Plan was approved by Board in May 2022.</li> <li>• Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the health board and other key organisations.</li> <li>• We have established a new Experience and Engagement group.</li> <li>• Terms of reference for the Stakeholder Reference Group have been amended to ensure seldom heard groups and individuals with protected characteristics are represented.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4U: Community proposals for place-based action</b></p> <p>Develop a proposal for place-based action in at least one community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community and would be owned by the local community.</p>	<p>Considerable progress has been made in delivering PO 4U. For example:</p> <ul style="list-style-type: none"> <li>• A multi-agency Design Group established.</li> <li>• Scoping work, about how “community” can be defined.</li> <li>• Discussions have taken place with representatives from other programmes, such as the Rural Futures Programme, about how they identified communities for action.</li> <li>• Related work taking place across the health board include wellbeing walks in Llanelli, continuous engagement, asset mapping in Carmarthenshire and the “10,000 conversations” initiative.</li> <li>• Discussions with a range of partners, including County Voluntary Councils (CVCs), Local Authorities (LAs) and Public Services Boards (PSBs) about which communities and broad areas of activity to focus on.</li> <li>• Data and statistics obtained, to support the community identification decision-making process, e.g. child poverty data and Welsh Index of Multiple Deprivation (WIMD) data.</li> <li>• Scoping work, including a search of the literature, has been carried out about how “community leaders” can be identified and supported, e.g. Create Gloucestershire Catalyst Training Programme or Action Learning Sets.</li> <li>• Scoping work has taken place with regard to how community-led, place-based activity can be measured, e.g. Social Value, adherence to NICE Guidelines NG44, Lincus software or national indicators and national milestones for Wales as required by sections 10(8) and 10(3) of the Well-being of Future Generations (Wales) Act 2015.</li> <li>• Multi-agency county-level sub-groups have been established to provide oversight of the work at a county level.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>4V: One Health</b> Develop a set of “One Health” outcome measures and seek approval from Board to include them in the Board Assurance Framework as part of Strategic Objective 4. Develop a clear framework and template to be used across relevant Planning Objectives that will embed “One Health” principles within their delivery and develop a training package accessible for all staff to raise awareness of “One Health” principles and how they can be implemented in the day-to-day work of the health board.</p>	<p>This is a relatively new planning objective adopted during 2022/23, and so progress is at the initial stages. However, a number of key achievements have already been met:</p> <ul style="list-style-type: none"> <li>• Two multi sector workshops facilitated by Aberystwyth University have been undertaken with a view to embedding One Health (OH) principles into partnership working</li> <li>• In discussion with Coleg Sir Gar and Bangor University regarding developing a OH training package (in conjunction with Director of Research, innovation and University Partnerships)</li> <li>• OH is part of Public Health Wales and Welsh Government draft workplans, with potential for developing national framework/toolkit/outcome measures.</li> </ul>
<p>□ On-track</p> <p><b>4W: Whole School Approach to Mental and Emotional Wellbeing</b> Put in place an implementation plan so that, every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health and Emotional Wellbeing and establish a formal evaluation framework to monitor and assess the impact of the framework on the mental health and emotional wellbeing of all school children.</p>	<ul style="list-style-type: none"> <li>• To date 100 per cent of all schools across Hywel Dda are aware of Welsh Government’s Framework and have access to Public Health Wales’ (PHW) Self Evaluation Tool (SET) and Implementation plan and guidance.</li> <li>• Nationally, a more streamlined route has been decided to collect data from the SET’s and this is now being demonstrated through PHW’s Power BI dashboard.</li> <li>• Awaiting on Welsh Government’s (WG) ambitions for 2023/24.</li> </ul>

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

## The well-being of our future generations

The Well-being of Future Generations (Wales) Act 2015 requires individual organisation actions, as well as collaborative working with Public Services Boards (PSBs) and wider partners. The Act also sets out where change needs to happen within seven corporate functions of an organisation: corporate planning; workforce planning; performance management; financial planning; risk; assets, and procurement. These are the parts of the organisation services.

We refreshed our well-being objectives in November 2019 and have not made any changes to them as they continue to have strategic relevance to our vision and mission to become a population health focused organisation. Our well-being objectives align to more than one of the national well-being goals but broadly fall into four themes: environment and climate change; workforce planning and development; early intervention and prevention; collaboration, involvement and engagement. Our well-being objectives are to:

1. Plan and deliver services to increase our contribution to low carbon.
2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.
3. Promote the natural environment and capacity to adapt to climate change.
4. Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.
5. Offer a diverse range of employment opportunities which support people to fulfil their potential.
6. Contribute to global well-being through developing international networks and sharing of expertise.
7. Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.
8. Transform our communities through collaboration with people, communities, and partners.

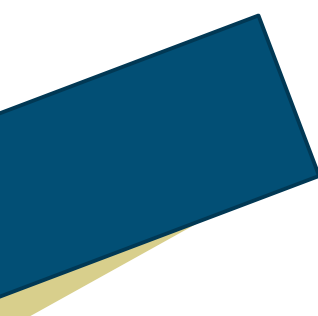
During 2022/23 we have been working closely with PSB partners to develop wellbeing plans across the three Local Authority Areas within the Hywel Dda UHB regional footprint.

### Integration

We continue to work with our partner organisations to find ways of accelerating partnership arrangements. This has been particularly important as we have worked together on wellbeing assessments and plans. Wellbeing plans have now been approved by all statutory partners of our Public Service Boards. Within the health board we have also acknowledged the importance of integration between directorates around key wellbeing topics, including our response to the cost-of-living crisis and our response to the arrival of people seeking sanctuary from the war in Ukraine. Hywel Dda UHB hosted the first welcome centre for Ukrainian people seeking sanctuary in Wales, working closely with the Urdd and Local Authority partners.

### Involvement

During the year we have sought to engage with the public in a range of conversations, including how the public would like to engage with the health board going forward. Streams of engagement work have been integrated and brought together to try to ensure people are not being asked the same questions from multiple sources. The Community Development Outreach Team have been key to providing access to surveys and questionnaires to ethnic minority communities, including in particular understanding the experience Ukrainian people seeking sanctuary with us have had



around health screening. There is ongoing engagement around the site of our new hospital, with many face-to-face stakeholder events held across the region alongside the option to participate in the discussion through online surveys. Our wellbeing plans have focussed on what our communities told us mattered to them as part of engagement work undertaken by our partners when developing wellbeing assessments.

### **Long term**

Public bodies are facing the challenge of an ageing population and the impact that this has on our available workforce. The Apprenticeship Academy scheme is a key example of work we are doing to take a longer-term approach to contribute to A Prosperous Wales. It supports us to invest in local wealth building and contributes to our own well-being objective to offer a diverse range of employment opportunities which support people to reach their full potential.

Hywel Dda UHB continues to support employees seeking higher education qualifications, with funded places available through an annual application process.

### **Collaboration**

Our partnership arrangements with PSBs created a variety of opportunities for collaboration. One example is the collaborative work focussing on mitigating the impact of the cost-of-living crisis for people living in west Wales. Members from all PSBs came together with the health board, third sector organisations and charities for a workshop to discuss, debate and share ideas and plans for supporting communities and the workforce through this extremely difficult time. Over the past year the health equity group, a multi-agency group aimed at ensuring we hear the voices of our communities and groups living in the region, has also been established. The group includes a focus on homelessness and housing, our travelling communities and ethnic minority health, among other topics.

## **Strategic Objective 5 – Safe, Sustainable, equitable and kind care**





# Strategic Objective 5 – Safe, Sustainable, Equitable and Kind Care



This strategic objective maps to the following ministerial priorities and measures:

- NHS Recovery – access to timely planned care
- 6 Goals of Urgent and Emergency Care
- Working alongside social care – care closer to home
- A Healthier Wales
- Mental health and emotional wellbeing
- Supporting the health and care of the workforce
- Population health
- Infection prevention and control
- Digital and technology

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Safe	We minimise harm for the patients in our care
Sustainable	We have a stable and sustainable workforce
Accessible	Our patients can access services in a clinically appropriate timescale
Kind	We maximise the number of days that people spend well and healthy in their own home

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

Our planning objectives	Status
5A – NHS Wales Delivery Framework Targets	□ On-track
5B - Local Performance Targets	□ On-track
5C – Business Cases for A Healthier Mid and West Wales	□ Behind
5F – Bronglais Strategy	□ Behind
5G – Transforming MH and LD implementation	□ On-track
5H – Integrated locality plans	□ On-track
5I – Children and young people services improvement	□ On-track
5J – 24/7 emergency care model for Community and Primary Care	□ On-track
5K – Clinical effectiveness self-assessment process	□ On-track
5M – Implementation of clinical and all Wales IT systems	□ On-track
5N – Implementation National Network and Joint Committee Plans	□ On-track

Our planning objectives	Status
5O – Fragile Services	❑ Behind
5P – Market Stability Statement	❑ Complete
5Q – Asthma pathway	❑ On-track
5R – Digital Inclusion	❑ On-track
5S – Palliative Care and End of Life Care Strategy	❑ Behind
5T – Complex health and care needs	❑ Complete
5U – Community and non-clinical estates strategy	❑ On-track
5V – IMTP and operational planning	❑ On-track
5W – Liberty Protection Safeguards	❑ On-track
5X – Quality management System	❑ On-track
Our principal risks	Control RAG
1195 Comprehensive early indicators of shortfalls in safety	❑ Medium
1196 Insufficient investment in facilities/equipment/digital infrastructure	❑ Medium
1197 Implementing models of care that do not deliver our strategy	❑ Medium
Our outcome measures	Status
Patient safety incidents identified as moderate, severe or catastrophic harm after investigation	❑ Missed target
Number of nursing and midwifery staff in post	❑ Exceeded target
Number of patients waiting 26 weeks or more from referral to treatment	❑ Missed target
Patients: I am treated with dignity, respect and kindness	❑ Met target

For further details on the principal risks and outcomes see our Board Assurance Framework: [Board Agenda and Papers 30 March 2023](#) (item 3.1).

### Our planning objectives

We identified 21 planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<div>□ On-track</div> <div><b>5A: NHS Wales Delivery Framework Targets</b> Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality and Safety, Primary care, Secondary care and MH services within the next three years.</div>	<div>Key elements of the work plan achieved through 2022/23 include:</div> <div><ul style="list-style-type: none"><li>• Review our performance measures in line with the WG 2022/23 Performance Framework</li><li>• Work with our teams to develop trajectories for our WG and key improvement measures</li><li>• Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required</li><li>• Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required</li><li>• We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind.</li><li>• Our performance update is available through our <a href="#">Integrated Performance Assurance Report</a>.</li></ul></div>
<div>□ On-track</div> <div><b>5B: Local Performance Targets</b> Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality and Safety, Primary care, Secondary care and MH services within the next three years.</div>	<div>See the update for Planning Objective 5A</div>

Planning objective and status	Update
<p>❑ Behind</p> <p><b>5C: Business Cases for A Healthier Mid and West Wales</b></p> <p>Agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> <li>• The repurposing or new build of Glangwili and Withybush Hospitals</li> <li>• Implementation of a new urgent and planned care hospital within the zone of Narberth and St Clears.</li> </ul> <p>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.</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy.</p>	<ul style="list-style-type: none"> <li>• A Programme Business Case was submitted to WG in February 2022.</li> <li>• Scrutiny comment from WG received and responded to by end April 2022.</li> <li>• Presentation to Infrastructure Investment Board 27 May 2022.</li> <li>• Land selection process being undertaken by 4 appraisal workstreams <ul style="list-style-type: none"> <li>○ Technical</li> <li>○ Clinical</li> <li>○ Workforce</li> <li>○ Financial and Economic</li> </ul> </li> </ul> <p>Report to Board 4 August 2022</p> <ul style="list-style-type: none"> <li>• Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy.</li> <li>• Board agreed a shortlist of three sites at the meeting on 4 August 2022 and that the health board would go out to public consultation on these three sites. A consultation plan was presented to the Board on 29 September 2022. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on 29 September 2022.</li> <li>• Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 2022 and submitted to WG 31 May 2022. Scrutiny comments have been received from WG and the UHB's responses returned on 16 September 2022.</li> </ul>
<p>❑ Behind</p> <p><b>5F: Bronglais Strategy</b></p> <p>Fully implement the Bronglais Hospital strategy over the coming three years as agreed at Board in November 2019 taking into account the learning from the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services <b>since 2020</b>.</li> <li>• A post COVID-19 review of the strategy has commenced</li> <li>• A revised implementation plan is in the draft stage of completion</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5G: Transforming MH and LD implementation</b></p> <p>Implement the remaining elements of the Transforming MH plan and develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next three years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.</p>	<ul style="list-style-type: none"> <li>• We were the first health board in Wales to introduce 111 Option 2</li> <li>• We continue to work towards meeting our targeted trajectories in respect of Part 1A and 1B and work with partners through the Regional Partnership Board to further strengthen care and support arrangements for children with emotional and mental health needs by becoming early adopters of the national Early Help and Support Framework, which is being implemented as part of the <i>Together for Children and Young People</i> programme.</li> <li>• Undertaken a procurement exercise to outsource assessment and treatment to address our waiting lists in both adult and children and young people Autism Spectrum Disorder services. Following evaluation and stand still period, contracts have been awarded to two providers up until 31 March 2025.</li> <li>• Work is progressing on the Learning Disability Service Improvement programme for the community and inpatient settings change programme. An update was presented to Board in January 2023, outlining the future direction of travel and next steps based on recent service assessments. The report included a comprehensive Engagement Plan scheduled for February/March 2023.</li> <li>• Work continues on developing our Memory Assessment Service. Good progress has been made on waiting time initiatives with Occupational Therapy, including agreed action planning and patient contact. A Service Specification setting out the new service model is currently being engaged/consulted on. The procurement process for the MH and LD Third Sector Framework for a range of early intervention and prevention services commenced in November 2022. All aspects of the tendering process have been coproduced with service user and carers involvement.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5H: Integrated locality plans</b></p> <p>Develop and implement Integrated Locality Planning groups. Establish an integrated locality plan which is aligned with national and regional priorities across the whole health and care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the plans, and demonstrate delivery of:</p> <ul style="list-style-type: none"> <li>• Connected kind communities including implementation of the social prescribing model</li> <li>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery</li> <li>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home</li> <li>• Enhanced use of technology to support self and proactive care</li> <li>• Increased specialist and ambulatory care through community clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Work has been undertaken to streamline the development of a meeting and governance structure to support the implementation of Accelerated Cluster Development through Pan Cluster Planning Group meetings etc.</li> <li>• Accelerated Cluster Development checklist updated and submitted in line with national timescales.</li> <li>• Implementation of the social prescribing model across the health board.</li> <li>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home.</li> <li>• Enhanced use of technology to support self and proactive care.</li> <li>• Reporting mechanisms established for the Ministerial Priorities aligned to Primary Care contractors and Community Services.</li> <li>• A review of the current work programme has been proposed for early May 2023 to align priorities and refresh the workstreams.</li> </ul>
<p>□ On-track</p> <p><b>5I: Children and young people services improvement</b></p> <p>Undertake a comprehensive assessment of all health board Children and 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.</p>	<ul style="list-style-type: none"> <li>• Community paediatrics have commenced a Task and Finish (T&amp;F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&amp;F group will assess the requirement for skill-mix and changes in practice across the Service.</li> <li>• A sub-group to explore the identified gaps in Positive Behaviour Support has been formed. A paper has been written and is out for consultation.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5J: 24/7 emergency care model for Community and Primary Care</b></p> <p>Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model.</p>	<ul style="list-style-type: none"> <li>• A model for 24/7 urgent primary care (includes community in this context) has been developed and approved through formal committees. Welsh Government sponsored Urgent and Emergency Care (UEC) funding is supporting core aspects of this model: <ul style="list-style-type: none"> <li>○ The development and implementation of a Same Day Urgent Care service in Cardigan Integrated Care Centre. Evaluation has indicated that the service prevented 1,995 A&amp;E attendances across Hywel Dda and 185 '999' calls in the 2022-23 financial year. Ongoing challenges remain associated with some diagnostic provision and access to hot clinics.</li> <li>○ The commissioning of an additional 3,222 hours per annum, from 37 GP practices across Hywel Dda, to help support and manage Urgent Primary Care needs in the community.</li> </ul> </li> <li>• Priorities for the ongoing development of our UPC model for 2023/24 include the following: <ul style="list-style-type: none"> <li>○ appointment of 8 additional Wellbeing Responders to provide a 24/7 urgent primary care response to urgent need in the community.</li> <li>○ The roll out of dedicated Care Home support services which are expected to reduce avoidable conveyance and admission to hospital for care home residents.</li> <li>○ Reviewing and developing our 'Homefirst' approach across Hywel Dda. Homefirst refers to a person-centred approach providing an organisational structure through which to coordinate the day-to-day proactive monitoring and management of a risk stratified population. It will also provide timely response to a medical, functional, or social crisis. This response addresses "what matters most" to the individual/ family unit utilising informed shared decision making.</li> </ul> </li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5K: Clinical effectiveness self-assessment process</b></p> <p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</li> <li>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews</li> </ul>	<ul style="list-style-type: none"> <li>• An Effective Clinical Practice Strategic Framework has been developed which identifies what effective clinical practice is and how clinical service areas and individual clinical professionals will be supported to ensure that their practice is clinically effective. A toolkit has been developed and published on the intranet to support the delivery of the Strategic Framework, consisting of step-by-step bitesize animated videos. This will be disseminated across the health board during 2023/24, including at a site roadshow which is being planned to commence from June 2023.</li> <li>• A Delivery Plan has also been developed which details how the Effective Clinical Practice Strategic Plan will be delivered, and the practical targets that will be worked towards to support the delivery of the strategic plan. One of the key achievements delivered through this plan during 2022/23 was the introduction of the Audit Management and Tracking (AMaT) System which facilitates compliance reviews against NICE and other national guidance; acts as a central repository for local and national clinical audit and enables tracking of inspection recommendations and corresponding actions.</li> <li>• A new Clinical Standards and Guidelines Group has also established, whose purpose is to identify priority areas for the clinical effectiveness team to direct resources; support clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines, using this information to learn and improve; and oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance.</li> <li>• We have engaged proactively with Health Technology Wales on their adoption audit work, which supports the adoption of their non-medicines guidance within Wales, where recommended.</li> </ul>



Planning objective and status	Update
<p>□ On-track</p> <p><b>5M: Implementation of clinical and all Wales IT systems</b></p> <p>Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).</p>	<p>Significant developments have been seen in a number of key areas including but not limited to:</p> <ul style="list-style-type: none"> <li>• Electronic Health record</li> <li>• Electronic Prescribing and Medicines Administration (ePMA)</li> <li>• EyeCare Digitisation</li> <li>• Radiology electronic test requesting</li> <li>• Results Notification</li> <li>• Welsh Intensive Care Information System (WICIS)</li> <li>• <a href="#">Welsh Community Care Information System (WCCIS)</a> - until expected CareDirector functionality has been delivered and clear benefits can be demonstrated HDdUHB will not be increasing the number of WCCIS/ CareDirector users. The health board will continue to work with the National WCCIS programme and community-based staff to identify how best to implement systems for community-based services</li> </ul>
<p>□ On-track</p> <p><b>5N: Implementation National Network and Joint Committee Plans</b></p> <p>Implement all outstanding plans in relation to but not limited 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, Welsh Health Specialised Services Committee.</p>	<p>HDdUHB is a partner in a number of local, regional and national programmes. For example, through ARCH (A Regional Collaboration for Health) the health board is developing a wide range of regional service initiatives such as:</p> <ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Neurosciences</li> <li>• Pathology</li> <li>• Diagnostics</li> <li>• Cancer</li> <li>• Dermatology</li> <li>• Eye care</li> </ul>
<p>□ Behind</p> <p><b>5O: Fragile Services</b></p> <p>Develop and implement a plan to address health board specific fragile services, which maintains and develops safe services until the new hospital system is established.</p>	<p>This planning objective has focused, in alignment with planning objective 5N, on stroke services. Key developments have included:</p> <ul style="list-style-type: none"> <li>• Minimum Clinical Standards for Stroke Services across the region have been drafted.</li> </ul>

Planning objective and status	Update
	<ul style="list-style-type: none"><li>• Drafted a Comprehensive Regional Stroke Centre (CRSC), formerly known as Hyper Acute Stroke Unit) Business Case has been prepared.</li><li>• Next steps include CRSC business case agreement by the Steering Group and completion of baseline activity.</li></ul>

Planning objective and status	Update
<p>□ Complete</p> <p><b>5P: Market Stability Statement</b> Bring the finalised Market Stability Statement and Population Needs Assessment programme to the health board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23.</p>	<p>Following the completion of the West Wales Partnerships' Market Stability Report the following <b>were</b> identified</p> <ul style="list-style-type: none"> <li>• Consider the business case to develop in-house nursing provision (including taking due regard to registration requirements) to rebalance the market and address market failures.</li> <li>• Develop in-reach and out-reach models with residential homes at the centre of their communities (also referenced as Hub and Spoke models). This will be mutually beneficial for homes and the wider array of community services and support. Work is ongoing with the health board's three local authorities.</li> <li>• There is a need for more specialist and nursing provision especially for people with dementia, and it is noted that modern purpose-built facilities tend to have the highest occupancy. The pandemic has accelerated this trend, particularly in the self-funder market.</li> <li>• Monitor occupancy closely as hardship funding tapers to identify providers who may be struggling and try to ensure that any unavoidable exits are planned and supported.</li> <li>• Seek to incentivise investment in new/expanded dementia and nursing care in the region, for example through contracts which share occupancy risks, providing sites, facilitating planning consents and supporting workforce initiatives.</li> <li>• Consider whether to acquire homes which are at risk of closure either to sustain provision, repurpose for other uses which support people to remain independent, such as supported living, or release the capital to reinvest in new provision.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5Q: Asthma pathway</b> Develop and implement a plan to roll out an interface asthma services across the health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.</p>	<ul style="list-style-type: none"> <li>• A weekly MDT is undertaken providing respiratory advice and stopping secondary care Consultant appointments.</li> <li>• Virtual Meeting every three months with a Paediatric Consultant to discuss children and young people.</li> <li>• Difficult Asthma clinics are being run</li> <li>• Over 20 GP Practices have support, education and training in place and now regular access to the asthma team when needed.</li> </ul>
<p>□ On-track</p> <p><b>5R: Digital Inclusion</b> In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the health board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole.</p>	<p>HDdUHB has signed the Digital Inclusion Charter for Wales and were accredited in September 2022 having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. The health board will continue to work with communities co-produce digital services with patients, ensuring that all patient, service users, and carer voices help shape the work to ensure it delivers the maximum possible value to the community.</p>
<p>□ Behind</p> <p><b>5S: Palliative Care and End of Life Care Strategy</b> Establish a health board-wide Palliative Care Triumvirate 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/Cygnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review.</p>	<ul style="list-style-type: none"> <li>• Service model and manual developed with service leads.</li> <li>• Local development of multi-disciplinary team (MDT) approach completed, and new ways of working being rolled out.</li> <li>• Shared strategy with national leads for Palliative Care and End of Life Care (PEOLC).</li> <li>• Business case based on service workforce model being developed.</li> <li>• Following the formal sign off of the Palliative and End of Life Care Strategy (PEOLC) by the health board a Senior Reporting Officer has been appointed to embed and facilitate the findings of the strategy across the Hywel Dda area. Key phases of this work include:</li> <li>• Developing a governance and reporting structure to support implementation of the strategy</li> </ul>

Planning objective and status	Update
	<ul style="list-style-type: none"> <li>• Development of a leadership team / triumvirate</li> <li>• Develop structures and pooled budget arrangements</li> <li>• Implementation of the strategy incorporating the end-to-end, whole-age, clinical pathway</li> <li>• Development of a workforce model</li> <li>• Develop and implement a regional commissioning framework for third sector delivered services</li> </ul>
<p>□ Complete</p> <p><b>5T: Complex health and care needs</b> Propose new planning objectives for the following year to pilot and test innovative approaches to offering people with complex and/or rising health and care needs (accounting for 15-30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts.</p>	<p>This planning objective has been completed and the work is now being progressed as business as usual.</p> <p>Recommendations we have tested over the last year has included:</p> <ul style="list-style-type: none"> <li>• Expansion of community micro enterprises.</li> <li>• Develop the <b>circle</b> of support.</li> <li>• Digital Test the Connected Healthcare Administrative Interface (CHAI) community application.</li> <li>• Evaluate and evidence the above models work.</li> </ul> <p>This planning objective also needs to be linked into planning objective 5H (Integrated Locality Planning) and form a central tenant of it.</p>
<p>□ On-track</p> <p><b>5U: Community and non-clinical estates strategy</b> Develop an initial plan for the health board's community and non-clinical estate with a focus on addressing Welsh Government's "Town First" initiative, reducing our accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners.</p>	<p>Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed 'Property Asset Strategy'. The Strategy summarises the baseline estate and identifies the links to planned and approved short, medium estate plans, both estate development and rationalisation plans.</p> <p>'The Strategy' will be a 'live document' updated annually to reflect planned and proposed changes to the retained estate but will be continued to be aligned to the health board's strategic and operational plans, with a focus on estate assets.</p>

Planning objective and status	Update
<p>□ On-track</p> <p><b>5V: IMTP and operational planning</b> Develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3-year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.</p>	<p>Given the current financial position of the health board, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current Integrated Medium Term Plan (IMTP) cycle, and as such an annual plan within a three-year context will be submitted instead.</p>
<p>□ On-track</p> <p><b>5W: Liberty Protection Safeguards</b> Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st October 2023.</p>	<ul style="list-style-type: none"> <li>• Hywel Dda are still waiting on the UK Governments response to the consultation on the code of practise and no new date for implementation of Liberty Protection Safeguards has been announced.</li> <li>• Wider Mental Capacity Act (MCA) training continues as part of the preparations, and we are on track with the implementation plan.</li> </ul>
<p>□ On-track</p> <p><b>5X: Quality management System</b> Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within 3 years. The system will be supported by the HBs "Improving Together Framework" and EQLiP Programme as delivery vehicles.</p>	<p>Health and Social Care (Quality and Engagement) (Wales) Act 2020 comes into force in Spring 2023:</p> <ul style="list-style-type: none"> <li>• Requires health services to demonstrate quality is at heart of all they do.</li> <li>• System-wide approach to achieving quality of care in a way that secures continuous improvement.</li> <li>• Duty applies to all health services functions (not just clinical).</li> <li>• Applies to Welsh ministers in relation to their health functions.</li> <li>• Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and secure improvement in outcomes.</li> <li>• This approach supports the five ways of working in The Well-being of Future Generations (Wales) Act 2015 to achieve a healthier Wales.</li> </ul>

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

## Urgent and Emergency Care

Our vision for urgent and emergency care (UEC) provision across the health board aligns to the ambition set out by Welsh Government. Specifically, this outlines the expectation that health and care organisations work together to develop an urgent and emergency care service that supports people to access the right care, in the right place at the right time and as close to home as possible.

Our UEC system has, for a number of years, been challenged by a level of demand that exceeds capacity and the pressure on the system has further deteriorated since the COVID-19 pandemic. Our data demonstrated that patients continued to present to emergency departments when their needs could have been met by a range of information, advice and assistance available in the community. It also demonstrated that patients admitted to hospital may have benefited from care and treatment at home as a safe alternative. Hospital admissions can be detrimental to vulnerable patients such as our frail and elderly. For this population care and treatment at home therefore should be considered preferable where it is considered by doctors and their multi-disciplinary colleagues as safe and appropriate to do so.



Utilising Welsh Government's Six Goals for Urgent and Emergency Care framework and associated guidance, the health board has developed and commenced implementation of a programme of change to improve access to urgent and emergency care. Our Transforming Urgent and Emergency Care (TUEC) programme centres around the provision of the following which collectively we refer to as our 'Home First' approach:

- Proactive management and early identification of patients in the community who are at high risk of needing urgent care.
- Enhanced community-based care and treatment to meet urgent care needs efficiently and effectively to reduce the need for emergency department attendance and/or hospital admission. When admission is required, the enhanced community care capacity will also



support facilitation of discharge from hospital as early as possible. We have secured an additional 3,222 hours annually from GP practices across the Hywel Dda area to help support and manage Urgent Primary Care (UPC) needs in the community.

- Same Day Emergency Care (SDEC) provision across Carmarthenshire, Ceredigion and Pembrokeshire which provides rapid access to GPs and paramedics to diagnostics and specialist assessment allowing the provision of treatment at home and avoiding a hospital admission. Local and national evaluation of our SDEC provision has been undertaken and further opportunities to extend this service identified.
- Development and phased implementation of a 'Clinical Streaming Hub' for doctors and other professional colleagues to use to strengthen signposting and scheduling to safe alternatives to hospital-based care. Multi-disciplinary clinicians (Specialist Urgent Primary and Intermediate Care doctors, therapists and nurses based in the Hub in Carmarthenshire have benefited from Advanced Paramedic Practitioners (APP) from the Welsh Ambulance Services NHS Trust (WAST)). The APP liaises with paramedic crews at scene and along with the Hub clinicians consider safe alternative to conveyance to hospital. This approach has been externally evaluated and which demonstrated positive outcomes for patients. The approach will now be extended across the health board footprint.
- Strengthening skills and knowledge base of acute hospital staff in effective discharge planning and coordination through training and process improvement.
- Joint working with local authority and voluntary sector colleagues to strengthen assessment for and availability of care to ensure patients return home as soon as they no longer require acute hospital treatment.
- Use of technology enabled care (telehealth and telecare) solutions that enable individuals to maintain independence and self-management of their conditions while allowing the early identification of condition deterioration and alerting professionals that help is required.

Our priorities for the TUEC programme 2023/24 are:

- Further development of the Hywel Dda Clinical Streaming Hub will include integration of the Out of Hours GP service with our multidisciplinary Urgent Primary Care / Home First community provision providing a 'skill mix' resource to meet a range of presenting needs.
- The Hub will also explore 24/7 Telemedicine Care Home Support and evaluate impact to inform definitive provision
- Furthering integration of community care provision with local authority colleagues to develop an integrated care service for the population of west Wales centred around our Home First approach.
- The enhancing of our SDEC/SDUC models to include the recommendations from recent local and Welsh Government evaluations of the service
- Development and implementation of 72-hour assessment units in our acute hospital sites
- Continued focus on implementing effective and efficient discharge practice and processes to reduce avoidable long lengths of stay in hospital particularly for our frail adult population.

## Putting Things Right

Our process for managing concerns is in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Detailed information about



‘Putting Things Right: Raising your concerns about the NHS’ is available here:  
<http://www.wales.nhs.uk/sitesplus/862/page/40398>

The aim of ‘Putting Things Right’ is to have a single and supportive process for people to raise concerns, and to provide an effective and timely response based on the principles of openness and honesty. Learning from concerns is an essential part of this process. Further information on what we have done in response to the feedback we have received and the outcomes of investigations into concerns is explained below.

**Concerns (complaints)**

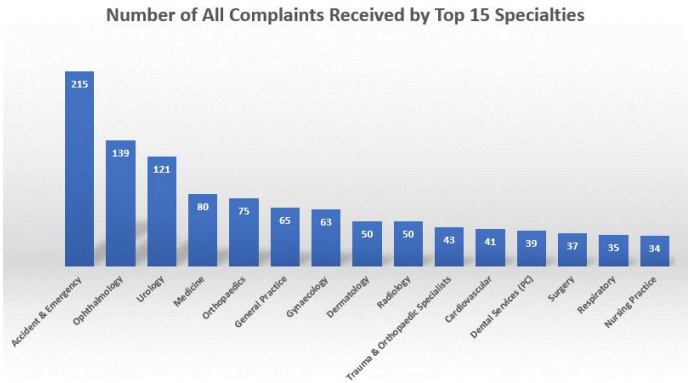
During the period 1 April 2022 to 31 March 2023 we received 2,509 complaints that were managed under the Putting Things Right process. In the same period last year the health board received 1,739 complaints that were managed under the same process.

We are fully committed to resolving complaints within 30 working days.

When this is not possible (such as when complaints involve multiple agencies, or when a complaint is about a very serious event), our aim is to resolve complex matters within six months. Improving the timeliness and outcomes of the concerns process is a priority for us to ensure any remedial actions can be addressed as quickly as possible.

During the year, we responded to 65 per cent of concerns received, within 30 working days and 86 per cent within six months. Meanwhile, 13 of these concerns were referred to the NHS Redress Scheme.

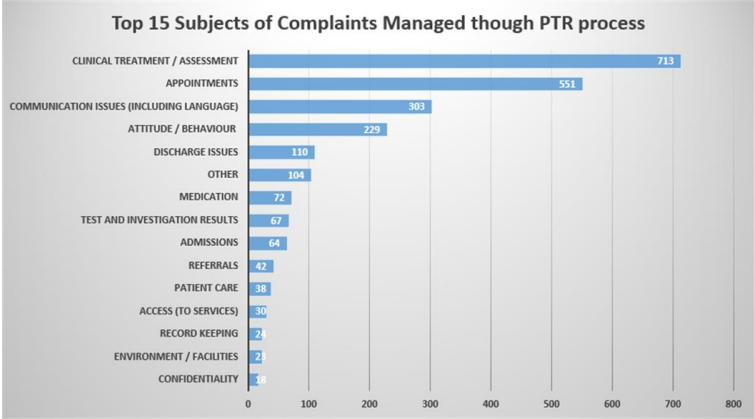
**The number of complaints by specialty is set out below:**



The specialties receiving the highest number of concerns, are our A&E departments, general practice, and orthopaedic services. These numbers must be taken in the context of the high volume of patient activity and contacts in these areas.

For general practice, there are currently 48 practices (six of which are health board managed practices). The number above represents the total number of concerns received across general

practice. The reason for raising complaints, as shown in the table below, relates to waiting times, clinical treatment, and communications.



**Public Services Ombudsman for Wales**

There were 51 concerns raised with the Ombudsman during this year, which is a reduction in the number of complaints raised from the previous year. The number of concerns raised about complaints handling has also reduced. There has been a small increase in the numbers of investigation reports that have been upheld/partly upheld. We ensure that immediate action is taken to address any findings made by the Ombudsman. All reports are reviewed by our Listening and Learning Sub-Committee, who also assure the Board that action has been taken and within the agreed timeframes. Patient experience and learning from concerns.

We are highly committed to improving the patient experience and learning from both positive experiences of care, concerns, and complaints.

**Patient Experience**

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify where services need to improve, to share good practice and learn from positive experiences.

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the [Charter for Improving Experience](#). Our Charter sets out what our service users can expect when using our services. It sets out a number of pledges that we call ‘always experiences’. We have worked hard to implement the Charter during 2022 including implementing a new Once for Wales system to capture patient experience.

We receive details of the feedback from service users at each Board meeting and is informed of what is being done to improve patient experience. You can access the patient experience reports, which include patient stories about a range of experiences within the Board meeting papers on our website [Your health board - Hywel Dda University Health Board \(nhs.wales\)](#).

Learning from feedback is an essential element to the management of concerns. Without feedback from our service users and our staff, the health board will not be able to continually improve services for patient safety. The summary below shows some of the important feedback received and what we have done to make changes:

You Said	We did
The Rheumatology Services in Hywel Dda need to be more accessible – I have waited too long to hear from a specialist.	<p>The Rheumatology Service has made some important changes to the way its services are accessed, by introducing a system whereby patients needing an appointment are able to contact the Communication Hub, where details are taken and passed to the Rheumatology Team for triage.</p> <p>Since its implementation in August last year, we have seen noticeable improvements in our response times, with patients receiving increasingly quicker call-backs from our nurses. Since September 2022, we have taken 1600 enquiries this way – so really are working hard to make the service as accessible as possible to everyone needing it.</p>
<p>You didn't take account of my individual needs when I began my care and treatment under maternity services.</p> <p>My specific needs were overlooked, and my advocate was unable to accompany me to appointments. I found myself having to repeat my needs when I attended.</p>	<p>Work started on the development of a 'maternity passport' in January 2023 and is nearing completion. The maternity passport will make members of staff immediately aware of any specific individual care needs a patient may have through the maternity pathway.</p> <p>This will ensure that women will not need to repeat their specific care needs at each appointment or be disadvantaged if an advocate is unavailable.</p>
I asked to wait in a quiet space in the A&E department as is reasonable to my neurodivergent needs. I felt discriminated against because of my autism.	Space within A&E waiting areas is challenging. We welcome the opportunity to support individual needs where people feel comfortable to share them. We invite patients to attend with pre-prepared cards or notes explaining their needs, so that staff can be alerted to them. Work is ongoing to roll the scheme out to all of our A&E and outpatient departments, allowing staff to update the patient's medical records as appropriate with a 'keynote' to identify Autism or other individual needs. Within each A&E there

are also facilities to have a private conversation outside of the busy main area.

All staff maintain equality and diversity awareness as part of their mandatory training. We have established additional training programmes specifically around neurodiversity, including our courses on 'Autism awareness', 'Understanding Autism' and 'Autism spectrum matters'. We are working hard to refine our awareness and develop training materials that will produce staff increasingly well-equipped to support neurodivergent needs.

Food and drink should be offered in Accident and Emergency Departments, especially as there are long delays before being treated.

While we routinely offer food at mealtimes for patients with a long wait within Emergency Departments, we now have supplies of bottled water readily available for our patients and their relatives. Whilst we already keep a supply of sandwiches, we recognise that with increased numbers of attendances and prolonged waiting within the department, this can be inadequate. Consequently, we are increasing the number of snacks to reduce the risk of running out.

Because we have received complaints about the facilities within our Emergency Departments generally, we have established a working group to review seating, signage, and the environment within them. As a result of this work new seating has been provided in Witybush and Glangwili Hospitals.

Continuity of care needs to be better for young people as they move from the support of the Children and Adolescent Mental Health Service (CAMHS) to the support of the Adult Mental Health Team.

We have employed a transition nurse within CAMHS to ensure that we provide a seamless mental health support service for young people as they reach adulthood.

### Incidents and investigations

There were 18,585 incidents including adverse events reported between 1 April 2022 and 31 March 2023, of which 16,047 were affecting patients.



For patient safety incidents, the reporter of the incident provides an initial indication of harm to the person affected and then following investigation, a final grade of harm is given. The final severity of the incident is based on the patient outcome and whether this was caused by any acts or inactions by the health board. Of the patient safety incidents where the investigation has been completed and the investigation approved by a senior manager, seven per cent were deemed to have more than minimal harm. The following severities were recorded:

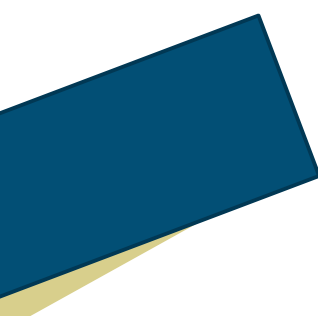
- No harm = 41 per cent
- Low harm = 52 per cent
- Moderate harm = 6 per cent
- Severe harm = <1 per cent
- Catastrophic harm = <1 per cent

The top five incidents reported for the year were:

- Pressure damage
- Patient accident/fall
- Medication error
- Behaviour
- Staff accidents/falls

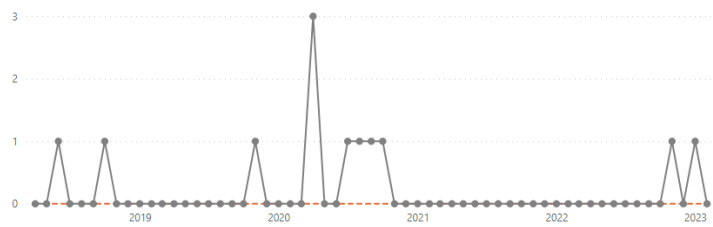
Incident reporting and investigation allows us to identify areas for improvement to patient safety. As well as improvements at an individual ward or team level, we use our incident reporting data for our quality improvement programme 'Enabling Quality Improvement in Practice' (EQIIP). Our [Quality, Safety and Experience Committee](#) received a routine Quality Assurance report at each meeting which details some of the quality improvement work, linked to incidents, being undertaken within HDdUHB. This has included:

- Falls prevention:
  - Lying and standing blood pressure
  - Falls documentation
  - Post falls care
- Medicines management:
  - Human factors in the workplace.
  - Reducing interruptions by embedding 'do not disturb' culture.
  - Change of ward round times.
  - Use of door handle signage (hotel style do not disturb during drug rounds) and ward posters.

- 
- Communication campaign via social media (Facebook, twitter etc) to highlight the importance of ensuring that patients bring their own medicines into hospital with them.
    - Recording of the weight of the patient on drug charts.
  - Nutrition and hydration:
    - Timely nutrition assessments e.g. in our Emergency Departments.

Nationally Reportable Incidents

We are required to report certain incidents to the NHS Wales Delivery Unit. During the year, we reported 81 incidents to the NHS Wales Delivery Unit. The reportable patient safety incident are incidents which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff\*\* or members of the public, during NHS funded healthcare\*. We are also required to report Never Events. Never events are a sub-set of patient safety incidents that are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented. In 2022/23, we reported 2 Never Events (these are included in the overall figure reported to the NHS Wales Delivery Unit). The graph below shows the number of Never Events reported.



Nosocomial COVID Infections

In April 2022, we received additional funding from Welsh Government to support our nosocomial COVID review programme. We have identified 2,320 incidents of suspected nosocomial COVID infection for which we are undertaking proportionate investigations. The progress of the investigations as at 31 March 2023 is captured in the table below. Regular progress updates including learning identified is reported to our [Quality, Safety and Experience Committee](#) through the Quality Assurance report.

The spike in incident reporting during January 2023 is due to a piece of work to ensure all suspected nosocomial COVID infections are captured on our incident reporting system (Datix Cymru).

	Wave 1	Wave 2	Wave 3	Wave 4	Total
	(27/2/2020 - 26/7/2020)	(27/07/2020 - 16/05/2021)	(17/05/2021 - 19/12/2021)	(20/12/2021 - 30/04/2022)	
Total number of suspected hospital acquired COVID included in the review	119	1043	356	802	<b>2320</b>
Total not started / under investigation	0	111	99	305	<b>531</b>
Total review complete (awaiting decision for panel)	33	161	91	204	<b>473</b>
Downgraded	11	47	15	10	<b>83</b>
Total referred to panel (not closed)	9	128	24	75	<b>236</b>
<b>Total completed investigations</b>	<b>66</b>	<b>596</b>	<b>127</b>	<b>208</b>	<b>997</b>

While undertaking the reviews, we have identified several areas of good practice which we have shared for learning across the organisation:

- Timely DNACPR decisions with rationale and discussions documented.
- Ceiling of care discussion with patient and family documented.
- Initiation of end-of-life pathway where appropriate.
- Family members visits being facilitated when end of life.
- Regular medical reviews (well documented).
- Use of technology for communication between patient and family.
- Documentation of bed location and rationale for moving patients.
- Documentation of PPE usage when patient being visited by relatives.
- COVID-19 testing being undertaken in a timely manner e.g. following development of COVID symptoms, in line with the guidance at the time.

## Nurse Staffing Levels (Wales) Act

The Nurse Staffing Levels (Wales) Act (NSLWA) (Section 25B) currently requires that all adult medical/surgical wards and paediatric inpatient wards calculate and take all reasonable steps to maintain nurse staffing levels that are appropriate to provide patient-centred care that meets all reasonable requirements in that setting.

The nurse staffing levels have to be calculated every six months and more frequently, if necessary, for example changes in clinical specialty, bed numbers and patient pathway; changes



in patient acuity patterns, as well as implementing new infection prevention measures as the health board responded to the pandemic. In responding to our statutory responsibilities, we have systems in place to regularly review and (re) calculate the nurse staffing levels required for each adult/paediatric ward where S25B of the Act applies; and many steps, appropriate to each acute hospital site, were taken to ensure that all reasonable steps were taken to support nurse staffing levels. However, we continue to face challenges in maintaining the nurse staffing levels with the registered nurse vacancy position; the worsened sickness levels and staff absence; and the additional staffing required to manage the added in-patient capacity contributing to these challenges.

Among many other steps, the use of temporary staffing, the deployment of registered nurses (and other clinical staff) from other services into these wards, the recruitment of more Health Care Support Workers and the availability of incentivised additional hours payments were key mitigation steps taken. Despite these and the many other steps taken to maintain staffing levels, there were, nevertheless, periods when wards on each acute site worked at escalated nurse staffing positions in 2022/23. Any patient safety risks that arose during these times were mitigated through intense and robust operational communications and hour by hour planning of the most effective deployment of staff on each acute hospital site. In this way, the requirements within the Nurse Staffing Levels (Wales) Act can be shown to have been met, even in the most challenging of circumstances that have existed during 2022/23.

In addition to the specific requirements laid out in Section 25B of the Act, the health board also has a principal duty 'to have regard to providing sufficient nurses to care for patients sensitively' (in both its provided and commissioned services). The detailed evidence to show how this duty has been discharged across all the Board's nursing services is laid out in the NSLWA Annual Assurance report presented to the Board in May 2022 <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-26-may-2022/agenda-and-papers-26-may-2022/item-32-nurse-staffing-levels-wales-act-annual-report-2021-22pdf/>

## Quality Improvement

Following the reduction in Covid restrictions, 2022-2023 has been a busy and productive year in relation to Quality Improvement. The Health Board's commitment to build capacity and capability was re-established in line with the Quality improvement Strategic Framework 2018-2021. Cohort 2 of the Enabling Quality Improvement in Practice (EQIIP) Programme held their celebration event, presenting 18 improvement projects to an invited audience of board members managers and sponsors. Cohort 3 commenced in November 2022 for 12 project teams from across the health board, including maternity, paediatrics, cardiology, community services, mental health and general medicine, with the range and diversity of projects, from support for unpaid carers to the development of an induction of labour booking system and a system for home testing for Irritable Bowel Disease, demonstrating the increased recognition of the value of the EQIIP Programme. Each project team was supported by a dedicated Improvement Coach throughout the 9-month programme, and a further 15 Improvement Coaches were identified and developed, bring the total to 40 Coaches by March 2023.

As well as the design and delivery of the EQIIP programme the Quality Improvement and Service Transformation (QIST) Team have also provided dedicated support throughout the year to

operational teams in patient safety areas such as Falls, Pressure Damage, Nutrition and Hydration, Hospital Acquired Thrombosis and Medicines Management improvement. Significant support has been provided to areas under the health board's enhanced monitoring with the introduction of the Real Time Demand and Capacity (RTDC) Initiative across the acute hospital sites, and the implementation of the Transforming Urgent and Emergency Care (TUEC) plan including the continued introduction of Board Rounds and Safety Huddles on inpatient areas, continued support for the Same Day Emergency Care model.

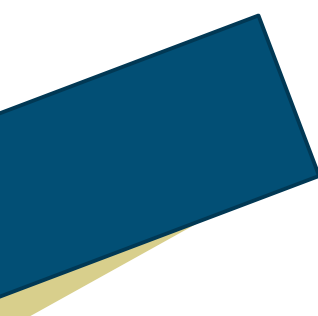
The QIST team continued its development of two significant initiatives identified to support staff and patients during the Covid-19 pandemic, the Communication Hub and the Waiting List Support Service (WLSS) during 2022/23. The Communication Hub supported numerous operational teams including the Covid Vacwith calling handling, receiving and responding to over 48,000 calls from January 2022 to March 2023, supporting services such as the Vaccination programme, Dental and community nursing. The WLSS continued to support patients waiting for elective care contacting over 18,000 patients, offering advice and support to optimise health and wellbeing.

The health board confirmed its commitment to engage the Improvement Cymru / IHI National Safe Care Collaborative in June 2022, and following its launch in November 2022 has supported 40 members of staff from across the health board to attend each of the Learning Events in 2022/23. The health board adopted a unique approach to the collaborative by establishing teams to actively work on projects across the 4 collaborative workstreams (Leadership, Community, Ambulatory and Acute Care) relating to the TUEC work plan. This approach was presented to the national collaborative in March 2023.

Throughout the year the health board improvement activities have been recognised at numerous national and International conferences and events ,including a medication safety project presentation at the Bristol Patient Safety Conference, the Virtual Prehabilitation Initiative received an award at the National Preoperative Care Conference, was published in the NHS Digital Transformation Playbook and received ITEC award in Partnership with Delta Wellbeing, shortlisted for two digital HSJ awards, the Evaluation of the EQliP programme by Swansea University at the ISQUA Conference in Sidney Australia and was published in the Journal of Health Organization and Management , six project abstracts accepted for the BMJ/IHI Patient Safety Forum in Copenhagen in May 2023

An updated Quality Improvement Strategic Framework for 2023 -2026 was approved by the Board in March 2023. This framework extends the Board's ambition to create the environment for frontline staff to develop the skills and capacity to make continuous improvement part of their everyday work by making a commitment to deliver 2 EQliP per year. This commitment is well underway as the next EQliP cohort was identified in February 2023 and the programme is planned to commence in April 2023. This framework underpins the health board's Quality Management System (QMS) launched in March 2023 and will be instrumental in the health board aim to integrate all improvement and change activities to support patient safety and staff wellbeing in 2023/24.

## Safeguarding



We continue to demonstrate a commitment to partnership and agency working. We continue to be a consistent member of the Mid and West Wales Regional Safeguarding Board and work collaboratively and provide professional challenge across the spectrum of safeguarding work. Our governance framework for safeguarding is set out in the health board's Corporate Safeguarding Policy.

We have contributed to the Mid and West Wales Regional Safeguarding Board Annual Plan and annual report and contributed to the NHS Wales Safeguarding Network workplan and annual report. The health board's Corporate Safeguarding Team has taken lead roles in national work to support the NHS Wales role in the VAWDASV agenda and developments within the Looked After Children health assessment developments.

The corporate safeguarding team led a self-assessment of the health board against the NHS Wales Safeguarding Maturity Matrix and have identified our strategic priorities as a result. Our compliance with legislation and training continues to be reported to the health board's service Safeguarding Delivery Groups and exceptions and assurance monitored by the Strategic Safeguarding Working Group.

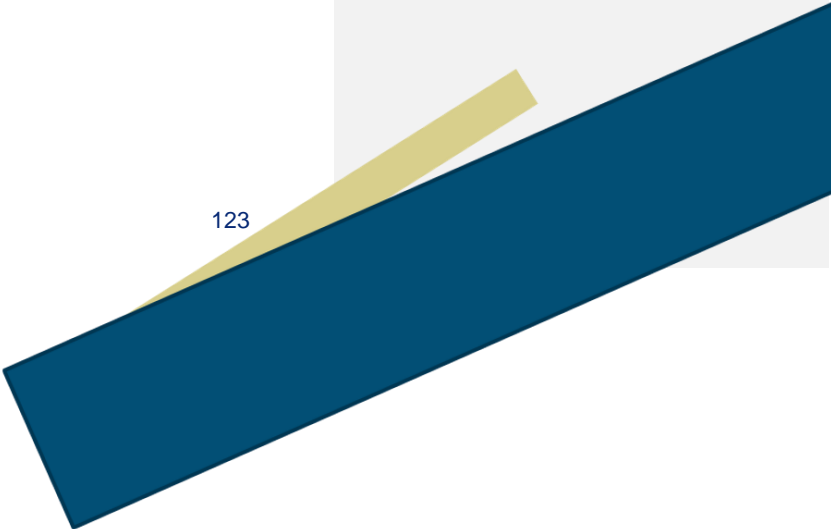
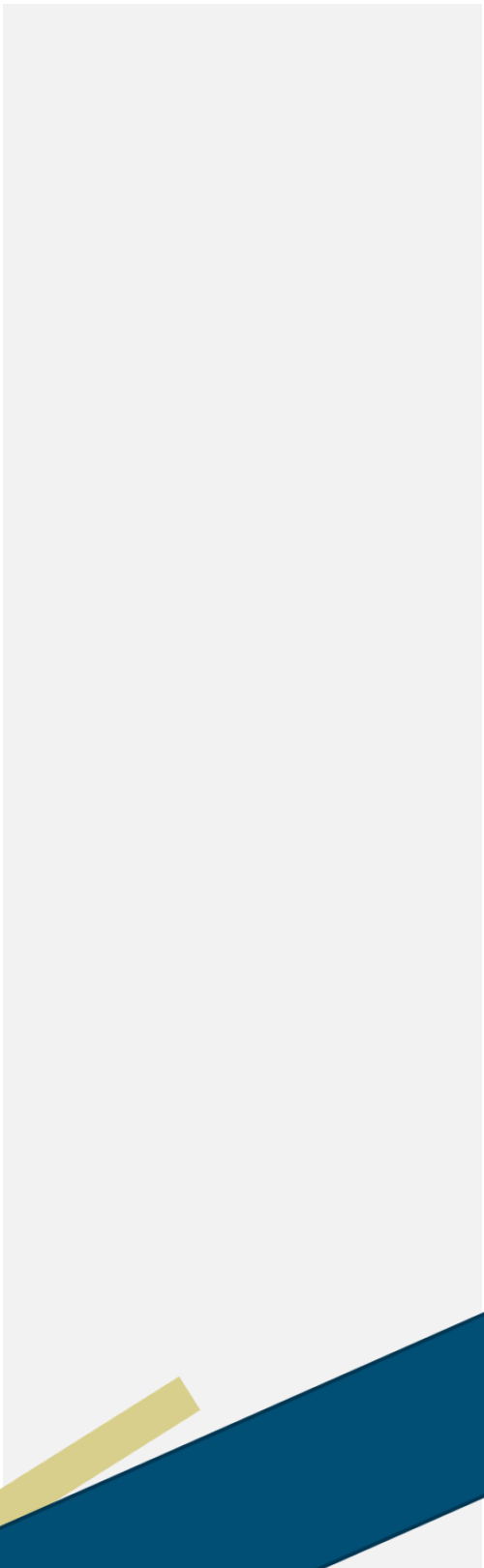
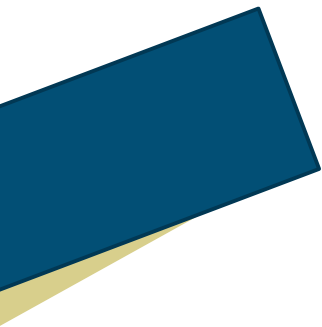
In a climate of increased activity with no additional resource for our safeguarding work the Corporate Safeguarding Team and operational services have continued to innovate, some of which has been recognised at the Mid and West Wales Regional Safeguarding Board Awards and NHS Wales Safeguarding Together Conference.

## **The Health and Social Care (Quality and Engagement) (Wales) Act 2020**

During 2022/23, as we prepared for enforcement of the Health and Social Care (Quality and Engagement) Wales Act 2020, we formed a Quality and Engagement Implementation Group, chaired by the Director of Nursing, Quality and Patient Experience who has been identified as our executive officer lead. Two workstreams were formed, one for Duty of Quality and one for Duty of Candour, and a programme plan was developed.

We have been using all appropriate opportunities within the health board to raise awareness of the responsibilities under the Duty of Candour and Duty of Quality e.g. directorate quality and governance meetings, proportionate investigation training, SharePoint and our staff bulletins.

We have formalised our Quality Management System Strategic Framework and updated our Quality Improvement Strategic Framework, which were both presented to our Board on 30 March 2023. The overarching aim of the quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement. This strategic framework sets out our approach, structure and tools provided to empower staff to lead and deliver services that meet quality and safety expectations and standards. The Quality Management System Strategic Framework provides the umbrella under which the key enablers and programmes of work focused on driving quality, safety, performance, and efficiency within the health board come together.



## Strategic Objective 6 – Sustainable use of resources



# Strategic Objective 6 – Sustainable use of resources



This strategic objective maps to the following ministerial priorities and measures:

- NHS finance and managing within resources - Economy and Environment
- Supporting the health and care of the workforce

Our strategic objectives are broad and cross-cutting. The planning objectives and narrative on progress against each strategic objective are framed against the following themes and outcomes:

Theme:	Outcome:
Social	Our positive impact on society is maximised
Environmental	We are making a positive contribution to addressing the climate emergency
Economic	We are making progress against the delivery of our "Roadmap to Financial Recovery"

The table below gives a high-level summary of our progress for this strategic objective in 2022/23:

Our planning objectives	Status
6B – Value improvement and income opportunity	<input type="checkbox"/> Complete
6D – Value Based Healthcare and Patient Reported Outcome Programme	<input type="checkbox"/> On-track
6G – Decarbonisation and green initiatives plan	<input type="checkbox"/> On-track
6H – Supply chain analysis	<input type="checkbox"/> On-track
6I – Interim Budget 2022-23	<input type="checkbox"/> Complete
6K – Design assumptions	<input type="checkbox"/> On-track
6L – Workforce, Clinical Service and Financial Sustainability	<input type="checkbox"/> On-track
6M – Cyber Security Framework	<input type="checkbox"/> On-track
6N – Intelligent Automation	<input type="checkbox"/> On-track
Our principal risks	Control RAG
1198 – Ability to shift care in the community	<input type="checkbox"/> Medium
1199 – Achieving financial sustainability	<input type="checkbox"/> Medium
1200 – Maximising social value	<input type="checkbox"/> Medium
Our outcome measures	Status
% of third party spend with Hywel Dda suppliers	<input type="checkbox"/> Missed target
% of third party spend with Welsh suppliers	<input type="checkbox"/> Missed target



Our planning objectives	Status
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	❑ Missed target
Financial deficit (£m)	❑ Met target

For further details on the principal risks and outcomes see our Board Assurance Framework: [Board Agenda and Papers 30 March 2023](#) (item 3.1).



Our planning objectives

We identified nine planning objectives aligned to this strategic objective. The table below summarises these planning objectives and the progress we had made by March 2023.

Planning objective and status	Update
<div><div>Complete</div><div><p><b>6B: Value improvement and income opportunity</b></p><ul style="list-style-type: none"><li>Develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next three years. These plans should provide the detail underpinning the health board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</li><li>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of health board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation.</li></ul></div></div>	<div><ul style="list-style-type: none"><li>Financial sustainability plans – work here concluded as a first phase and an update for the 2023/24 planning cycle was undertaken. Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. An investigation into the operational drivers of deficit growth over the past two years was undertaken. Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC.</li><li>Costing programme for all major health conditions - work was undertaken in parallel with overall Value Based Health Care programme, requesting early invitation to each new project, to discuss offering and jointly decide whether resource measurement is required. Around this, broader operational requests for resource modelling are evaluated within same framework and approach.</li></ul></div>



Planning objective and status	Update
<p>□ On-track</p> <p><b>6D: Value Based Healthcare and Patient Reported Outcome Programme</b></p> <p>Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation’.</p>	<p>We have published a clear plan for delivering VBHC, which places our population at the heart of our service development. The plan is structured around three interrelated goals:</p> <ol style="list-style-type: none"> <li>1. Invest in the systems and processes to enable our staff to routinely use PROMs and resource utilisation data in planning, organising and delivering healthcare.</li> <li>2. Develop the knowledge and skills of our staff to put the theory of VBHC into practice.</li> <li>3. Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.</li> </ol> <p>Over the course of 2022/23, the VBHC Programme has increased in scope and pace, providing routine PROM collection in a large range of service areas. Looking forward, there remains a realisable ambition to further expand the reach of VBHC routinely into Primary, Community and Social Care.</p> <p>In recognition of the challenging technical demands imposed by the ambitious approach to VBHC in Hywel Dda and in line with national procurement frameworks, work is underway to review a technical solution and digital enablers to increasing the impact of VBHC across the entirety of HDdUHB.</p> <p>Our work to date has resulted in detailed reviews of service areas and the development of work plans to change the way that we deliver services, through the lens of value. These Service Reviews have identified a range of common themes, most notably:</p> <ul style="list-style-type: none"> <li>• Health literacy and Public Health / Primary Care engagement.</li> <li>• Patient activation and behavioural insights.</li> <li>• Modifiable lifestyle factors including lifestyle clinics and prehabilitation.</li> </ul>

## Planning objective and status

## Update

□ On-track

### 6G: Decarbonisation and green initiatives plan

Develop and seek Board endorsement for 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. Where feasible through the opportunities presented via the health board's transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the health board's carbon footprint by at least 34 per cent by 2030 to support the wider public sector ambition to address the climate emergency.

The health board has been awarded the Platinum level of the Corporate Health Standard; initiatives highlighted that are being delivered/enabled through the Decarbonisation Programme which are:

- new buildings and an upgrade of existing buildings.
- hybrid and electric vehicles across the whole fleet by 2025.
- Development of local supply chains and joint working with other public sector bodies towards sustainable procurement and reduction of waste.
- The health board's Decarbonisation Delivery Plan.

□ On-track

### 6H: Supply chain analysis

Develop a consistent measurement framework to assess the impact of health board spending in the following four domains:

1. Social value
2. Economic Value
3. Environmental impact
4. Cultural benefit

- We have continued to work on baselining the Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation.
- Social Value (SV) portal currently being used to record target and actual improvements in social value in respect of new contract activity
- Further projects being identified (e.g. recruitment activity) to capture further SV activity, and quantify for reporting purposes
- Next steps will be to regroup once initial baselining has been completed and identify further projects to work on capturing SV measures for, as well as wider dissemination of the concepts throughout HDdUHB.
- It is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area.

## Planning objective and status

## Update

### □ Complete

#### 6I: Interim Budget 2022-23

By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the health board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the health board's agreed financial plan as well as their application to the relevant budgets for each director.

- This was completed as part of the planning cycle for 2022/23.
- The budget linked to the re-submitted plan (£62.0m) was not transacted in the financial ledger, due to the plan not being accepted by WG.
- Opportunities have, and continued to be, presented to the organisation and respected Executive Team leads.
- The 2023/24 planning cycle will undertake a further assessment, overseen by WG through the Targeted Intervention dialogue, to review options and whether a revised budget can be agreed and implemented.

### □ On-track

#### 6K: Design assumptions

By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in A Healthier Mid and West Wales related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions are:

- 40% reduction in emergency admissions for ACS related conditions.
- reduction in length of stay to the median of our peer group.
- 25% reduction in follow up outpatient appointments.
- 4.3% reduction in A&E & MIU attendances.
- 30% of A&E attendances shifted to MIUs.
- 50% patients in acute beds to step down to community beds/home within 72 hours.

This work is on-going and is described through a number of the Planning Objectives within this report.

Planning objective and status	Update
<ul style="list-style-type: none"> <li>90% of new and follow up outpatient appointments to take place in a community</li> <li>setting (including virtually).</li> <li>50% of day cases in medical specialties to take place in community settings.</li> </ul>	
<p>□ On-track</p> <p><b>6L: Workforce, Clinical Service and Financial Sustainability</b></p> <p>Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <ul style="list-style-type: none"> <li>Chair the Use of Resources leadership group to facilitate balanced decision making.</li> <li>Continually deliver effective executive partnering from the finance function.</li> <li>Develop and implement a single revenue investment approach pan health board.</li> <li>Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications.</li> </ul>	<ul style="list-style-type: none"> <li>Directorate level Use of Resource (UoR) meetings took place monthly in 2022. These were superseded by the combined Improving Together structure from January 2023 onwards, to better correlate the balance of resources with performance and quality and safety.</li> <li>Each Improving Together session has an accompanying information pack, which sets out a multitude of pertinent information around the year-to-date position and the forecast outturn. The packs also contain salient information including cost drivers, risks, mitigations and horizon scanning.</li> <li>Business Partners, through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible.</li> <li>Recognising this financial year is very challenging, further Annual Plan deep dive meetings were undertaken in January and February 2023 to focus on the financial challenges and opportunities for 2023/24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability.</li> <li>The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.</li> </ul>

Planning objective and status	Update
<p>□ On-track</p> <p><b>6M: Cyber Security Framework</b> Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting HDdUHB information. Key elements of this framework will be:</p> <ul style="list-style-type: none"> <li>• Refreshing the information assets register and ensuring that business critical assets are kept secure at all times.</li> <li>• Identifying the threats and risks (Routine Cyber Security Penetration Testing).</li> <li>• Identifying the safeguards that should be put into place to deal with these threats and risks.</li> <li>• Monitoring the safeguards and assets to manage security breaches (Cyber Security Framework).</li> <li>• Responding to cyber security issues as they occur.</li> <li>• Updating and adjusting safeguards in response to changes in assets, threats and risks.</li> </ul>	<p>We now have a Cyber Security programme in place to work towards compliance with the Network and Information System Regulations (NIS-R). To support this there is a Cyber Security Assurance Group which meets monthly and reports into the Information Governance Sub-Committee.</p>

Planning objective and status	Update
<p>□ On-track</p> <p><b>6N: Intelligent Automation</b></p> <ul style="list-style-type: none"> <li>Develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration.</li> <li>Whilst this plan is in development develop and implement a process to automate the health board's starters and leavers processes and design and implement an intelligent frailty identification robot.</li> </ul>	<p>Our target is by 2025 to release 50,000 hours of time back into the organisation.</p> <ul style="list-style-type: none"> <li>Workforce automation. Hywel Dda are working with Northampton Hospital Trust (RPA Centre of Excellence) to document two Workforce process and automate one of these. The first process to be considered is the automating the training records into ESR. The recording of training courses and the attendance at the courses to ensure an accurate record is kept so staff training attendance is captured in a timely manner, this is important when specific courses are a pre-requisite of a staff member being able to work in a certain area of the business.</li> <li>Finance automation. This is Percentage of Completion (POC) is the automation of 2 processes within the finance team. Firstly, the request to raise a bill. The process exists because invoices need to be raised to customers. Request to Raise Bill (RRB) Excel forms are (mostly) sent as attachments in an email to a shared inbox.</li> </ul> <p>During a number of workshops, a further 17 potential processes have been identified, and the digital team working with the suppliers are developing scopes to process maps to assess the return on investment.</p>

For further details on all of our planning objectives, including our lead Executive Directors and governance arrangements, see [Annex A: Our Planning Objectives for 2022/23](#).

## Environment, Sustainability and Carbon reduction

Over the last year HDdUHB has continued to contribute to reducing carbon and embedding sustainable practices through its day-to-day activities by delivery of several energy efficiency/decarbonisation projects, maintenance of the Environmental Standard ISO14001, increased agile working, encouraging reuse and delivery of source segregated recycling schemes and the transition to ULEV fleet.

In terms of sustainable waste management, we continue to identify ways to reduce the waste we send to landfill, recycle wherever possible and reuse resources to avoid unnecessary purchases. For example, we promote the use of 'Warp it', an online platform for reuse of furniture and equipment.

To date, since the scheme began in March 2019:

- 1,412 staff have committed to reusing no longer needed items.
- This has avoided waste disposal of nearly 103 tonnes.
- Prevented 337 tonnes of CO2 emissions.
- Saved around £444K.

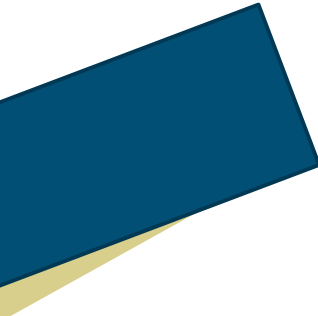
In addition, HDdUHB has also rolled out source segregation (the separation of different types of solid waste at the location they are generated) on all health board sites except for Glangwili which is still co-mingled. We have also trialled recycling absorbent hygiene products (AHP) which currently go into landfill. Although at an early stage, the trial has been successful, and it is the intention to roll this out across the health board.

It is anticipated that these measures will boost our recycling rate, reduce waste to landfill, reduce carbon, improve the quality of recyclates and promote the principles of a circular economy.

Expenditure on utilities has increased due mainly to the impact of volatile energy markets and poor performance of Biomass and CHP (combined heat and power). HDdUHB's Energy Performance Contract with Centrica, which is in its ninth year and due to end March 31, 2025, continues to deliver guaranteed annual savings and carbon reduction. Since its commencement in March 2015, a total reduction in carbon emissions of around 26,146 tonnes at the time of writing this report has been achieved. The Estates team is currently exploring the opportunity to deliver a further Energy Performance Contract (EPC) via the Re:Fit 4 Wales Framework route. A working group has been established to develop and progress a new EPC, commencing with a 'soft tender' exercise in quarter 4 2022/23 to establish interest from the framework providers to work with us to develop and implement phases of work.

Following the publication of the 'All Wales NHS Decarbonisation Strategy' in March 2021, HDdUHB's embedded this requirement within Planning Objective 6G and commissioned the Carbon Trust to develop the health board's Decarbonisation Delivery Plan. This was submitted to and approved by the Sustainable Resource Committee in September 2022.

The health board's Delivery Plan sets out a work programme 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. Through the Decarbonisation Task and Finish group all the opportunities identified in the action plan are being considered.

Over the last year, we have continued our programme of installing energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net carbon neutral ambition. Examples include:

- the installation of a 0.45MW solar farm with enhanced green space and biodiversity at our Hafan Derwen site.
- low Carbon Heat grant projects (design only) on three sites, Brynmair, Wellfield and Elizabeth Williams Clinic.
- installation of roof mounted solar PV at Brynmair clinic.
- Solar canopies at South Pembrokeshire hospital.
- Building Energy Management Systems (BEMS) on our community sites and at Bronglais Hospital.

We plan to explore the following in 2023/24;

- A Public Sector Low Carbon District Heat Project in Aberystwyth in collaboration with the University and Ceredigion County Council.
- Solar Farm projects at Prince Philip Hospital (private wire), scoping opportunities at two further Acutes (Glangwilli, Withybush) and one community sites (Cardigan Integrated Care Centre).
- Onsite treatment opportunities for clinical waste and progressing pilot to divert nappy waste from landfill to recycling.
- Procurement and subsequent physical installation of EV charging infrastructure across health board owned assets.
- Developing and incorporating social value as well as decarbonisation and sustainability, into all procurements.

The Decarbonisation Task and Finish Group continues to develop a range of carbon awareness initiatives, examples include:

- The development of a sustainability awareness video.
- launch of intranet 'Sustainability Hub' Green Teams Competition.
- Launch of a climate awareness e-learning module.
- initiatives such as quarterly 'Climate Cafes', Green Health scoping exercise and co-ordination of other resources are all underway.

The Environmental Team has continued to maintain the Environmental Management System in line with the ISO 14001 Environmental standard, including the production of annual objectives and targets and presenting a management review of performance via formal committee.

The health board is required to publish an annual Sustainability Report which includes data on key metrics including utility, waste, transport, sustainability and environmental management information. The sustainability report for the period 2022/23 will be available in June 2023 and will expand on the content of this text.



The health board has undertaken risk assessments and carbon reduction delivery plans to demonstrate compliance with the requirements of the emergency preparedness and civil contingency elements of the UKCIP (UK climate Impacts Programme) 2009 weather projections to ensure that the organisation's obligation under the climate change Act and the Adaptation Reporting.

### **Solar Farm at Hafan Derwen**

In April 2023, HDdUHB's first solar farm was switched on at Hafan Derwen site at St David's Park in Carmarthen.

The installation of 1,098 x 455W panels not only provides sustainable electricity to power patient and administrative services based at the health board's Hafan Derwen site, but also contributes to reducing carbon emissions and promoting biodiversity in the area.

A 150kW battery has also been installed on the site, providing additional savings for the health board.

It is estimated the development will provide annual carbon savings of 110 tonnes of Carbon Dioxide Equivalent (tCO<sub>2</sub>e), and generate around 474,000 KWhrs of electricity annually, demonstrating the benefits of investing in renewable energy.

Around 52 per cent of the electricity generated will be used on-site with the remainder being exported.



The health board is also committed to improving the quality of the natural environment and increasing people's access to natural spaces around our community and hospital sites.

As a part of the development that covers just over an acre of land, the biodiversity of the site has been enhanced to provide access to natural green space for staff and patients. This area includes enhanced planting, seating areas, and information boards explaining the benefits of each of the plants to the local environment.

Fruit trees and over 350 wildflower bulbs have been planted and will provide an additional habitat for wildlife, including pollinators and other insects which hopefully will lead to an increase of bird and bat species at the site.

[View the aerial video here](#)

## Day Surgical Theatres, Prince Philip Hospital

Due to the ongoing impact of COVID-19, HDdUHB is endeavouring to meet the demands of Scheduled Care services over the next several years. The Pandemic has created a significant pressure across the HDdUHB. The Board agreed in April 2021 to pursue a Modular Solution to facilitate and support the return of Elective services within the health board.

Importantly, to achieve implementation for 2022. This milestone has been included within the health board's COVID recovery plan submitted to Welsh Government in June 2021.

The output from a designated project team established was a clinically and operationally designed two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite at a capital build value at £20 million being fully designed, tendered, constructed and fully operational within 18 months.



From April 2022 HDdUHB design team spent approximately £24 million on projects in the areas listed below:

- All Wales Capital Projects (AWCP).
- Discretionary Capital Projects (DCP).
- Infrastructure/Statutory Projects.
- Imaging Projects (Welsh Government).

The following projects are at the Business Justification Case Stage:

- Aseptics Project at Withybush Hospital.
- Wellness Hub at North Dock, Llanelli.
- Sexual Assault Resource Centre, Aberystwyth.

The following development schemes are ready to go to tender:

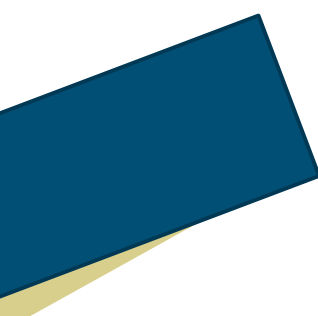
- Young Persons Place of Safety, Bro Myrddin Carmarthen.
- Infrastructure and statutory projects, Glangwili General Hospital.
- Infrastructure and refurbishment work, Llandovery Cottage Hospital.
- Cook Freeze Development, across all health board sites.

Imaging Schemes delivered 2022/2023 include:

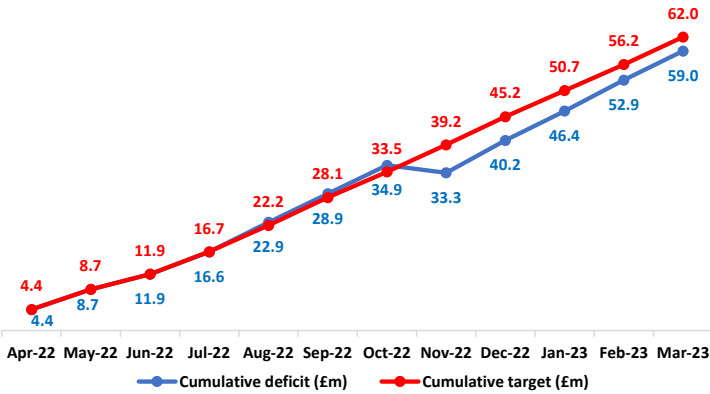
- Glangwili Hospital: Ultrasound Units, Theatre Image Intensifiers, Digital X-ray Room.
- Prince Philip Hospital: Ultrasound Units, Digital X-ray Room, CT Scanner, Mammography Unit.
- Withybush Hospital: Ultrasound Units, Theatre Image Intensifier, Digital X-ray Room
- Bronglais Hospital: Ultrasound Units, Theatre Image Intensifier, CT Scanner, Digital X-ray Room, Digital Fluoro Room.

Other planned and proposed design-led projects for 2023/2024 include:

- Points of Ligature Works at Prince Philip Hospital and Bronglais Hospital.

- 
- LPG Project, Glangwili Hospital.
  - Refurbishment and infrastructure upgrade, Llandovery Cottage Hospital.
  - Fire compliance and improvement works, across all health board sites.

Financial deficit
Cumulative financial deficit (£m) 2022/23



Our plan in 2022/23 was to meet a £62 million deficit by the end of the financial year. Our outturn at the end of March 2023 was a deficit of £59 million. Key drivers of this overspend were medicines management, bed occupancy of medically fit patients awaiting discharge, medical and nurse agency use, and mental health continuing health care.

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Key actions taken to improve performance and mitigate risks:

- Implementation of key improvement programmes of which three of the main programmes include:
- Transforming Urgent and Emergency Care.
- Integrated locality planning.
- Elective recovery.
- Refined analysis of the underlying deficit has been completed and has identified improvement opportunities. Weekly updates into the summary financial position are collated across directorates and progress highlighted including forecast run rates, savings delivery and opportunities conversion.
- Collaboration between financial business partners and service leads to articulate and raise awareness of the financial consequences of key operational drivers and decisions.
- Teams challenged to identify management actions to reduce the organisation's expenditure trajectory on an in-year and recurrent basis.

For further details, please see the Annual Accounts section of this report.

## Conclusion and forward look



## Conclusion and forward look

After three years of responding to the most significant pandemic in a century, the NHS continues to demonstrate remarkable resilience and adaptability. Our staff have been at the forefront of this, acting with professionalism and compassion in the face of emotionally distressing situations and genuine risks to themselves.

We have confronted each situation collectively, with each phase of the pandemic bringing new challenges and unprecedented events. The pandemic is not over, but the success of our vaccination programme offers hope, and the experience has shown us what we can achieve together.

This plan recognises that the strength of the health board lies in its people, both those who work in the health and care system and the communities we serve. It acknowledges the impact the pandemic has had on individuals, teams, families and society. As a consequence, our priorities and actions put our people at the heart, recognising that the route out of the pandemic and towards our strategic vision will come from our people, in the same way it has through COVID.

Our strategy is ambitious and far-reaching, seeking to set Mid and West Wales up with a health and care system that will serve the population for decades into the future. It offers a truly once in a lifetime opportunity to reset the system and establish a sustainable, high-quality model for our future generations.

In this regard we see our potential contribution to Mid and West Wales in the broadest sense, not only in direct health care provision, as important as that is, but also the impact we can have as the largest employer and a significant contributor to the economy. We can, for example, play a major role in supporting our population to develop rewarding careers, support our local businesses and the regeneration of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

As a result, this plan reflects the breadth of that ambition. Over the course of the next year, as well as the subsequent years, we intend to take significant strides towards this vision, whilst at the same time continuing to respond to our recovery out of COVID.

Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our strategic goals), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2023/24 and the strategic outcome measures) and robust oversight and risk management (the Board Assurance Framework and our Committee Structure). The key elements are therefore now in place and our focus moves to delivery of the new models.

We have judged that at this stage we are not yet in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, in the main because more progress is required on our financial deficit before it can be approved. Our financial deficit for the coming financial year is representative of the significant challenges faced by the health board: driven partly by our configuration and the challenges of providing services spread across our area; by the challenges in delivering flow across the health and care system with the consequent demand on utilising high

cost agency staff; and by the extraordinary inflationary environment in which we are currently operating.

Nonetheless we are clear on the areas that we intend to progress over the next three years, working with partners and responding to policy drivers, such as the new NHS Wales Executive; National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with the Ministerial Priorities and outcomes.

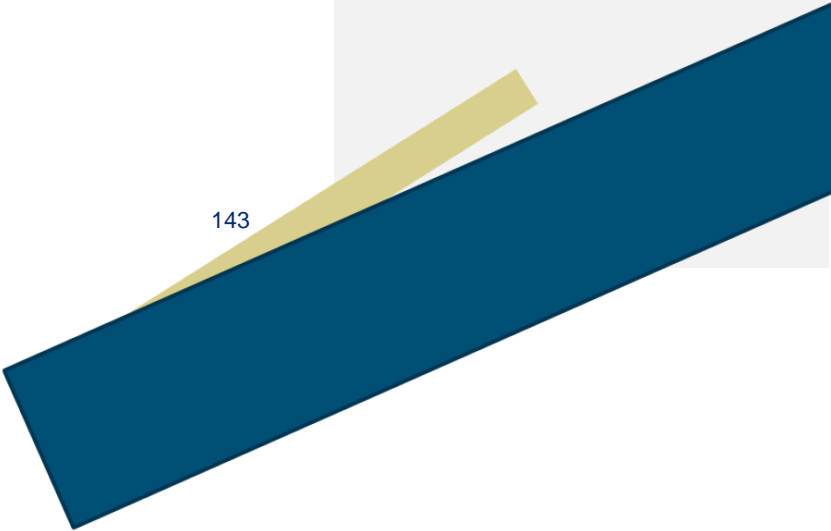
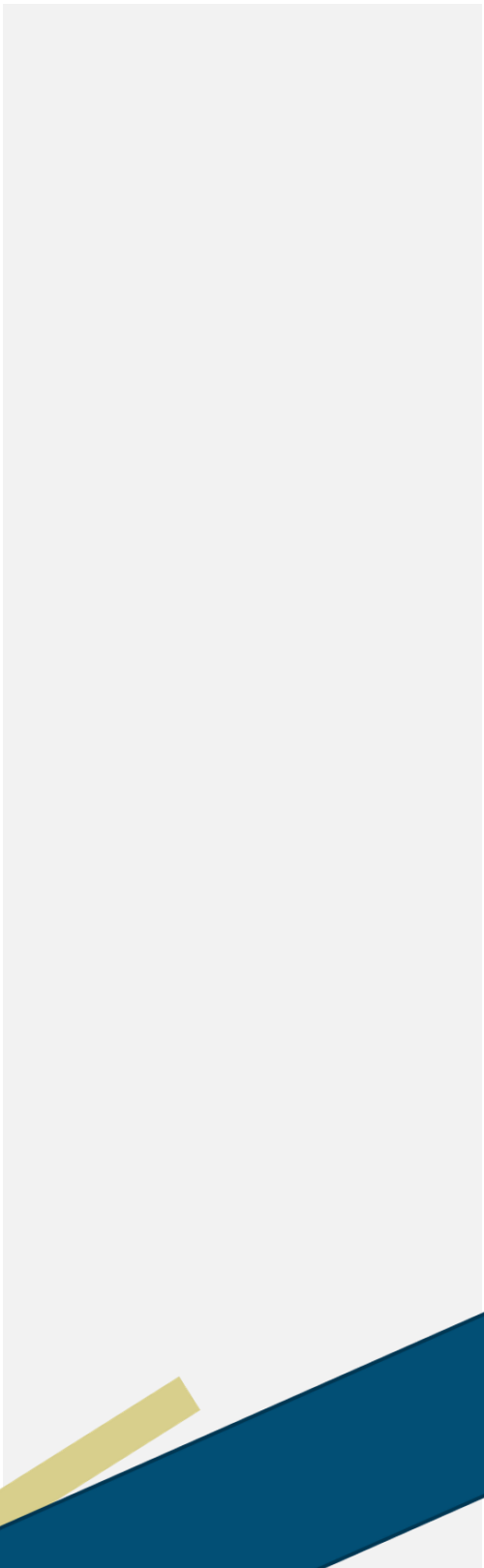
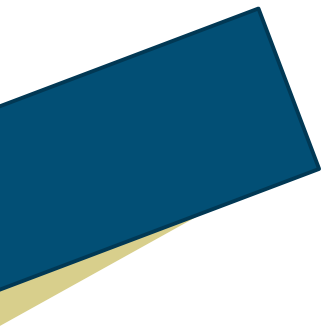
**During 2023/24, we will:**

- Continue to be prepared for COVID-19 and any subsequent variants and surges in infections, such that we can be flexible in meeting any changes to demand in our system.
- Focus on the recovery of our planned care activity and support patients whilst they wait – this will include increased capacity, such as increasing the theatre sessions in the new Day Surgery Unit in Prince Philip Hospital, but also through increased efficiencies in our system, and our work on a regional level.
- Support our workforce and further develop our route map to workforce sustainability, including our overseas recruitment campaign, apprenticeships and workforce stabilisation plan.
- Continue the redesign of our urgent and emergency care system, aligned to the six national policy goals.
- Further strengthen our relationships with our neighbouring health boards through regional initiatives such as A Regional Collaboration for Health (ARCH) and the Mid Wales Joint Committee for Health and Care.
- Deliver savings resulting from our opportunities framework and work with Welsh Government on our route map to financial sustainability.
- Continue work on our strategy 'A Healthier Mid and West Wales', with an emphasis in the coming year on our Strategic Outline Case and then Outline Business Cases.
- Build upon the work of our seven GP clusters with a particular emphasis on our Accelerated Cluster Design, and through our Integrated Locality Planning.
- Accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres.
- Continue to learn from our Planning Objectives and develop our approach to planning.

We do not underestimate the challenges we face as an organisation as we go into 2023/24, but we are prepared for them and see the next period as an opportunity to reset the system to put us on course for making our strategic vision - 'A Healthier Mid and West Wales' - a reality.









## Annex A: Our Planning Objectives for 2022/23

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
1A	Develop and implement plans to deliver NHS Delivery Framework targets related to workforce within the next three years (with 2021/22 being year 1). See specific requirements 1.A.i	NHS Delivery Framework targets	Director of Workforce and OD	PODCC
1B	<p>Building on the success of the command centre, develop a longer-term sustainable model to cover the following:</p> <ul style="list-style-type: none"> <li>One single telephone and email point of contact - the Hywel Dda 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</li> <li>All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact</li> <li>Further develop the operation of the surveillance cell set up to support Test, Trace and Protect for as long as required</li> <li>Further develop the incident response and management cell set up to support our COVID-19 response for as long as required</li> <li>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</li> <li>Develop and implement a plan to roll out access for all patients to own records and appointments within three years (from 2022/23)</li> </ul>	Hywel Dda Health Hub – Single Point of Contact	Director of Nursing, Quality and Patient Experience	PODCC
1E	<p>During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care to:</p> <ul style="list-style-type: none"> <li>Keep them regularly informed of their current expected wait</li> <li>Offer a single point of contact should they need to contact us</li> <li>Provide advice on self-management options whilst waiting</li> <li>Offer advice on what do to if their symptoms deteriorate</li> </ul>	Personalised care for patients waiting	Director of Nursing, Quality and Patient Experience	QSEC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	<ul style="list-style-type: none"> <li>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</li> <li>Offer alternative treatment options if appropriate</li> <li>Incorporate review and checking of patient consent</li> </ul>			
1F	<p>Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ul style="list-style-type: none"> <li>The way the health board recruits new staff and provides induction;</li> <li>All existing HR policies;</li> <li>The way in which employee relation matters are managed</li> <li>Equitable access to training and the health board's staff wellbeing services.</li> </ul> <p>The resulting changes to policies, processes and approaches will be recommended to the Board in March 2023 for adoption</p>	HR offer (induction, policies, employee relations, access to training)	Director of Workforce and OD	PODCC
1G	By October 2022 develop Directorate level People Culture Plans across the whole organisation coordinated by the OD Relationship Managers. These plans will lead the way to more good days at work for our staff and incorporate personal development pathways.	OD Relationship Manager rollout	Director of Workforce and OD	PODCC
1H	Following the development and design of the “Making a Difference” Customer Service programme, implement a plan to focus on delivery and measuring outcomes (linked with the Board Assurance Framework), with all members of staff to have completed the programme by September 2024.	“Making a Difference” Customer Service programme	Director of Workforce and OD	PODCC
1I	To embed and sustain a family liaison service in appropriate inpatient and clinical settings from April 2023	Family Liaison Service rollout	Director of Nursing, Quality and Patient Experience	PODCC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
2A	Develop a health board specific plan by October 2023 that supports the sustainable delivery of HDdUHB commissioned services for unpaid Carers and responds to the Regional Carers Strategy, the findings within the population assessment and market stability report and influences the implementation of the Mid and West Wales Health and Care Strategy by supporting individuals in their homes and communities.	Regional Carers Strategy response	Director of Workforce and OD	PODCC
2B	By March 2023, implement series of actions to enhance Hywel Dda as a culturally competent organisation. This is able to support and recognise individual needs of employees, patients and carers.	Strategic Equality Plan and Objectives establishment	Director of Workforce and OD	PODCC
2D	By September 2022 develop a multi-disciplinary clinical and non-clinical education plan (implement from October 2022). The plan will include expansion of the Apprenticeship Academy scope, scale and integration with social care.	Clinical education plan	Director of Workforce and OD	PODCC
2E	From April 2022, continue to deliver the objectives of the charity's three-year plan (2020-2023) to further 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 HDdUHB. As part of this, deliver the charity's marketing and communication plan from 1 April 2022 and undertake a review of the charity's strategic objectives, structure and resources to ensure effectiveness for Board assurance with the aim of developing the charity's longer-term strategy by February 2023.	Evidencing impact of charitable funds	Director of Nursing, Quality and Patient Experience	CFC
2I	By February 2023 develop an integrated Occupational Health and Staff psychological wellbeing offer with a single point of contact 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.	Integrated Occupational Health and Staff psychological wellbeing offer	Director of Workforce and OD	PODCC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
2J	By March 2023 design a comprehensive range of Leadership Development pathways to create cohorts of leaders needed to address the challenges ahead. This will include the design of a graduate leadership team for health and social care.	"Future Shot" Leadership Programmes	Director of Workforce and OD	PODCC
2K	By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support health and wellbeing.	organisational listening, learning and cultural humility	Director of Workforce and OD	PODCC
2L	By June 2022 develop a plan to ensure the retention of our new and existing staff through the improvement of our engagement with staff and a reduction in turnover. This plan should, as a minimum achieve the Welsh average retention rates across all staff groups in the initial phase and achieve best in Wales as a minimum over its whole duration	Staff engagement strategic plan	Director of Workforce and OD	PODCC
2M	To sustain and develop the Arts in Health Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff.	Arts in Health Programme development	Director of Nursing, Quality and Patient Experience	PODCC
3A	Over the next 3 years (starting 2022/23) implement a quality management system using Improving Together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence.	Improving Together	Director of Finance	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
3C	From April 2022, establish an implementation group to identify actions required to respond to the emerging requirements of the Quality and Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health and Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.	Quality and Engagement Requirements	Director of Nursing, Quality and Patient Experience	QSEC
3E	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions 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 2025.	Business intelligence and modelling	Director of Finance	SRC
3G	Implement the Research and Innovation Strategic Plan (2021-24) to increase research, development, and innovation activity, and the number of research investigators sufficient to deliver the health board, Welsh Government and HCRW expectations and improvement targets (see specific requirement 3.G.i). The plan will be implemented in partnership with universities, life science companies, and public service partners, so as to maximise the development of	Research and Innovation	Medical Director / Deputy Chief Executive	PODCC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	new research, technologies and services that improve patient care and health outcomes. The portfolio will target an expansion of activity into new areas of organisational, clinical and academic strength, including ophthalmology, orthopaedics, women and children's health, sexual and primary care. A function spanning clinical engineering, research and innovation (TriTech) will also target a threefold increase in technology trials.			
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.	Planning objective delivery learning	Director of Corporate Governance (Board Secretary)	SDODC
3I	To implement contract reform in line with national guidance and timescales	Primary Care Contract Reform	Director of Primary Care, Community and Long Term Care	SDODC
3J	By June 2022, develop an initial communications plan in relation to our strategy - <i>A Healthier Mid and West Wales</i> - and our 3 year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid and West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022.	A Healthier Mid and West Wales Communications Plan	Communications and Engagement Director	SDODC
3L	By March 2023 to undertake a review of the existing security arrangements within the health board with particular reference to strengthening the following areas: • Physical Security	Review of existing security arrangements	Director of Nursing, Quality and Patient Experience	HSC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	<ul style="list-style-type: none"> <li>• Automated locks</li> <li>• CCTV</li> <li>• Access Control Systems</li> <li>• Intruder Alarms</li> <li>• Communication Systems</li> <li>• Human Factors</li> <li>• Patient and Staff Personal Property</li> <li>• Local Management and staff ownership</li> </ul> <p>Once completed, develop a plan to address any issues identified for Board approval and delivery in 2023/24 at the latest.</p>			
3M	By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.	UHB Communications Plan	Communications and Engagement Director	SDODC
3N	During 2022/23, undertake a Welsh Language and Culture Discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh Language and Culture (in the way we communicate, offer our services and design our estate and facilities for example). The resulting Discovery Report is to be presented for Board approval in Q4 2022/23 and, in light of this, a comprehensive and ambitious Welsh Language and Culture Plan will be presented to Board for approval in March 2023 with implementation starting in April 2023 at the latest. Any elements that can be implemented during 2022/23 should be, subject to appropriate approvals.	Welsh Language	Communications and Engagement Director	PODCC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i).	Public Health Delivery Targets	Director of Public Health	SDODC
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	Public Health Local Performance Targets	Director of Public Health	SDODC
4C	To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	Transformation fund schemes	Director of Primary Care, Community and Long Term Care	SDODC
4D	By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas	Public Health Screening	Director of Public Health	SDODC
4G	Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a three year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services.	Healthy Weight: Healthy Wales	Director of Public Health	QSEC
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	emergency planning and civil contingencies	Director of Therapies and Health Sciences	HSC
4I	By March 2023 further develop the health board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually.	Armed Forces Covenant	Director of Workforce and OD	PODCC



ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
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.	Regional Well-being Plans	Director of Public Health	SDODC
4K	By March 2023, 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.	Health Inequalities	Director of Public Health	SDODC
4L	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society.	Social Model for Health and Wellbeing	Medical Director / Deputy Chief Executive	SDODC
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Health protection	Director of Public Health	QSEC
4N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals and organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest.	Food system	Medical Director / Deputy Chief Executive	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
4P	By December 2022 develop and seek Board approval for a Recovery and Rehabilitation plan that will provide a comprehensive individualised person-centred framework to support the needs of the 4 identified populations included in “Rehabilitation: a framework for continuity and recovery”, including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2024.	Recovery and Rehabilitation Service	Director of Therapies and Health Sciences	SDODC
4Q	By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022).	Community Care Support to reduce non-elective acute bed capacity	Director of Operations	SDODC
4R	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.	Green Health and Sustainability	Director of Public Health	SDODC
4S	By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and	Improvement in Population Health	Director of Public Health	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working.			
4T	By March 2023, implement and embed our approach to continuous engagement through: <ul style="list-style-type: none"> <li>• Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</li> <li>• Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</li> <li>• Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice.</li> </ul>	Continuous engagement implementation	Director of Strategy and Planning	SDODC
4U	By December 2022, develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes the identification and development of community leaders, asset mapping and the identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years.	Community proposals for place-based action	Medical Director / Deputy Chief Executive	SDODC
4V	1. By March 2024 develop a set of "One Health" outcome measures and seek approval from Board to include them in the Board Assurance Framework as part of Strategic Objective 4 2. By March 2024 develop a clear framework and template to be used across relevant Planning Objectives that will embed "One Health" principles within their delivery (list of relevant planning objectives set out below) and develop a training package accessible for all staff to raise awareness of "One Health"	One Health	Director of Public Health	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	principles and how they can be implemented in the day to day work of the health board. As part of this, design and run a Board seminar to raise Board awareness of these principles.			
4W	Put in place an implementation plan so that, by March 2025 every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health and Emotional Wellbeing and establish a formal evaluation framework to monitor and assess the impact of the framework on the mental health and emotional wellbeing of all school children (particularly those experiencing health inequalities). The implementation plan and proposed evaluation framework to be presented for Board approval by May 2023.	Whole School Approach to Mental Health and Emotional Wellbeing	Director of Public Health	SDODC
5A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality and 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 HDdUHB's Strategy - "A Healthier Mid and West Wales".	NHS Wales Delivery Framework Targets	Director of Nursing, Quality and Patient Experience	SDODC
5B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality and 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 HDdUHB's Strategy - "A Healthier Mid and West Wales"	Local Performance Targets	Director of Nursing, Quality and Patient Experience	SDODC
5C	By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for: <ul style="list-style-type: none"> <li>• the repurposing or new build of GGH and WGH</li> <li>• implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</li> </ul> <p>Work with partners to develop and address access, travel, transport and the</p>	Business Cases for A Healthier Mid and West Wales	Director of Strategy and Planning	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	<p>necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy.</p> <p>5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.</p> <p>5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.</p> <p>5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH</p>			
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.	Bronglais Strategy	Director of Operations	SDODC
5G	Implement the remaining elements of the Transforming MH and 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.	Transforming MH and LD implementation	Director of Operations	SDODC
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 an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health and care system. 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:	Integrated locality plans	Director of Primary Care, Community and Long Term Care	SDODC

ID	PO for 2022/23	PO Tagline	Executive Lead	Committee Alignment
	<ul style="list-style-type: none"> <li>• Connected kind communities including implementation of the social prescribing model</li> <li>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery</li> <li>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home</li> <li>• Enhanced use of technology to support self and proactive care</li> <li>• Increased specialist and ambulatory care through community clinics</li> </ul> <p>Note - 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.</p>			
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.	Children and young people services improvement	Director of Operations	SDODC
5J	Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022.	24/7 emergency care model for Community and Primary Care	Director of Primary Care, Community and Long Term Care	SDODC

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5K	<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the health board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> <li>• Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</li> <li>• Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews.</li> </ul>	Clinical effectiveness self-assessment process	Medical Director / Deputy Chief Executive	QSEC
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).	Implementation of clinical and all Wales IT systems	Director of Finance	SRC
5N	Implement all outstanding plans in relation to but not limited 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, Welsh Health Specialised Services Committee.	Implement National Network and Joint Committee Plans	No single Exec owner	SDODC
5O	Develop and implement a plan to address fragile services, which maintains and develops safe services until the new hospital system is established.	Fragile Services	No single Exec owner	QSEC
5P	Bring the finalised Market Stability Statement and Population Needs Assessment programme to the health board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23.	Market Stability Statement	Director of Primary Care, Community and Long Term Care	SDODC

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5Q	To develop and implement a plan to roll out an interface asthma services across the health board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Asthma Pathway	Director of Primary Care, Community and Long Term Care	SDODC
5R	In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the health board and its wider partners for the local population. The programme will recognise the continuously changing role digital technology plays in the lives of individuals and society as a whole.	Digital Inclusion	Director of Finance	SRC
5S	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.	Palliative Care and End of Life Care Strategy	Director of Primary Care, Community and Long Term Care	SDODC
5T	By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts.	Complex health and care needs	Director of Primary Care, Community and Long Term Care	SDODC



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5U	By September 2022 develop an initial plan for the health board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed.	Community and non-clinical estates strategy	Director of Strategy and Planning	SDODC
5V	By April 2022 develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.	IMTP and operational planning	Director of Strategy and Planning	SDODC
5W	Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st October 2023.	Liberty Protection Safeguards	Director of Operations	QSEC
5X	Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within 3 years. The system will be supported by the HBs "Improving Together Framework" and EQlIP Programme as delivery vehicles.	Quality Management System	Director of Nursing, Quality and Patient Experience	QSEC
6B	By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the health board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.  In parallel with the above, develop an activity based condition and pathway	Value improvement and income opportunity	Director of Finance	SRC

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	costing programme for all major health conditions thereby providing a longitudinal analysis of health board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation.			
6D	Implement the three objectives and associated actions contained within the VBHC plan (2021-24), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation’.	Value Based Healthcare and Patient Reported Outcome Programme	Medical Director / Deputy Chief Executive	SRC
6G	By first quarter 2022/23 develop and seek Board endorsement for 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 board’s transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce HDdUHB’s carbon footprint by at least 34% by 2030 to support the wider public sector ambition to address the climate emergency.	Decarbonisation and green initiatives plan	Director of Strategy and Planning	SRC
6H	By March 2023 develop a consistent measurement framework to assess the impact of health board spending in the following four domains: 1. Social value 2. Economic Value	Supply chain analysis	Director of Finance	SRC

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	<p>3. Environmental impact 4. Cultural benefit</p> <p>This framework will provide new measures for the Board Assurance Framework in relation to Strategic Objective 6 and will identify opportunities for new Planning Objectives for delivery from April 2024.</p>			
6I	By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the health board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the health board's agreed financial plan as well as their application to the relevant budgets for each director.	Interim Budget 2022/23	Director of Finance	SRC
6K	<p>By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" related to the new hospital build on the current health board acute hospital sites by March 2023. The plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:</p> <ul style="list-style-type: none"> <li>• A 40% reduction in emergency admissions for ACS related conditions</li> <li>• A reduction in length of stay to the median of our peer group</li> <li>• A 25% reduction in follow up outpatient appointments</li> <li>• A 4.3% reduction in the overall level of A&amp;E &amp; MIU attendances</li> <li>• 30% of A&amp;E attendances shifted to MIUs</li> <li>• 50% patients in acute beds step down to community beds/home in 72 hours</li> <li>• 90% outpatient appointments to take place in community (includes virtually)</li> <li>• 50% of day cases in medical specialties to take place in community settings</li> </ul> <p>The baseline of the above is 2019/20. The plan will set out the net financial and</p>	Design Assumptions	Director of Operations	SDODC

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	workforce implications as well as expected trajectories so that it can inform the health board's route map to financial recovery.			
6L	<p>Coordinate a balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams.</li> </ul>	Workforce, clinical service and financial sustainability	Director of Finance	SRC
6M	<p>Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting health board information, ensuring confidentiality, integrity of assets and data and availability. Key elements of this framework will be</p> <ul style="list-style-type: none"> <li>• refreshing the information assets register and ensuring that business critical assets are kept secure at all times</li> <li>• identifying the threats and risks (Routine Cyber Security Penetration Testing);</li> <li>• identifying the safeguards that should be put into place to deal with these threats and risks;</li> </ul>	Cyber Security Framework	Director of Finance	SRC

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	<ul style="list-style-type: none"> <li>• monitoring the safeguards and assets to manage security breaches (Cyber Security Framework);</li> <li>• responding to cyber security issues as they occur, and;</li> <li>• updating and adjusting safeguards in response to changes in assets, threats and risks.</li> </ul>			
6N	<p>By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration.</p> <p>Whilst this plan is in development develop and implement a process to automate the health board's starters and leavers processes and design and implement an intelligent frailty identification robot. These two initial programmes will be implemented during 2022/24.</p>	Intelligent Automation	Director of Finance	SRC