

3.7 Developing the 3 Year Plan for the Period 2021/22-2023/24

Presenter: Huw Thomas

SBAR Strategic and planning objectives audit

Appendix 1

Strategic and Planning Objectives 17.09.20



PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 October 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Developing the 3 Year Plan for the Period 2021/22 – 2023/24 – Strategic and Planning Objectives
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Libby Ryan-Davies, Strategic Programme Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In September 2020, the Hywel Dda University Health Board (HDdUHB) approved a refreshed set of six Strategic Objectives, setting out the aims of the organisation, the horizon we are driving towards over the long term, as well as a set of specific, measurable Planning Objectives, to progress HDdUHB towards that horizon over the next three years. A number of the Planning Objectives are underpinned by specific requirements, including those of Welsh Government (WG) and our regulators, which are to be addressed in the delivery of the overall Planning Objectives.

In developing the Planning Objectives, all outstanding decisions or commitments by the Board were reviewed and a clear audit trail established to demonstrate how outstanding commitments are reflected in the new objectives.

The Planning Objectives will also underpin the development of our Annual Plan for 2021/22. As the People, Planning and Performance Assurance Committee (PPPAC) have already been informed, at the June 2020 meeting, formal WG planning processes regarding an Integrated Medium Term Plan have been paused as a result of the COVID-19 pandemic. However, as an organisation we must now begin to plan our services for the year ahead.

The purpose of this report is to:

- Explain the audit trail and provide assurance that all outstanding Board commitments have been incorporated into the new Planning Objectives or otherwise dealt with.
- To provide PPPAC with the intended approach for the development of an Annual Plan for 2021/22.

Cefndir / Background

HDdUHB has made many decisions over the last three years, some wide ranging including a major re-organisation of hospital based services in the south of the HDdUHB area and a realignment towards a 'social model of health' and long term community driven prevention focus. Other decisions have related to more specific service issues such as the development of individual new health services or health care facilities.

All of these decisions have moved us towards the future we set out in the main strategy documents published since 2017/18. Until now, however, these accumulated decisions had not been collected together and organised in a way which:

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

The Planning Objectives were agreed by collating all the outstanding organisational objectives and commitments listed in the following sources:

- 3 year plan and annual plan.
- Decisions made by the Board since 2017-18.
- Recent Discover report, published in July 2020.
- Gold Command requirements for COVID-19.
- Input from the Executive Team.

The organisational objectives and commitments were then reviewed and themed. The final Planning Objectives were agreed following discussion between the Chief Executive and individual members of the Executive Team, whilst taking steps to ensure that they reflect all the objectives and commitments from the above sources.

The planning and development of a plan is a statutory obligation. A report was presented to Public Board in September 2020 where approval of the Strategic Objectives and Planning Objectives were agreed to allow the process of developing delivery plans to commence. The development of the “tactical response” is required to be largely completed by the Board Seminar scheduled for December 2020. From January 2021, directorates and teams can initiate the process of implementing the plans and HDdUHB will be asked to ratify the 3 year plan at its Public Board meeting for onward submission to WG. The objectives are therefore required to be clear and complete enough to allow this work to happen at pace, whilst allowing for adjustments along the way.

Asesiad / Assessment

Audit trail for the new Planning Objectives

Throughout the process of drafting the new Planning Objectives, the objectives were mapped against the commitments from the sources listed above, in order to establish:

- Which of the commitments were outstanding.
- Which of the commitments represented a legal or regulatory requirement, or a locally agreed requirement (these are all listed under ‘specific requirements’ for relevant Planning Objectives).
- That all outstanding commitments or requirements were referenced under one or more of the new Planning Objectives.

The mapping process was documented in a spreadsheet containing a list of all the previous objectives and commitments, approximately 500 in total, providing assurance that every previous commitment is accounted for in the new set of Planning Objectives.

The mapping exercise was undertaken at several stages, in order to identify any gaps as the new Planning Objectives were being developed, and to ensure that the gaps were filled.

A spreadsheet demonstrating the latest version of this mapping process has been made available to Members as Appendix 1. As the spreadsheet indicates, each commitment has been mapped against one or more of the new planning objectives or specific requirements.

Our proposed approach to developing an implementation plan

Following Board ratification of the Planning Objectives, the next phase is to develop a single, integrated plan for their implementation. The first step is to agree, with individual Executive Directors, the Planning Objectives required to be prioritised over the next year, following which, collaborative working with individual teams will be undertaken to set out how these Planning Objectives will be delivered. Although this will be a one-year Plan, it will signal our three-year ambitions.

The Planning Objectives prioritised for delivery over the next year are required to satisfy the WG requirements for planning. These are:

- The 20+ 'planning domains', which include areas such as health inequalities, delivery plans for major conditions, and care for people with learning disabilities.
- Detailed information relating to finance, performance and workforce.
- A list of 'essential services' which must be maintained during the pandemic.

It should be noted that the official guidance which determines WG's expectations has not yet been released, although there are indications that this is anticipated to be received in November 2020. Furthermore, there are suggestions that WG proposals may be more akin to the quarterly operational framework that has been completed throughout 2020/21 as a consequence of COVID-19, rather than the full NHS Planning Framework we would normally have to consider.

Our Plan will be presented in terms of two potential scenarios:

- In the first, we continue to live in the grip of the pandemic.
- In the second, we are in a recovery state following the pandemic.

The planning process required HDdUHB to look through both of these lenses, explaining what the priorities and implementation plans are in both scenarios. We must be clear about which services will be paused if we continue to live with the pandemic, and which services (including the list of essential services issued by WG) need to be delivered regardless of the pandemic. As previously noted, the Plan should be looked at within a 3 year context (2021/22 – 2023/24), link to "A Healthier Mid and West Wales" through the eyes of Teulu Jones, and should provide clear outcome measures. Of key importance is that planning meets the needs of the organisation and to ensure we continue planning with the pace we have had to demonstrate through the current COVID-19 crisis.

It is proposed that the development of the Plan for 2021/22 is led by a Planning Steering Group (a Task and Finish Group), chaired by the Transformation Director, and supported by the Transformation and Strategic Planning Teams, alongside key corporate functions. The aim of which is to produce an approvable plan by January 2021.

Argymhelliad / Recommendation

PPPAC is asked to:

- **SUPPORT** the process whereby the Planning Objectives were agreed, and that all previous commitments have been accounted for in the mapping exercise.

- **NOTE** the intention to develop an Annual Plan for 2021/22 for submission to Welsh Government by the end of January 2021, and the process to support its development.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.3 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 year plan and annual plan Decisions made by the Board since 2017-18 Recent Discover report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Incorporated within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Transformation Steering Group Executive Team Public Board - September 2020

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report

Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Numbers of commitments aligned to strategic objectives

Row Labels	Sum of No.
Putting people at the heart of everything we do	15303
Board decisions since 17/18	3943
Delivering a sustainable hospital network - to authorise	2741
Delivering a sustainable hospital network - to decide	350
Delivery priorities for 2020 / 23	14
Digital strategy	263
Embedding an Asset Based Approach	76
Empowering our Clinicians	255
Empowering our Public	475
Integrated 24/7 Model	103
Integrated community network – social model for health -to decide	665
Learning Disabilities	64
List of innovations identified though engagement, mapped against the strategic ambitions	599
Our Mental Health and Learning Disability Care & Support Network	37
Patient Experience	1239
Population health & wellbeing - to authorise	316
Prevention and well-being	94
Safety & Quality	380
Strategic enablers (Better ways to connect), diversity and inclusion	372
Strategic enablers (digital, data, informatics and modelling)	365
Strategic enablers (Workforce)	369
Therapy Our service plans will ensure that:	207
Transforming mental health and learning disabilities - to authorise	1086
Workforce & OD	751
(blank)	539
Safe, sustainable, accessible and kind care	31341
Adult Mental Health	168
Board decisions since 17/18	8324
Carmarthenshire Integrated Community & Primary Care Plan	126
Ceredigion Integrated Community & Primary Care Plan	286

Children and Adolescent Mental Health	217
Communities / volunteering	306
Delivering a sustainable hospital network - to authorise	349
Delivering a sustainable hospital network - to decide	711
Delivery priorities for 2020 / 23	80
Dental & Optometry	219
Design assumptions	2539
Design principles for the Therapy 3 year plan are:	201
Early Years	81
Engagement & Comms	1571
Engagement / continuous discovery	307
Governance	385
Help when you need it:	134
Hywel dda hub.	304
Improvement & Innovation	381
Integrated community network – social model for health -to authorise	1952
Integrated community network – social model for health -to decide	1330
Learning Disabilities	246
List of innovations identified though engagement, mapped against the strategic ambitions	1174
Older Adult Mental Health	201
Our Health & Well-Being Centres	26
Our Hospital Network	147
Our Integrated Community Network	18
Our Mental Health and Learning Disability Care & Support Network	182
Pembrokeshire Integrated Community & Primary Care Plan	139
Planned Care	939
Population health & wellbeing - to authorise	1875
Population health & wellbeing - to decide	957
Prevention and well-being	95
Regional and National Priorities	851
Safety & Quality	762
Scaling up Cluster developments	99
Strategic enablers (Better ways to connect), diversity and inclusion	371

Strategic enablers (Continuous Improvement, (CI & SI))	373
Strategy	394
Strategy for our Hospitals	978
Therapy Our service plans will ensure that:	206
Transforming Mental Health & Learning Disabilities	41
Transforming our Communities	306
Transforming our Hospitals	260
Urgent & Emergency Care	601
(blank)	129
Striving to deliver and develop excellent services	15015
Adult Mental Health	58
Board decisions since 17/18	864
Charities	305
Children and Adolescent Mental Health	71
Delivering a sustainable hospital network - to authorise	344
Delivering a sustainable hospital network - to decide	2125
Dental & Optometry	112
Design assumptions	568
Design principles for the Therapy 3 year plan are:	399
Embedding an Asset Based Approach	153
Empowering our Clinicians	257
Engagement & Comms	389
Governance	770
Health informatics and analytics	216
Infection Control and Prevention	186
Integrated community network – social model for health -to authorise	973
List of innovations identified though engagement, mapped against the strategic ambitions	904
Outcome measures	223
Regional and National Priorities	171
Research and industry	231
Scaling up Cluster developments	98
Strategic enablers (Corporate governance, legal, risk and contracts	374
Strategy	775

Strategy for our Hospitals	163
Transforming our Communities	49
Workforce & OD	377
(blank)	3860
Sustainable use of resources	7435
Board decisions since 17/18	3494
Carmarthenshire Integrated Community & Primary Care Plan	127
Delivering a sustainable hospital network - to authorise	337
Delivery priorities for 2020 / 23	13
Dental & Optometry	111
Design principles for the Therapy 3 year plan are:	405
Infection Control and Prevention	185
Integrated community network – social model for health -to decide	336
Pembrokeshire Integrated Community & Primary Care Plan	137
Resource and policy	229
(blank)	2061
The best health and wellbeing for individuals and communities	12534
Board decisions since 17/18	1298
Carmarthenshire Integrated Community & Primary Care Plan	261
Ceredigion Integrated Community & Primary Care Plan	141
Delivering a sustainable hospital network - to authorise	340
Delivering a sustainable hospital network - to decide	359
Delivery priorities for 2020 / 23	11
Dental & Optometry	108
Design assumptions	1100
Design principles for the Therapy 3 year plan are:	395
Early Years	80
Embedding an Asset Based Approach	77
Empowering our Carers	249
Governance	382
Help when you need it:	265
Helping Strong Communities	490
Influence Lifestyle Behaviour Change	420

Integrated 24/7 Model	106
Learning Disabilities	65
List of innovations identified through engagement, mapped against the strategic ambitions	892
Long term and Complex Care:	291
Older Adult Mental Health	69
Our Health & Well-Being Centres	94
Our Integrated Community Network	19
Our Mental Health and Learning Disability Care & Support Network	34
Our Priority Interventions - transformation fund	537
Pembrokeshire Integrated Community & Primary Care Plan	138
Prevention and well-being	286
Scaling up Cluster developments	202
Strategic enablers (Capital, estates, infrastructure and planning)	370
Strategic enablers (procurement and local sourcing)	366
Strategic enablers (Workforce)	368
Therapy Our service plans will ensure that:	204
Therapy services, working across health and social care services will:	778
Transforming our Communities	812
Workforce	390
(blank)	537
Working together to be the best we can be	12394
Adult Mental Health	59
Board decisions since 17/18	868
Carmarthenshire Integrated Community & Primary Care Plan	125
Ceredigion Integrated Community & Primary Care Plan	143
Delivering a sustainable hospital network - to authorise	348
Delivery priorities for 2020 / 23	35
Design assumptions	553
Early Years	79
Empowering our Carers	1260
Empowering our Clinicians	773
Empowering our Patients	1467
Empowering our Public	479

Infection Control and Prevention	730
Integrated 24/7 Model	316
List of innovations identified though engagement, mapped against the strategic ambitions	871
Our Integrated Community Network	41
Our Mental Health and Learning Disability Care & Support Network	39
Population health & wellbeing - to authorise	617
Population health & wellbeing - to decide	317
Quality Improvement	1137
Scaling up Cluster developments	101
Strategic enablers (digital, data, informatics and modelling)	364
Strategic enablers (procurement and local sourcing)	367
Transforming mental health and learning disabilities - to authorise	360
Urgent & Emergency Care	302
Workforce & OD	378
(blank)	265
(blank)	2979
Carmarthenshire Integrated Community & Primary Care Plan	257
Children and Adolescent Mental Health	72
Digital strategy	523
Empowering our Carers	248
Empowering our Clinicians	260
Empowering our Patients	241
Help when you need it:	135
Long term and Complex Care:	147
Our Hospital Network	30
Pembrokeshire Integrated Community & Primary Care Plan	276
Regional and National Priorities	168
Therapy Our service plans will ensure that:	413
Working with patients	209
Grand Total	97001

No.	Source (Tier 1, IMTP etc.)	Area	Objective description	Strategic priority	New planning objectives - updated 18 Sep	Notes 18 Sept
1	3 year plan	Delivery priorities for 2020 / 23	Improve our emergency and unscheduled care services	Safe, sustainable, accessible and kind care	5.A, 5.B, 5.J	
2	3 year plan	Delivery priorities for 2020 / 23	Increase our nurse, therapy and health care support workforce in all of our hospitals and in our communities	Working together to be the best we can be	1.A, 2.H, 2.G	
3	3 year plan	Delivery priorities for 2020 / 23	Deliver our own local trauma network as part of the larger South Wales major trauma network involving 24/7 emergency helicopter patient retrieval	Safe, sustainable, accessible and kind care	5.N	
4	3 year plan	Delivery priorities for 2020 / 23	Design and deliver improvements in our Stroke pathway	Safe, sustainable, accessible and kind care	5.O.i, 6.F, 6.D	
5	3 year plan	Delivery priorities for 2020 / 23	Continue to deliver 36 week waiting times targets, 14 week therapies and 8 week diagnostics targets, and improve on them wherever we can	Safe, sustainable, accessible and kind care	5.A, 5.B	See specific requirements
6	3 year plan	Delivery priorities for 2020 / 23	Deliver the Single Cancer Pathway which significantly speeds up the time to treatment	Safe, sustainable, accessible and kind care	6.D, 6.F	
7	3 year plan	Delivery priorities for 2020 / 23	Improve access times for the more specialist regional pathways with Swansea, with a regional clinical service plan that covers all the tertiary services we intend to improve	Safe, sustainable, accessible and kind care	5.N	
8	3 year plan	Delivery priorities for 2020 / 23	As part of this, design improvements in planned care in Prince Philip hospital increasing regional capacity for Orthopaedics, Endoscopy and day case General Surgery	Safe, sustainable, accessible and kind care	5.O, 1.E	
9	3 year plan	Delivery priorities for 2020 / 23	Implement the Mid Wales agreed regional service pathway improvements with Betsi Cadwaldr and Powys Health Board including ophthalmology; oncology and respiratory	Safe, sustainable, accessible and kind care	5.N, 6.D, 6.F	
10	3 year plan	Delivery priorities for 2020 / 23	Implement outpatient improvements and modernisation across all sites, and reduce unnecessary follow-up appointments	Safe, sustainable, accessible and kind care	5.H, 6.D	See also specific requirements under 5.A
11	3 year plan	Delivery priorities for 2020 / 23	With our partners, expand all of our population health programmes, making every contact count, focusing on the early childhood years, immunisations and vaccinations, and smoking cessation	The best health and wellbeing for individuals and communities	4.E, 4.O, 4.F	See also specific requirements under 4.A and 4.B
12	3 year plan	Delivery priorities for 2020 / 23	Plan our new hospital – deliver the Business Cases for all of our strategic capital developments – in Community, Mental Health and for our new urgent and planned care hospital, and re-purposing of Glangwili and Withybush hospitals	Safe, sustainable, accessible and kind care	5.C, 5.D	
13	3 year plan	Delivery priorities for 2020 / 23	Improve our financial position by beginning pathway changes in line with our clinical design principles and value based healthcare to avoid unnecessary admissions by improving care closer to home and helping to reduce average length of stay – the best bed is your own bed!	Sustainable use of resources	5.H, 6.D, 6.F	
14	3 year plan	Delivery priorities for 2020 / 23	Listen to and learn from patients experiences of our services	Putting people at the heart of everything we do	1.C, 1.D	
15	3 year plan	Delivery priorities for 2020 / 23	Digitally enable our residents, patients, clinicians and staff to provide the information they need to make informed choices about health and wellbeing, including skype consultations and text messaging, telecare and tech enabled care.	Safe, sustainable, accessible and kind care	5.M, 1.B	5.M includes access to patient records and clinical systems.
16	3 year plan	Delivery priorities for 2020 / 23	Deliver 3 programmes linked to our values: Empowering our Clinicians, Empowering our Patients and Empowering our Public	Working together to be the best we can be	6.E	
17	3 year plan	Delivery priorities for 2020 / 23	Deliver an Organisational Development Programme to progress the skills and change management tools we need to successfully deliver services, whilst living our values and embodied in the Hywel Dda way.	Working together to be the best we can be	3.A, 2.G, 2.H	
18	3 year plan	Our Integrated Community Network	Community pharmacy enhancements including triage and treat, walk-In centres & information pods	Safe, sustainable, accessible and kind care	5.H, 5.A and 5.B	
19	3 year plan	Our Integrated Community Network	•Provision of social prescribing as a GP cluster priority supporting alternative ways to take an active role in own health & well-being	The best health and wellbeing for individuals and communities	Not included	This commitment is from this year's IMTP, which was not formally signed off.
20	3 year plan	Our Integrated Community Network	•Advanced Paramedic Practitioners working in Health Board managed GP practices in collaboration with Wales Ambulance Service Trust	Working together to be the best we can be	5.H, 5.A and 5.B	
21	3 year plan	Our Integrated Community Network	Implementation of integrated Community & Primary Care multi-disciplinary team working including enhanced Advance Health Practitioner roles	Working together to be the best we can be	5.H	
22	3 year plan	Our Health & Well-Being Centres	•Opening of Aberaeron and Cardigan Health and Wellbeing Centres offering a range of health and well-being services and support	The best health and wellbeing for individuals and communities	5.H	
23	3 year plan	Our Health & Well-Being Centres	•Provision of hub & spoke virtual pulmonary rehabilitation in local communities to be extended for multi-morbidity rehabilitation	The best health and wellbeing for individuals and communities	5.H, 5.O.i	See specific requirement for 5.O
24	3 year plan	Our Health & Well-Being Centres	•Provision of chronic condition management through the Expert Patient Programme (Foodwise; Diabetes first steps; weight management)	The best health and wellbeing for individuals and communities	4.G	Planning objective being drafted

25	3 year plan	Our Health & Well-Being Centres	•Progress towards delivery of showcase social model for health at the Llanelli Wellness Village development	The best health and wellbeing for individuals and communities	5.H	
26	3 year plan	Our Health & Well-Being Centres	Business case submitted to Welsh Government for Cross Hands Health and Wellbeing Centre	Safe, sustainable, accessible and kind care	5.H	
27	3 year plan	Our Hospital Network	•Front door therapy services established at all 4 acute hospital sites	Safe, sustainable, accessible and kind care	5.H	
28	3 year plan	Our Hospital Network	•Development of the "Bronglais General Hospital: Delivering Excellent Rural Acute Care" strategy	Safe, sustainable, accessible and kind care	5.F	
29	3 year plan	Our Hospital Network	•Development of Ambulatory Care units promoting new roles – Physicians Associates, Advanced Nurse & Paramedic practitioners	Safe, sustainable, accessible and kind care	5.H	
30	3 year plan	Our Hospital Network	•Development of rehabilitation and reablement units at our acute hospitals with a focus on frailty		5.H, 5.O.i	
31	3 year plan	Our Hospital Network	•Collaborative care model development for older people with a mental health and medical presentation	Safe, sustainable, accessible and kind care	5.G	
32	3 year plan	Our Hospital Network	• Agreement on acute trauma model as part of national Major Trauma Network	Safe, sustainable, accessible and kind care	5.N	
33	3 year plan	Our Mental Health and Learning Disability Care & Support Network	Our Mental Health and Learning Disability Care & Support Network	Safe, sustainable, accessible and kind care	5.G	
34	3 year plan	Our Mental Health and Learning Disability Care & Support Network	•Development of the Gorwelion 24hr Community Mental Health Centre including place of safety and peer mentoring roles	The best health and wellbeing for individuals and communities	5.G	
35	3 year plan	Our Mental Health and Learning Disability Care & Support Network	•Opening of the Mental Health Twilight Sanctuary in Llanelli jointly with MIND, Hafal, Welsh Ambulance Service Trust and Local Authority	Safe, sustainable, accessible and kind care	5.G	
36	3 year plan	Our Mental Health and Learning Disability Care & Support Network	The pilot of a Learning Disabilities Intensive Support Team to support people at home, avoiding unnecessary admissions	Safe, sustainable, accessible and kind care	5.G	
37	3 year plan	Our Mental Health and Learning Disability Care & Support Network	•The Learning Disability "Dream Team" development of a charter to explain what matters most to people with a learning disability	Putting people at the heart of everything we do	5.C.i, 5.D.i, 5.E.i, 5.F.i, 5.G.i, 5.J.i, 1.B.i, 1.C.i, 1.D.i, 4.C.i	
38	3 year plan	Our Mental Health and Learning Disability Care & Support Network	•Enhancement of Psychological Therapy service provision and access	Safe, sustainable, accessible and kind care	5.G, 6.D, 6.F	
39	3 year plan	Our Mental Health and Learning Disability Care & Support Network	• Development of Primary Mental Health Practitioner roles	Working together to be the best we can be	5.G	
40	3 year plan	Our Mental Health and Learning Disability Care & Support Network	The development of pilot collaborative care model in Bronglais Hospital to bring together the acute and mental health teams for older people with a mental health and acute medical presentation	Safe, sustainable, accessible and kind care	5.G	
41	3 year plan	Transforming Mental Health & Learning Disabilities	•Transforming Mental Health – Single Point of Access/In-Patient model changes/Community Mental Health centres;	Safe, sustainable, accessible and kind care	5.G	
42	3 year plan		Transforming Learning Disabilities – Residential services / in-patient model/ Community Learning Disabilities;	Safe, sustainable, accessible and kind care	5G, 6.D, 6.F	
43	3 year plan		•Transforming Older Adult Mental Health Services – Enlli shared care project and roll-out/ Community Older Adult Mental Health Service;	Safe, sustainable, accessible and kind care	5.G	
44	3 year plan		•Transforming Specialist Child and Adolescent Mental Health Services – Regional model opportunities/Autistic Spectrum Disorder (ASD) and attention deficit hyperactivity disorder (ADHD).	Safe, sustainable, accessible and kind care	5.G, 6.D, 6.F	
45	3 year plan	Transforming our Communities	A network of effective and inclusive Health& Well-being centres;	Safe, sustainable, accessible and kind care	5.H	
46	3 year plan	Transforming our Communities	Redesign GP Out of Hours as integrated 24/7 service;	Safe, sustainable, accessible and kind care	5.J	
47	3 year plan	Transforming our Communities	Social prescribing as core provision to assist with de-medicalising presenting issues, and promotion of active engagement in own health and well-being	Safe, sustainable, accessible and kind care	Not included	This commitment is from this year's IMTP, which was not formally signed off.
48	3 year plan	Transforming our Communities	•Long term care whole system design;	Safe, sustainable, accessible and kind care	5.H,	

49	3 year plan	Transforming our Communities	Social prescribing as core provision to assist with de-medicalising presenting issues, and promotion of active engagement in own health and well-being	Striving to deliver and develop excellent services	Not included	This commitment is from this year's IMTP, which was not formally signed off.
50	3 year plan	Transforming our Hospitals	·Planning, design and build of new urgent & planned care hospital – clinical model and pathway design;	Safe, sustainable, accessible and kind care	5.C	
51	3 year plan	Transforming our Hospitals	Clinical model design for re-purposed hospital sites;	Safe, sustainable, accessible and kind care	5.D	
52	3 year plan	Transforming our Hospitals	Unscheduled Care whole system redesign including transition planning;	Safe, sustainable, accessible and kind care	6.D, 6.F ?	
53	3 year plan	Transforming our Hospitals	·Priority pathway redesign – stroke/trauma/women & children/cardiology/frailty and older people;	Safe, sustainable, accessible and kind care	5.O, 6.D, 6.F, 5.O.i, 5.I	See specific requirement 5.O.i
54	3 year plan	Transforming our Hospitals	Bronglais and Prince Philip strategy implementation.	Safe, sustainable, accessible and kind care	5.F	
55	3 year plan	Adult Mental Health	Development of 24 hr Community Mental Health Centres in each county	Safe, sustainable, accessible and kind care	5.G	
56	3 year plan	Adult Mental Health	Implement a single point of access with which to contact services or to receive advice, making services more accessible	Safe, sustainable, accessible and kind care	5.G	Bult links to 1.B - single point of access / early access to services
57	3 year plan	Adult Mental Health	Operational delivery of centralised inpatient provision to Carmarthenshire through a Central Assessment Unit at Glangwili Hospital and Central Treatment Unit at Prince Philip Hospital	Safe, sustainable, accessible and kind care	5.G	
58	3 year plan	Adult Mental Health	•Review impact of innovation and transformation proof of concept sites with view to integrating within core service provision	Striving to deliver and develop excellent services	5.G	
59	3 year plan	Adult Mental Health	•Implementation of Primary Care Mental Health workers to provide earlier access to assessment and treatment	Working together to be the best we can be	5.G	Bult links to 1.B - single point of access / early access to services
60	3 year plan	Learning Disabilities	•Review and roll-out Hospital Liaison and Intensive Support Team services	Safe, sustainable, accessible and kind care	5.G	
61	3 year plan	Learning Disabilities	Develop a transformation programme plan to redesign the future model for care and support including specialist secondary care services	Safe, sustainable, accessible and kind care	5.G	
62	3 year plan	Learning Disabilities	•Redesign the future service model for specialist Community Learning Disability Teams	Safe, sustainable, accessible and kind care	5.G	
63	3 year plan	Learning Disabilities	•Improve access to mainstream general health care ensuring reasonable adjustments are made	Safe, sustainable, accessible and kind care	5.G, 6.D	Links to 1.B
64	3 year plan	Learning Disabilities	•Work collaboratively with the "Dream Team" to apply the LD charter to future service design and delivery, including Accessible and Involved Annual Health Checks and Health Passport App	Putting people at the heart of everything we do	5.C.i, 5.D.i, 5.E.i, 5.F.i, 5.G.i, 5.J.i, 1.B.i, 1.C.i, 1.D.i, 4.C.i and 5.G.i	
65	3 year plan	Learning Disabilities	Embed the Health Equalities Framework to all services	The best health and wellbeing for individuals and communities	5.G	
66	3 year plan	Older Adult Mental Health	•Introduction of Advanced Nurse Practitioners for memory assessment services	Safe, sustainable, accessible and kind care	5.G	
67	3 year plan	Older Adult Mental Health	•Implementation of a shared care model in Bronglais Hospital for Older Adults with a dual presentation of mental health and acute medical condition	Safe, sustainable, accessible and kind care	5.G	
68	3 year plan	Older Adult Mental Health	•Re-design the future model for older adult mental health services aligned to opportunities within the Transforming Communities programme	Safe, sustainable, accessible and kind care	5.G	
69	3 year plan	Older Adult Mental Health	•Further integrate Community Mental Health Teams with Local Authority Community Resource Teams	The best health and wellbeing for individuals and communities	5.G	
70	3 year plan	Children and Adolescent Mental Health	•Implement new integrated model for children with mental health and learning disability needs	Safe, sustainable, accessible and kind care	5.G, 5.I	
71	3 year plan	Children and Adolescent Mental Health	•Evaluate and implement Primary Mental Health model in collaboration with third sector colleagues	Striving to deliver and develop excellent services	5.G, 5.I	
72	3 year plan	Children and Adolescent Mental Health	•Implement the outcome of the outcome of the Welsh Government school in-reach project		5.I	
73	3 year plan	Children and Adolescent Mental Health	•Implement Transition policy and undertake full review of transition pathway	Safe, sustainable, accessible and kind care	5.G. 6.D	

74	3 year plan	Children and Adolescent Mental Health	•Provide early intervention services within primary and secondary mental health to ensure early detection of difficulties and early intervention	Safe, sustainable, accessible and kind care	5.G, 6.D, 5.I	Built links to 1.B - single point of access / early access to services
75	3 year plan	Embedding an Asset Based Approach	Evidence adoption of asset based approach across whole system through different conversations	Striving to deliver and develop excellent services	6.C, 4.I, 4.L, 4.N	
76	3 year plan	Embedding an Asset Based Approach	•Engage with the public, our staff and stakeholders to develop this Framework further, learning how we best create health and wellbeing together	Putting people at the heart of everything we do	2.C, 6.C, 4.I, 4.L, 4.N	
77	3 year plan	Embedding an Asset Based Approach	•Widespread use of Wellbeing Lens, Compendium and Team Lens across health, social care and partnerships to embed this way of working into every conversation, plan and process	The best health and wellbeing for individuals and communities	6.C, 4.I, 4.L, 4.N	
78	3 year plan	Embedding an Asset Based Approach	•Evidence of how this new way of working has supported improvements on key issues such as our priority interventions.	Striving to deliver and develop excellent services	6.C, 4.I, 4.L, 4.N	
79	3 year plan	Early Years	Build capacity and capability for transformational change with a focus on prevention. This will include leadership capacity through the appointment of a Consultant Nurse for Health & wellbeing	Working together to be the best we can be	4.O, 4.F, 5.I	
80	3 year plan	Early Years	•Maximise the learning from the Early Years (Pathfinder) Project across our region aimed at improving service provision through effective integration of services aimed at children aged 0-7 years	The best health and wellbeing for individuals and communities	4.O, 4.F, 5.I	5.I
81	3 year plan	Early Years	Work across a regional footprint, through the Children's Task Force, to develop a plan for change to improve outcomes for children & young people and lay the foundations for change.	Safe, sustainable, accessible and kind care	4.F, 5.I	
82	3 year plan	Influence Lifestyle Behaviour Change	Influence Lifestyle Behaviour Change	The best health and wellbeing for individuals and communities	5.H	
83	3 year plan	Influence Lifestyle Behaviour Change	•Implement a comprehensive smoking cessation programme	The best health and wellbeing for individuals and communities	4.A.i	see specific requirements
84	3 year plan	Influence Lifestyle Behaviour Change	A vaccination and Immunisation Improvement Plan	The best health and wellbeing for individuals and communities	4.A.i	see specific requirements
85	3 year plan	Influence Lifestyle Behaviour Change	•Increase the uptake of the flu vaccine	The best health and wellbeing for individuals and communities	4.A.i	see specific requirements
86	3 year plan	Influence Lifestyle Behaviour Change	•Take real steps to influence lifestyle behaviour change in our population by training our Therapies workforce in Making Every Contact Count – an approach that supports workers to use opportunities during their routine contacts to help people consider their health behaviour through a brief conversation.	The best health and wellbeing for individuals and communities	4.E	
87	3 year plan	Our Priority Interventions - transformation fund	• <i>Help to help yourself, Help When you need it, and, Helping strong communities (communities for all).</i>	The best health and wellbeing for individuals and communities	Not an objective	
88	3 year plan	Our Priority Interventions - transformation fund	•Maternal weight and smoking cessation in pregnancy	The best health and wellbeing for individuals and communities	4.B.i	
89	3 year plan	Our Priority Interventions - transformation fund	•Early Years including vaccinations and immunisation	The best health and wellbeing for individuals and communities	4.O and 4.A.i	
90	3 year plan	Our Priority Interventions - transformation fund	Emotional resilience of children and young people	The best health and wellbeing for individuals and communities	5.I, 4.F	
91	3 year plan	Our Priority Interventions - transformation fund	•Reducing smoking prevalence and clinical risk behaviour management (in Primary Care).	The best health and wellbeing for individuals and communities	4.A.i	
92	3 year plan	Our Priority Interventions - transformation fund	•Managing tuberculosis (prevention and treatment)	The best health and wellbeing for individuals and communities	4.M	
93	3 year plan	Prevention and well-being	Social prescribing as core provision to assist with de-medicalising presenting issues, and promotion of active engagement in own health and well-being	The best health and wellbeing for individuals and communities	Not included	This commitment is from this year's IMTP, which was not formally signed off.
94	3 year plan	Prevention and well-being	•Development of a Primary Care communications strategy to promote well-being and the integrated MDT model linked with the National strategic programme	Putting people at the heart of everything we do	5.H	
95	3 year plan	Prevention and well-being	•Extension of the Throat Test n Treat innovation between GP and Community Pharmacy	Safe, sustainable, accessible and kind care	5.H	
96	3 year plan	Prevention and well-being	•Cluster led Lifestyle programme for motivating patients aged between 18-65 years with BMI of 25+	The best health and wellbeing for individuals and communities	5.H, 4.G	
97	3 year plan	Prevention and well-being	•Reduce risk of patients developing type 2 Diabetes through proactive identification, monitoring and sign-posting to healthy lifestyle services	The best health and wellbeing for individuals and communities	5.H, 4.G	
98	3 year plan	Scaling up Cluster developments	•Evaluation of Cluster schemes to identify three that can be scaled up and rolled out subject to identified investment	Striving to deliver and develop excellent services	5.H	
99	3 year plan	Scaling up Cluster developments	•Extend pilot scheme to support direct referral from Community Pharmacies to chest x-rays as part of the lung cancer early identification pathway	Safe, sustainable, accessible and kind care	5.H	

100	3 year plan	Scaling up Cluster developments	•Establishment of SKYPE facilities to connect hospital and primary care out-patient services	The best health and wellbeing for individuals and communities	1.B, 5.C, 5.D	
101	3 year plan	Scaling up Cluster developments	•Extension of Occupational Therapists in GP Practices to reduce average length of stay and improved patient care on discharge	Working together to be the best we can be	5.H	
102	3 year plan	Scaling up Cluster developments	•Demonstrate real commitment to a social model for health by identifying and developing opportunities for people design and see the model in practice	The best health and wellbeing for individuals and communities	4.N	
103	3 year plan	Integrated 24/7 Model	•Implementation of All Wales demand and capacity toolkit and escalation tool to support the development of systems and workforce planning	Putting people at the heart of everything we do	2.G and 2.H	
104	3 year plan	Integrated 24/7 Model	•Development of salaried GP role / model that offers portfolio working in conjunction with the Primary Care Academy to promote working in west Wales	Working together to be the best we can be	5.H, 5.J	
105	3 year plan	Integrated 24/7 Model	•Joint initiative with WAST to secure Advanced Paramedic Practitioners to work in managed practices on rotation and support home visiting	Working together to be the best we can be	5.H, 5.J	
106	3 year plan	Integrated 24/7 Model	•Scale up the level of services offered within Phase 1 of the Community Pharmacy Walk-in Centres development	The best health and wellbeing for individuals and communities	5.H, 5.J	
107	3 year plan	Integrated 24/7 Model	•Continue to support the national independent prescribers (IP) education programme and increase in number of Community Pharmacy IPs	Working together to be the best we can be	5.H, 5.J	
108	3 year plan	Dental & Optometry	•Appointment of a Paediatric Specialist to improve quality of service	The best health and wellbeing for individuals and communities	5.A.i, 5.B.i	See specific requirements under 5.A.i and 5.B.i
109	3 year plan	Dental & Optometry	Evaluate and roll-out salaried Dental services model pilot in South Ceredigion	Safe, sustainable, accessible and kind care	5.B.i	See specific requirements
110	3 year plan	Dental & Optometry	Increase Eye Health Examination Wales (EHEW) utilisation	Safe, sustainable, accessible and kind care	5.A.i, 5.B.i	See specific requirements
111	3 year plan	Dental & Optometry	•All new dental contracts commissioned in line with Dental Contract Reform principles	Sustainable use of resources	5.A.i, 5.B.i	See specific requirements
112	3 year plan	Dental & Optometry	Implementation of new digital solutions to promote safe and effective working.	Striving to deliver and develop excellent services	5.A.i, 5.B.i	See specific requirements
113	3 year plan	Transforming our Communities	•Define and Deliver a Social Model for Health	The best health and wellbeing for individuals and communities	4.N	
114	3 year plan	Transforming our Communities	•Deliver integrated structures across health and social care in 7 localities	The best health and wellbeing for individuals and communities	5.H	
115	3 year plan	Transforming our Communities	Support the development of effective and dynamic Integrated Care Networks	The best health and wellbeing for individuals and communities	5.H	
116	3 year plan	Transforming our Communities	•Support the development of effective & inclusive Health & Well-being centers	The best health and wellbeing for individuals and communities	5.H	
117	3 year plan	Transforming our Communities	•Implement transformative digital solutions to support delivery of more integrated care closer to home, including the Welsh Community Care Information System and Technology Enabled Care	The best health and wellbeing for individuals and communities	5.H, 1.B,	
118	3 year plan	Transforming our Communities	Contribute to the development of a multi-agency and multi-sector wellness approach which works across a full range of services including education, leisure and regeneration	The best health and wellbeing for individuals and communities	5.H	
119	3 year plan	Transforming our Communities	long-term care, care homes and domiciliary care.	The best health and wellbeing for individuals and communities	5.H	
120	3 year plan	Transforming our Communities	•Progress redesign of GP out-of-hours model	Safe, sustainable, accessible and kind care	5.J, 5.H	
121	3 year plan	Helping Strong Communities	Helping Strong Communities	The best health and wellbeing for individuals and communities	Not an objective	
122	3 year plan	Helping Strong Communities	Build on our co-designed and asset based approach to deliver proactive integrated care	The best health and wellbeing for individuals and communities	5.H, 4.J, 4.L, 4.N	
123	3 year plan	Helping Strong Communities	Align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most	The best health and wellbeing for individuals and communities	4.J	
124	3 year plan	Helping Strong Communities	•Develop six Integrated Community Teams.	The best health and wellbeing for individuals and communities	5.H	
125	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•Sustaining core community nursing to manage current capacity and support proactive intervention	Working together to be the best we can be	5.H, 6.I	
126	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•Additional Step Down Intermediate Care Beds (x6)	Safe, sustainable, accessible and kind care	5.H	

127	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	To sustain existing community equipment provision which contributes to unscheduled care and scheduled care delivery	Safe, sustainable, accessible and kind care	5.H, 6.I, 5.J	
128	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•To sustain existing CNS and medical cover for specialist palliative care in reach to acute hospitals	Safe, sustainable, accessible and kind care	5.H, 6.D, 6.I	
129	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•Enhance community nursing to support demographic growth, manage demand and prudent use of community nursing through effective triage, skill mix (admin support) and use of technology	Safe, sustainable, accessible and kind care	5.H, 6.1	
130	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•Health Psychology Chronic Conditions wellness intervention to support self-management and improve confidence of people living with a wide range of chronic conditions.	The best health and wellbeing for individuals and communities	5.H, 5.A.i	See specific requirements for 5.A.i
131	3 year plan	Carmarthenshire Integrated Community & Primary Care Plan	•To enhance clinical consultant cover for specialist palliative care (SPC) to mitigate existing risk but also strengthen SPC in the community and support admission avoidance in end of life care	The best health and wellbeing for individuals and communities	5.H, 6.I	
132	3 year plan	Help when you need it:	•Deliver seamless pathways of care and support, through our integrated locality teams Align our specialist services for complex, chronic and long term and palliative care.	The best health and wellbeing for individuals and communities	5.H, 6.I, 5.A.i, 1.D	See specific requirements for 5.A.i
133	3 year plan	Help when you need it:	•Facilitate a shift of care into community-based clinics	The best health and wellbeing for individuals and communities	6.I	
134	3 year plan	Help when you need it:	•Work with local, regional and national third sector organisations to enable high quality, compassionate and dignified care	Safe, sustainable, accessible and kind care	5.H	
135	3 year plan	Help when you need it:	•Align our specialist services to our Integrated County Services.	Safe, sustainable, accessible and kind care	5.H	
136	3 year plan	Pembrokeshire Integrated Community & Primary Care Plan	•Sustaining Core Community Services	Safe, sustainable, accessible and kind care	6.I	
137	3 year plan	Pembrokeshire Integrated Community & Primary Care Plan	•Non-pay – community equipment, continence products & contractual uplifts	Sustainable use of resources	6.I	
138	3 year plan	Pembrokeshire Integrated Community & Primary Care Plan	•Delivery of equitable and proactive chronic disease management – Heart Failure, Diabetes & Health Psychology	The best health and wellbeing for individuals and communities	5.H	
139	3 year plan	Pembrokeshire Integrated Community & Primary Care Plan	Enhancing and stabilising Withybush medical & nursing model	Safe, sustainable, accessible and kind care	5.D	
140	3 year plan	Pembrokeshire Integrated Community & Primary Care Plan	•Long Term Care	Safe, sustainable, accessible and kind care	5.H	
141	3 year plan	Ceredigion Integrated Community & Primary Care Plan	Rapid response domiciliary care; intervention to prevent admission and promote rapid discharge.	The best health and wellbeing for individuals and communities	5.H, 6.I, 5.O.i	See specific requirements for 5.O
142	3 year plan	Ceredigion Integrated Community & Primary Care Plan	•Front Door Therapy Interface Support; rapid assessment and intervention to prevent admission.	Safe, sustainable, accessible and kind care	5.H	
143	3 year plan	Ceredigion Integrated Community & Primary Care Plan	•District Nurse Administration; allowing clinical staff to focus on clinical matters.	Working together to be the best we can be	2.H, 2.G	
144	3 year plan	Ceredigion Integrated Community & Primary Care Plan	•Care Traffic Control; to track delivery of the right care in the right place at the right time.	Safe, sustainable, accessible and kind care	1.B	
145	3 year plan	Long term and Complex Care:	•Deliver seamless pathways of care and support, through our integrated locality teams. Align our specialist services for complex, chronic and long term and palliative care.	The best health and wellbeing for individuals and communities	5.H, 1.D	
146	3 year plan	Long term and Complex Care:	Facilitate a shift of care into community-based clinics	The best health and wellbeing for individuals and communities	6.I, 5.H	
147	3 year plan	Long term and Complex Care:	•Align our specialist services to our Integrated County Services.	The best health and wellbeing for individuals and communities	5.H	
148	3 year plan	Urgent & Emergency Care	•Delivery of the nationally agreed principles and pathways for Ambulance Handovers and delays at the front door as part of the National Emergency Department Quality & Delivery framework	Safe, sustainable, accessible and kind care	5.J, 5.A.i	See specific requirements for 5.A.i

149	3 year plan	Urgent & Emergency Care	•Implementation of SAFER Patient Bundle supported by Red2Green, board rounds, reduced length of stay and provision of direct access GP assessment beds with target stay of no more than 72 hrs	Safe, sustainable, accessible and kind care	5.J, 5.H, 5.A.i	
150	3 year plan	Urgent & Emergency Care	•Undertake a DISCOVER, DESIGN, DELIVER programme of work to redesign the Emergency Department model for the transition years to the development of our new Urgent & Planned Care Hospital	Safe, sustainable, accessible and kind care	5.C, 5.D, 5.E, 5.J	
151	3 year plan	Urgent & Emergency Care	•Complete the stroke service re-design programme with the development of a robust, evidence based business case considering short, medium and long term opportunities for improvement	Safe, sustainable, accessible and kind care	5.O, 6.D, 6.F	See specific requirements for 5.O.i
152	3 year plan	Urgent & Emergency Care	•Development of paediatrics acute referral pathway including	Safe, sustainable, accessible and kind care	5.O.i	See specific requirements
153	3 year plan	Urgent & Emergency Care	•Consultant of the week to support a sustainable future model	Working together to be the best we can be	5.J	
154	3 year plan	Planned Care	Re-design our model of new and follow-up out-patient care to enable a better experience for patient, improve waiting times and delivering care as close as possible to peoples' local communities	Safe, sustainable, accessible and kind care	5.H, 6.D, 5.A.i, 1.D	See
155	3 year plan	Planned Care	•Redevelopment of the Critical Care service in line with the Intensive Care Society guidelines	Safe, sustainable, accessible and kind care	5.A, 5.B, 5.J, 1.D	
156	3 year plan	Planned Care	•Progression of the Theatres Improvement plan including additional endoscopy facilities and day surgery capacity	Safe, sustainable, accessible and kind care	5.A, 5.B, 5.J, 1.D	
157	3 year plan	Planned Care	Review of future planned surgery delivery models and configurations across sites	Safe, sustainable, accessible and kind care	5.A, 5.B, 5.J, 5.C, 5.D, 1.D	
158	3 year plan	Planned Care	Implementation of the new single cancer pathway to monitor progress of all newly referred cancer patients from suspected cancer to treatment	Safe, sustainable, accessible and kind care	5.A, 5.B, 6.D, 6.F	
159	3 year plan	Planned Care	•Detailed programmes of work for Ophthalmology, Dermatology, Orthopaedics, Endoscopy, ENT and pre-assessment	Safe, sustainable, accessible and kind care	5.J, 1.D	
160	3 year plan	Strategy for our Hospitals	•Delivery of the Board approved strategy for Bronglais Hospital as a rural provider of acute health services for the whole of mid Wales	Safe, sustainable, accessible and kind care	5.F	
161	3 year plan	Strategy for our Hospitals	•Develop a strategy for the long-term future model for Prince Philip Hospital	Safe, sustainable, accessible and kind care	5.D	
162	3 year plan	Strategy for our Hospitals	•Development of a Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited Endoscopy Suite for Prince Philip Hospital	Safe, sustainable, accessible and kind care	5.N	
163	3 year plan	Strategy for our Hospitals	Innovative planning for a "digital hospital" including technology enabled care and patient communications	Striving to deliver and develop excellent services	5.C, 5.D, 5.E	
164	3 year plan	Strategy for our Hospitals	•Complete the Programme Business case, Outline Business case and Full Business case for the new Urgent & Planned care Hospital	Safe, sustainable, accessible and kind care	5.C	
165	3 year plan	Strategy for our Hospitals	•Development of a strategy for the long-term future model of Glangwili Hospital and Withybush Hospital	Safe, sustainable, accessible and kind care	5.D	
166	3 year plan	Strategy for our Hospitals	•Define the suite of services available at each hospital site linked to the underpinning strategic design assumptions	Safe, sustainable, accessible and kind care	5.C, 5.D, 5.E	
167	3 year plan	Regional and National Priorities	•Deliver the operational model comprising of Trauma Unit and Rural Trauma facilities as part of the Major Trauma Network	Safe, sustainable, accessible and kind care	5.N	
168	3 year plan	Regional and National Priorities	•Develop the regional endoscopy programme that aligns national, regional and local workstreams including surveillance and bowel screening		4.D	
169	3 year plan	Regional and National Priorities	•Develop an enhanced regional outreach model for chemotherapy	Safe, sustainable, accessible and kind care	5.N	
170	3 year plan	Regional and National Priorities	•Implementation of repatriation of routine bradycardia to Hywel Dda	Safe, sustainable, accessible and kind care	5.N	
171	3 year plan	Regional and National Priorities	•Progress mid Wales clinical networks for Ophthalmology, Oncology, Colorectal, Respiratory and Paediatrics	Striving to deliver and develop excellent services	5.N	See list specific requirements
172	3 year plan	Regional and National Priorities	•Development of a mid Wales Rehabilitation service	Safe, sustainable, accessible and kind care	5.N, 5.O.i	
173	3 year plan	Regional and National Priorities	Progress delivery of the Regional Clinical Services Plan via the joint Regional planning forum	Safe, sustainable, accessible and kind care	5.N	
174	3 year plan	Patient Experience	•Publish & Implement Charter for Improving Patient Experience	Putting people at the heart of everything we do	1.C	
175	3 year plan	Patient Experience	Increase the opportunities & methods for people using services of the Health Board to provide feedback on their experiences	Putting people at the heart of everything we do	1.C	
176	3 year plan	Patient Experience	•Expand Friends and Family Test to all services provided by the Health Board & publish results	Putting people at the heart of everything we do	1.C	

177	3 year plan	Patient Experience	•Implement Speaking up Safely process for staff	Putting people at the heart of everything we do	1.C	
178	3 year plan	Patient Experience	•Strengthen the learning from events process and ensure positive action is taken to improve outcomes for patients	Putting people at the heart of everything we do	1.C	
179	3 year plan	Patient Experience	•Improve staff knowledge, awareness and skills, to enable all staff to fulfil a role of patient experience ambassador.	Putting people at the heart of everything we do	1.C	
180	3 year plan	Patient Experience	•Ensure proactive and early resolution of concerns/complaints	Putting people at the heart of everything we do	1.C	
181	3 year plan	Infection Control and Prevention	•Strengthen & further develop our Community Infection Prevention model with a focus on health promotion and infection prevention.	Working together to be the best we can be	4.A	See specific requirements
182	3 year plan	Infection Control and Prevention	•Make progress against the AMR & HCAI Improvement Goals and support the AMR 5 year National Action Plan with a focus on Hospital acquired pneumonia (aligned to Equip) and Urinary Tract Infections associated with indwelling urinary catheters.	Working together to be the best we can be	2.F	
183	3 year plan	Infection Control and Prevention	•Further develop the performance and assurance frameworks for Infection Prevention using the digital case management and surveillance system and collaborative working with PHW Hospital Epidemiologist.	Working together to be the best we can be	4.A.i	See specific requirements
184	3 year plan	Infection Control and Prevention	•Further develop the Outbreak reporting & Surgical Site Infections (SSI) modules to inform our Quality Improvement programme.	Working together to be the best we can be	2.F	
185	3 year plan	Infection Control and Prevention	•Align the principles of prudent healthcare to use of disposable gloves to recognise financial savings and environmental benefits.	Sustainable use of resources	6.H	
186	3 year plan	Infection Control and Prevention	•Increase Faecal Microbiota Transplant as an option for treatment of C. diff	Striving to deliver and develop excellent services	5.A.i	See specific requirements
187	3 year plan	Quality Improvement	•Refresh the Quality Improvement Framework	Working together to be the best we can be	2.F	
188	3 year plan	Quality Improvement	•Work with Improvement Cymru to test an alternative approach to improvement capacity building	Working together to be the best we can be	2.F	
189	3 year plan	Quality Improvement	•Facilitate 2 equip cohorts in year to support improvement activities and improvement capability	Working together to be the best we can be	2.F	
190	3 year plan	Quality Improvement	Focus improvement activity on agreed harm and executive priorities: e.g. HAT, Pressure Damage, AKI, Sepsis, Falls, Unscheduled Care	Working together to be the best we can be	2.F	
191	3 year plan	Quality Improvement	Increase the number of Improvement Coaches & Improvement Advisors to drive improvement methodology at team level through a collaborative approach	Working together to be the best we can be	2.F	
192	3 year plan	Quality Improvement	•Utilise the findings of the external evaluation of the equip programme delivery and outcomes.	Working together to be the best we can be	2.F	
193	3 year plan	Therapy services, working across health and social care services will:	Support people to stay well, not just treat them when they become ill.	The best health and wellbeing for individuals and communities	4.N, 5.H, 4.K, 4.L	
194	3 year plan	Therapy services, working across health and social care services will:	When people need help, health and social care services will work with them and their loved ones to find out what is best for them and agree how to make those things happen, namely a 'person-centred approach'.	The best health and wellbeing for individuals and communities	5.H	
195	3 year plan	Therapy services, working across health and social care services will:	More therapy services to be provided closer to home or at home and people will only go into hospital for treatment that cannot be provided safely anywhere else. This will take pressure off our hospitals; reduce the time people wait to be treated, and the time they spend in hospital.	The best health and wellbeing for individuals and communities	5.H, 6.I	
196	3 year plan	Therapy services, working across health and social care services will:	Health and social care services will use the latest technology and medicines to help people get better, or to live the best life possible, if they are not able to get better.	The best health and wellbeing for individuals and communities	5.H	
197	3 year plan	Design principles for the Therapy 3 year plan are:	•Patient centred, concentrating on safety, quality and experience.	The best health and wellbeing for individuals and communities	5.A, 5.B	See specific requirements
198	3 year plan	Design principles for the Therapy 3 year plan are:	Home to home: integrated services in the community to prevent illness, improve wellbeing and provide care closer to home where appropriate	The best health and wellbeing for individuals and communities	5.H, 6.I	
199	3 year plan	Design principles for the Therapy 3 year plan are:	Data and evidence driven, patient outcome focussed.	Striving to deliver and develop excellent services	6.D	
200	3 year plan	Design principles for the Therapy 3 year plan are:	Innovative and transformative, considering new ways of organising and delivering care around the patient and their carers.	Striving to deliver and develop excellent services	6.D	
201	3 year plan	Design principles for the Therapy 3 year plan are:	Standardised, best practice processes and care pathways.	Safe, sustainable, accessible and kind care	6.D, 6.F	
202	3 year plan	Design principles for the Therapy 3 year plan are:	Sustainable with efficient use of resources.	Sustainable use of resources	6.F	

203	3 year plan	Design principles for the Therapy 3 year plan are:	Prudent by design, following NHS Wales's prudent healthcare principles.	Sustainable use of resources	6.F	
204	3 year plan	Therapy Our service plans will ensure that:	•The models are designed with a focus of prevention, delivering care close to home wherever possible, routine care and specialist and emergency care in the most appropriate care setting.	The best health and wellbeing for individuals and communities	5.H	
205	3 year plan	Therapy Our service plans will ensure that:	•We improve the efficiency and sustainability of service provision from 2020/23 by ensuring that service development, model of care design and implementation is patient-centred, transformative, evidence based and economically viable.		6.D, 6.F	
206	3 year plan	Therapy Our service plans will ensure that:	Care quality and safety is of the highest importance during a period of transition to different delivery models, that any changes are well planned.	Safe, sustainable, accessible and kind care	5.A, 5.B	See specific requirements
207	3 year plan	Therapy Our service plans will ensure that:	We aspire to improve staff satisfaction, recruitment and retention through the enhancement of patient and citizen focussed services	Putting people at the heart of everything we do	2.H, 2.G	
208	3 year plan	Therapy Our service plans will ensure that:	•Any therapy developments are assumed to be included the three Integrated County Plans		5.H	
209	3 year plan	Working with patients	•2 case reviews to be undertaken per quarter, informed by patient views		1.D	
210	3 year plan		•Review of the efficacy and development of Family Recorded Outcome Measures (FROM) in key priority areas	Striving to deliver and develop excellent services	6.D	
211	3 year plan		•Intranet updates on VBHC to be provided on a monthly basis	Sustainable use of resources	6.E	
212	3 year plan		•Newsletter to be circulated on monthly basis	Sustainable use of resources	6.E	
213	3 year plan		•Briefing paper to be produced for dissemination	Sustainable use of resources	6.E	
214	3 year plan		•VBHC workshops to be provided for staff	Sustainable use of resources	6.E	
215	3 year plan		•Communication documentation to be available through the Hywl Hub site	Sustainable use of resources	6.E	
216	3 year plan	Health informatics and analytics	•PROMs capture in lung cancer, heart failure, hips & knees, dermatology, colorectal cancer and chronic pain	Striving to deliver and develop excellent services	6.D	
217	3 year plan		•PROMs/FROMs capture in stroke	Striving to deliver and develop excellent services	6.D, 5.O.i	
218	3 year plan		•Time Driven Activity Based Costing (TDABC) review in lung cancer	Striving to deliver and develop excellent services	3.E, 6.F	
219	3 year plan		•TDABC costing reviews in heart failure, dermatology, colorectal cancer, stroke, hips & knees, chronic pain and ambulatory care	Striving to deliver and develop excellent services	3.E, 6.D, 5.O.i	
220	3 year plan		•Deployment of PROMs visualisation tools for clinicians	Striving to deliver and develop excellent services	6.D	
221	3 year plan		•Integration of PROMs tools into Welsh Clinical Portal	Striving to deliver and develop excellent services	6.D	
222	3 year plan		•Access to national PROMs dashboards	Striving to deliver and develop excellent services	6.D	
223	3 year plan	Outcome measures	•Implementation of National PROMs solution	Striving to deliver and develop excellent services	6.D	
224	3 year plan		•Review of third party solutions	Striving to deliver and develop excellent services	6.D	
225	3 year plan		•Development of scalable PROMs collection approach	Striving to deliver and develop excellent services	6.D	
226	3 year plan		•Integration of PROMs collection data into National Data Repository	Striving to deliver and develop excellent services	6.D	
227	3 year plan		•Development of PROMs dashboards	Striving to deliver and develop excellent services	6.D	
228	3 year plan		Ongoing identification and capture of PROMs data in specialties using ICHOM tools where available	Striving to deliver and develop excellent services	6.D	
229	3 year plan	Resource and policy	•Programme governance arrangements put in place for our VBHC Programme	Sustainable use of resources	6.E, 6.F	
230	3 year plan		•VBHC team appointed	Sustainable use of resources	6.E, 6.F	
231	3 year plan	Research and industry	•Review of longitudinal outcomes following total hip replacement	Striving to deliver and develop excellent services	3.G	
232	3 year plan		•Development of advanced analytics to model demand	Striving to deliver and develop excellent services	3.E	
233	3 year plan		•Review of the impact of digitising the chronic pain service	Striving to deliver and develop excellent services	3.G	
234	3 year plan		•Review of progress in implementing TDABC	Striving to deliver and develop excellent services	3.E, 3.G	
235	3 year plan		•Understand the digital capture of PROMs and usage of data within the Respiratory service	Striving to deliver and develop excellent services	6.D, 3.E	

236	3 year plan		•Contribution to development of all Wales contracting resource that place outcomes delivered at the core of contracting activity.	Sustainable use of resources	6.H	
237	3 year plan	Empowering our Public	We will seek to continuously engage with our public in a variety of ways	Putting people at the heart of everything we do	2.C	
238	3 year plan	Empowering our Public	•Implement an online engagement tools and system to ensure we can run and analyse our qualitative and quantitative data for future service changes	Putting people at the heart of everything we do	2.C	
239	3 year plan	Empowering our Public	•We will work collaboratively and proactively seek to hear different voices through the development of a Community of Practice for all public and third sector organisations in Mid and West Wales	Working together to be the best we can be	2.C	
240	3 year plan	Empowering our Public	We will deliver training to build capacity and share knowledge and skills to empower staff, patients and the public with our leaders and project managers.	Working together to be the best we can be	2.H, 2.G	
241	3 year plan	Empowering our Patients	•Roll out of Envoy system (currently friends and family)		1.C	
242	3 year plan	Empowering our Patients	•Increase capacity within patient experience function	Working together to be the best we can be	1.C	
243	3 year plan	Empowering our Patients	•Patient Experience Ambassador Training	Working together to be the best we can be	1.C	
244	3 year plan	Empowering our Patients	•Strengthen Provision of PALS - 8am – 8pm Monday to Friday, 9am – 5pm over weekends	Working together to be the best we can be	1.C	
245	3 year plan	Empowering our Patients	•Develop plan for welcome host team (front reception volunteers and apprentices)	Working together to be the best we can be	1.B, 1.C	
246	3 year plan	Empowering our Patients	•Develop plan to improve patient information	Working together to be the best we can be	1.B, 1.C	
247	3 year plan	Empowering our Patients	•Evaluation of programme 2021/22 to determine priorities for 2022/23.	Working together to be the best we can be	1.C	
248	3 year plan	Empowering our Carers	•Ensure commissioning of carers services supports the regional collaborative models and co-production methods		2.A	
249	3 year plan	Empowering our Carers	Establishment of a Community Development Fund to support the growth of community led initiatives	The best health and wellbeing for individuals and communities	2.A	
250	3 year plan	Empowering our Carers	•Delivery of Carer Awareness Training for UHB staff	Working together to be the best we can be	2.A	
251	3 year plan	Empowering our Carers	Support Carers to improve their physical, emotional and mental well-being.	Working together to be the best we can be	2.A	
252	3 year plan	Empowering our Carers	•Improve the experience of Carers in relation to discharge from hospital planning and ensure the active provision of information and advice to Carers.	Working together to be the best we can be	2.A	
253	3 year plan	Empowering our Carers	•Continued roll-out of the regional Investors in Carers scheme across a broad range of settings, teams and departments.	Working together to be the best we can be	2.A	
254	3 year plan	Empowering our Carers	•Support the regional rollout of Employers for Carers to support employees who balance their work alongside a caring role and increase the identification of Carers in employment.	Working together to be the best we can be	2.A	
255	3 year plan	Empowering our Clinicians	Clinicians sharing practice, utilising PROMS, and, bench-marked information about their own practice, to change practice in line with improved performance/ patient outcome and activity data.	Putting people at the heart of everything we do	2.A	
256	3 year plan	Empowering our Clinicians	To further develop and build on the successes of leadership programmes and scale to all Clinical disciplines	Working together to be the best we can be	2.G, 2.H	
257	3 year plan	Empowering our Clinicians	•Local ownership and decision making to improve patient and service outcomes.	Striving to deliver and develop excellent services	2.G, 2.H, 3.A, 6.D	
258	3 year plan	Empowering our Clinicians	•A review of working arrangements for clinicians that allow for staff attendance and involvement within the core work-streams of our Health and Care Strategy in 2020/21	Working together to be the best we can be	2.G, 2.H	
259	3 year plan	Empowering our Clinicians	Clinical leadership of quality improvement (QI) projects to improve outcomes for patients and staff.	Working together to be the best we can be	2.F	
260	3 year plan	Empowering our Clinicians	•Introduce a Speaking up Safely process	Putting people at the heart of everything we do	1.C	
261	3 year plan	Digital strategy	Systems, information and tools to empower clinicians	Striving to deliver and develop excellent services	3.A, 3.E	
262	3 year plan	Digital strategy	Digital enablers	Striving to deliver and develop excellent services	1.B, 5.M, 3.A, 3.E	
263	3 year plan	Digital strategy	Empowering the patients and public e.g. access to records	Putting people at the heart of everything we do	1.B and 5.M	

264	HDdUHB Well-being objectives 2019/20 onwards		Plan and deliver services to increase our contribution to low carbon.	Sustainable use of resources	6.G	
265	HDdUHB Well-being objectives 2019/20 onwards		Develop a skilled and flexible workforce to meet the changing needs of the modern NHS.	Working together to be the best we can be	2.H or 2.G	
266	HDdUHB Well-being objectives 2019/20 onwards		Promote the natural environment and capacity to adapt to climate change.	Sustainable use of resources	6.G	
267	HDdUHB Well-being objectives 2019/20 onwards		Improve population health through prevention and early intervention, supporting people to live happy and healthy lives.	The best health and wellbeing for individuals and communities	5.H	
268	HDdUHB Well-being objectives 2019/20 onwards		Offer a diverse range of employment opportunities which support people to fulfil their potential.	Putting people at the heart of everything we do	2.H or 2.G	
269	HDdUHB Well-being objectives 2019/20 onwards		Contribute to global well-being through developing international networks and sharing of expertise.	Striving to deliver and develop excellent services	5.N	
270	HDdUHB Well-being objectives 2019/20 onwards		Plan and deliver services to enable people to participate in social and green solutions for health.	The best health and wellbeing for individuals and communities	6.G	
271	HDdUHB Well-being objectives 2019/20 onwards		Transform our communities through collaboration with people, communities and partners.	Putting people at the heart of everything we do	Not a commitment	
272	H&WB Strategy	Design assumptions	We will invest £327k into smoking cessation	The best health and wellbeing for individuals and communities	4.A.i	
273	H&WB Strategy	Design assumptions	We will invest £366k in immunisations and vaccinations to reduce GP consultations and A and E attendances	The best health and wellbeing for individuals and communities	4.A.i	
274	H&WB Strategy	Design assumptions	We will invest £114k into making every contact count to improve our population health	The best health and wellbeing for individuals and communities	4.E	
275	H&WB Strategy	Design assumptions	We will invest £2.3m into our workforce to help it be the best it can be and empower our clinicians	Working together to be the best we can be	2.G	
276	H&WB Strategy	Design assumptions	We will invest £350k in rapid response in domiciliary care in Ceredigion to reduce admissions and speed up discharge	Safe, sustainable, accessible and kind care	5.H, 6.I	
277	H&WB Strategy	Design assumptions	We wil invest £960k into our digital plan . Improving our systems will empower our public, patients, carers and staff	Safe, sustainable, accessible and kind care	1.B, 5.M, 3.A, 3.E	
278	H&WB Strategy	Design assumptions	An investment of £589k in improving quality and patient experience . This will help empower patients	Working together to be the best we can be	1.D , 1.C	
279	H&WB Strategy	Design assumptions	We will invest £102k in palliative and end of life care in Carmarthenshire to reduce admissions	Safe, sustainable, accessible and kind care	5.H, 3.D	
280	H&WB Strategy	Design assumptions	We will invest £330k in orthodontic treatment and £169k in community dental paediatricians	Safe, sustainable, accessible and kind care	5.A , 5.B	See specific requirements

281	H&WB Strategy	Design assumptions	As part of our integrated county plans we will invest £880k in health psychology for chronic conditions	The best health and wellbeing for individuals and communities	1.D	
282	H&WB Strategy	Design assumptions	We will invest £429k to improve patient empowerment	Striving to deliver and develop excellent services	1.D, 1.C	
283	H&WB Strategy	Design assumptions	We will invest £216k to fund 6 additional step down intermediate care beds in Carmarthenshire	Safe, sustainable, accessible and kind care	5.H	
284	H&WB Strategy	Design assumptions	We will develop our plans to deliver unscheduled care and long term care (Discover-Design-Deliver)	Safe, sustainable, accessible and kind care	5.J, 5.H	
285	H&WB Strategy	Design assumptions	We will invest £250k in Ceredigion for a front door therapy interface to improve rapid assessment/ intervention and reduce admissions	Safe, sustainable, accessible and kind care	5.H	
286	H&WB Strategy	Design assumptions	We will invest £1m to help develop national business cases for Lymphoedema, Autism Spectrum Disorder and Major Trauma	Striving to deliver and develop excellent services	5.N	
287	H&WB Strategy	Design assumptions	We will progress capital developments to support our strategy	Safe, sustainable, accessible and kind care	5.D, 5.H	
288	H&WB Strategy	Design assumptions	We will invest £154k across primary care and pharmacy to reduce admissions for healthcare acquired infections	Safe, sustainable, accessible and kind care	5.A	See specific requirements
289	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	7day rota - the provision of services over extended hours and/or 7 days, both in acute and community teams	Working together to be the best we can be	1.A, 1.G, 5.J, 5.H	
290	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	MDT working - joined up working between different parts of the workforce in a more formal manner, including daily briefings, and decision making.	Working together to be the best we can be	1.B, 1.E, 5.H	
291	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Pathways - innovative pathways in response to COVID-19 and the introduction of improved pathways at greater pace than pre-COVID development	Safe, sustainable, accessible and kind care	5.O, 5.C, 6.D, 6.F	
292	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Upskilling - Using different teams to provide care outside of their specialism. Upskilling staff with additional skills and/or working at the top of their registration for greater periods of time	Working together to be the best we can be	2.G, 2.H	
293	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Virtual Triage - provision of services via telephone contact rather than face to face	Safe, sustainable, accessible and kind care	1.B, 1.E	
294	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Virtual outpatient services - transforming outpatient appointments to virtual platforms (including telephone). Enhanced the speed of planned roll out and/or introduced to business areas previously outside project scope.	Safe, sustainable, accessible and kind care	1.B, 5.M, 1.E	
295	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Community Provision - move from acute site to community/ home treatment	The best health and wellbeing for individuals and communities	5.H, 6.I	
296	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Digital Platforms - introduction of various digital platforms for patient facing and corporate facing functions	Safe, sustainable, accessible and kind care	1.B, 5.M, 3.A, 3.E	
297	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	HUB development - formation of various hub models (HB and 3rdSector) to enable better access, better resource allocation and continuity of service during COVID	Putting people at the heart of everything we do	1.B, 5.H	
298	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Workforce development - innovative roles developed for a more responsive staffing cohort	The best health and wellbeing for individuals and communities	2.H, 2.G, 2.D	

299	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	Restructured pathways, supporting people to remain in their community as part of whole system design	The best health and wellbeing for individuals and communities	5.O, 5.C, 6.D, 6.F	
300	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	• Conduct further analysis in relation to hospital admissions	Striving to deliver and develop excellent services	3.E	
301	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	• Further analysis to inform integrated locality ways of working	Striving to deliver and develop excellent services	5.H	
302	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	• Finalise integrated policies and principles for supported living, domiciliary care, palliative care, intermediate care	Putting people at the heart of everything we do	5.H, 6.I	
303	Discover report	List of innovations identified though engagement, mapped against the strategic ambitions	• Undertake a care commissioning, regulation and assessment review	Striving to deliver and develop excellent services	3.B	
304	Discover report	Hywel dda hub.	Review flexible 7 day service requirement	Safe, sustainable, accessible and kind care	1.A, 1.G, 5.J, 5.H	
305	Discover report	Charities	• Review and agree a risk stratification approach	Striving to deliver and develop excellent services	3.F	
306	Discover report	Communities / volunteering	The development of community plan for dental services	Safe, sustainable, accessible and kind care	5.A	See 5.A.i specific requirements
307	Discover report	Engagement / continuous discovery	• Use of technology (digital first approach)	Safe, sustainable, accessible and kind care	1.B, 5.M, 3.A, 3.E	
308	Discover report	Population health & wellbeing - to authorise	• Ongoing small scale changes being carried out (within a defined framework) being led by service leads	Working together to be the best we can be	3.F	
309	Discover report	Population health & wellbeing - to authorise	• New ways of working across primary, acute and community i.e. breakdown of boundaries	Working together to be the best we can be	5.H, 6.I	
310	Discover report	Population health & wellbeing - to authorise	• Implementation of digital platforms for MDT follow ups	Safe, sustainable, accessible and kind care	1.B, 5.M, 3.A, 3.E	
311	Discover report	Population health & wellbeing - to authorise	• Risk stratification approach to increase home birth choice	Safe, sustainable, accessible and kind care	5.B.i	
312	Discover report	Population health & wellbeing - to authorise	• Streaming in emergency departments	Safe, sustainable, accessible and kind care	1.B, 5.C, 6.D, 5.D	
313	Discover report	Population health & wellbeing - to authorise	• Admission avoidance pathways	Safe, sustainable, accessible and kind care	5.H	
314	Discover report	Population health & wellbeing - to authorise	• Early supported discharge for appropriate conditions e.g. stroke, fracture hip	Safe, sustainable, accessible and kind care	5.H, 5.O.i	
315	Discover report	Population health & wellbeing - to authorise	• Locality hub and spoke model	Safe, sustainable, accessible and kind care	5.H	
316	Discover report	Population health & wellbeing - to authorise	• Embed our workforce flexibility & can do culture	Putting people at the heart of everything we do	2.H	
317	Discover report	Population health & wellbeing - to decide	• A SAFER approach e.g. timely senior decisions	Working together to be the best we can be	5.K?	
318	Discover report	Population health & wellbeing - to decide	• The utilisation of outpatient model using digital platforms	Safe, sustainable, accessible and kind care	6.D	
319	Discover report	Population health & wellbeing - to decide	• To continue to adopt our MDT approach to caseload Management	Safe, sustainable, accessible and kind care	1.B, 1.E, 5.H	
320	Discover report	Population health & wellbeing - to decide	• Review process of risk stratifying waiting lists linked to ensure appropriate follow-ups	Safe, sustainable, accessible and kind care	1.E	
321	Discover report	Integrated community network – social model for health -to authorise	Review process for streamlined governance and decision making process	Striving to deliver and develop excellent services	3.F	

322	Discover report	Integrated community network – social model for health -to authorise	• Develop a criteria-based system for new patient referrals	Safe, sustainable, accessible and kind care	1.B	
323	Discover report	Integrated community network – social model for health -to authorise	• Discover modelling patient flows across hospitals and communities	Striving to deliver and develop excellent services	3.E, 6.D, 5.C, 5.D	
324	Discover report	Integrated community network – social model for health -to authorise	• Re-commence regional networks	Safe, sustainable, accessible and kind care	5.N	
325	Discover report	Integrated community network – social model for health -to authorise	• Review capital programmes e.g. Cross hands, Llanelli Wellness village	Safe, sustainable, accessible and kind care	5.H	
326	Discover report	Integrated community network – social model for health -to authorise	• Review Out of Hours service design	Safe, sustainable, accessible and kind care	5.J	
327	Discover report	Integrated community network – social model for health -to authorise	Agree an approach to pathway redesign and confirm priorities	Safe, sustainable, accessible and kind care	5.O, 6.D	See also 5.O.i
328	Discover report	Integrated community network – social model for health -to authorise	• Discover and design the emergency paediatrics pathway	Safe, sustainable, accessible and kind care	5.O.i	See specific requirements
329	Discover report	Integrated community network – social model for health -to authorise	Consider and refresh the model for our acute and community hospitals in future, including a consideration of the most appropriate model of care for the new planned and urgent care hospital	Striving to deliver and develop excellent services	5.C, 5.D	
330	Discover report	Integrated community network – social model for health -to decide	• To complete an Organisational Change Policy (OCP) process for Adult Community Mental Health Teams in Pembrokeshire and Carmarthenshire	Safe, sustainable, accessible and kind care	5.G	
331	Discover report	Integrated community network – social model for health -to decide	• To embed the co-located and integrated way of working in the Community Mental Health Teams in Pembrokeshire and Carmarthenshire to provide a 7 day service	Safe, sustainable, accessible and kind care	5.G	
332	Discover report	Integrated community network – social model for health -to decide	• Commence scoping the requirements and develop Discover reports for Transforming Older Adults Mental Health and Specialist CAMHS & Child and Adolescent Mental Health Services programme of work	Safe, sustainable, accessible and kind care	5.G	
333	Discover report	Integrated community network – social model for health -to decide	• Integration of health and third sector out of hours sanctuary / hospitality Section 136 bed provision	Safe, sustainable, accessible and kind care	5.G	
334	Discover report	Integrated community network – social model for health -to decide	To authorise: The focus on working digitally and technology enabled care (GP video consultation, attend anywhere and consultant connect, remote monitoring and diagnostics), needs to be maintained. Our strategy moving forward needs to be fit for the digital age.	Safe, sustainable, accessible and kind care	1.B, 5.M, 6.D	
335	Discover report	Integrated community network – social model for health -to decide	To decide: We need to maintain a focus on ensuring that we offer the right equipment to our staff from the day they join to empower them to continue to work in an agile flexible way, including care home residents and staff. To scope the development of community digital hubs to support patients who are not digitally enabled to access services through new technologies.	Putting people at the heart of everything we do	1.D, 5.H	
336	Discover report	Integrated community network – social model for health -to decide	To authorise: Continue with the plan for a medium term solution for procuring PPE, including care homes.	Sustainable use of resources	6.H	
337	Discover report	Delivering a sustainable hospital network - to authorise	To decide: Develop a local supply chain strategy including food to help sustain the local economy and population wellbeing, and to encompass all major business continuity threats.	Sustainable use of resources	6.H	
338	Discover report	Delivering a sustainable hospital network - to authorise	Authorise: Agile and flexible working., including home working. A cultural change programme in the pursuit of joy at work. Continue flexible approach to utilising roles and skills across the organisation.	Putting people at the heart of everything we do	2.G, 2.H, 1.F, 1.G	
339	Discover report	Delivering a sustainable hospital network - to authorise	Decide: Revise the approach to recruitment. Capitalise on MS Teams capability to underpin agile and home working across corporate functions and clinical teams.	Putting people at the heart of everything we do	2.H, 2.G	
340	Discover report	Delivering a sustainable hospital network - to authorise	Decide: Whether contingency or business continuity planning requires different governance to ensure that organisational planning lessons learnt from this pandemic are embedded into future plans. Strategy for aligned drive through services e.g. phlebotomy, vaccinations and immunisations, antibody testing	The best health and wellbeing for individuals and communities	4.H	

341	Discover report	Delivering a sustainable hospital network - to authorise	To authorise: The Transformation Programme Office continue to engage with staff and patients – both formally, during consultation, and informally, through 'continuous discovery'. Undertake further joint piece of engagement work with Local Authority partners as required.	Putting people at the heart of everything we do	2.C	
342	Discover report	Delivering a sustainable hospital network - to authorise	Establish Hywel Dda hub – whole organisation single point of contact.	Putting people at the heart of everything we do	1.B	
343	Discover report	Delivering a sustainable hospital network - to authorise	Authorise: Empower and support teams to continuously improve in a timely way.	Putting people at the heart of everything we do	3.A, 3.D, 3.G	
344	Discover report	Delivering a sustainable hospital network - to authorise	Decide: Review the understanding of the governance structure and how we work within it.	Striving to deliver and develop excellent services	3.F	
345	Discover report	Delivering a sustainable hospital network - to authorise	create a culture which treats employees as adults, consumers and human beings and moves from parent/child relationship	Putting people at the heart of everything we do	2.G, 1.F, 1.G	
346	Discover report	Delivering a sustainable hospital network - to authorise	support the health and wellbeing of all staff by treating employees as whole people with other life responsibilities	Putting people at the heart of everything we do	2.G, 1.F, 1.G	
347	Discover report	Delivering a sustainable hospital network - to authorise	create an agile workforce	Putting people at the heart of everything we do	1.G	
348	Discover report	Delivering a sustainable hospital network - to authorise	create a highly skilled, fit for purpose OD & workforce team where partnership working is at the heart of the culture	Working together to be the best we can be	1.G	
349	Discover report	Delivering a sustainable hospital network - to authorise	Deliver safe services, eliminating avoidable harm in environments which facilitate physical and psychological health & well-being where the focus of care is driven by what matters to patients and their families.	Safe, sustainable, accessible and kind care	5.A, 5.B	See specific requirements
350	Discover report	Delivering a sustainable hospital network - to decide	Develop a skilled, compassionate and flexible workforce able to recognise and respond to individual needs where agreed standards of care and treatment are consistently delivered to people in the most appropriate setting as locally as possible.	Putting people at the heart of everything we do	2.D , 2.G, 3.A	
351	Discover report	Delivering a sustainable hospital network - to decide	Create a culture of continuous learning and improvement where feedback is used to inform service and practice change which optimises effectiveness and enables sustainability.	Striving to deliver and develop excellent services	3.A	
352	Discover report	Delivering a sustainable hospital network - to decide	Develop a Board assurance process to support the delivery of the Health and Care Strategy	Striving to deliver and develop excellent services	3.F	
353	Discover report	Delivering a sustainable hospital network - to decide	Strengthen the HB's Quality and Safety governance arrangements and address the issues raised by WAO and reflections from the Cwm Taf HB Maternity issues	Safe, sustainable, accessible and kind care	3.A , 3.B, 3.C, 5.K	
354	Discover report	Delivering a sustainable hospital network - to decide	Review the understanding of the governance structure and how we work within it.	Striving to deliver and develop excellent services	3.A, 3.B, 3.F, 5.K	
355	Discover report	Delivering a sustainable hospital network - to decide	Comply with WL Standards - placing a statutory duty on the health board to give equal prominence to both the Welsh and English languages, as well as promoting and facilitating the use of the Welsh language, making it easier for people to use in their day-to-day-life.	Striving to deliver and develop excellent services	2.B	
356	Discover report	Delivering a sustainable hospital network - to decide	Comply with established targets set within the Framework to provide services through an "Active Offer", meaning that services are provided in Welsh without the individual having to make a specific request for that service.	Striving to deliver and develop excellent services	2.B	
357	Discover report	Delivering a sustainable hospital network - to decide	The health board has committed to a Bilingual Skills Strategy as part of the health board's Workforce Planning process. BSS has recently been out for consultation and will be ready for Board approval in September 2020 after considering the comments following consultation.	Striving to deliver and develop excellent services	2.B	
358	Discover report	Delivering a sustainable hospital network - to decide	Co-ordinate action to embed and progress the organisation's 8 Well-being Objectives and the Health Board's contribution to the PSB Well-being Plans.	Safe, sustainable, accessible and kind care	4.J	
359	Discover report	Delivering a sustainable hospital network - to decide	Supporting collaboration, co-operation and integration to improve population health and well-being for vulnerable groups and unpaid Carers.	The best health and wellbeing for individuals and communities	See specific requirement 4.A.i	
360	Discover report	Transforming mental health and learning disabilities - to authorise	Promoting and assisting the creation of an accessible and inclusive organisational culture and environment for all by co-ordinating action to embed and progress the organisation's 4 Strategic Equality Objectives.	Working together to be the best we can be	2.B	
361	Discover report	Transforming mental health and learning disabilities - to authorise	Organisational delivery of continuous engagement	Putting people at the heart of everything we do	2.C	

362	Discover report	Transforming mental health and learning disabilities - to authorise	Developing robust systems and processes to support engagement across the organisation	Putting people at the heart of everything we do	2.C	
363	Discover report	Transforming mental health and learning disabilities - to authorise	Provision of expert advice around engagement and consultation on a local, regional and national basis	Putting people at the heart of everything we do	2.C	
364	Discover report	Strategic enablers (digital, data, informatics and modelling)	Raise and distribute increased levels of charitable funds to enhance our local NHS services	Working together to be the best we can be	2.E	
365	Discover report	Strategic enablers (digital, data, informatics and modelling)	To have effective communication with our communities to support and improve their health and well-being.	Putting people at the heart of everything we do	2.C	
366	Discover report	Strategic enablers (procurement and local sourcing)	Shared Understanding, Vision and Framework. Organisations and communities have a common understanding of a social model for health and well-being and co-produce a shared vision.	The best health and wellbeing for individuals and communities	4.N, 4.K, 4.L	
367	Discover report	Strategic enablers (procurement and local sourcing)	Empowering action. To create the conditions for statutory partners to act boldly and bravely to drive the system wide transformations required and to empower communities to build a safe and sustainable approach to system wide health and well being with services delivered locally to prevent inequalities	Working together to be the best we can be	4.N	
368	Discover report	Strategic enablers (Workforce)	Food for well-being. Support a whole system, through age approach to optimise the food system as a key determinant of well being	The best health and wellbeing for individuals and communities	4.N	
369	Discover report	Strategic enablers (Workforce)	Public Engagement – Growing the Social Movement. Harnessing, growing and informing the existing social movement to accelerate and increase public engagement in the co-production of community based system wide prevention priorities.	Putting people at the heart of everything we do	2.C, 4.J, 4.L	
370	Discover report	Strategic enablers (Capital, estates, infrastructure and planning)	Environmental Action for Wellbeing. The Health Board becomes an exemplar for environmental action recognising and communicating it as a key determinant of future health and well-being. Directors and Independent Members act as champions at Board level.	The best health and wellbeing for individuals and communities	6.G	
371	Discover report	Strategic enablers (Better ways to connect), diversity and inclusion	Digitally connected patients. Continue to enhance and roll out digital care (e.g. Virtual wards, Remote monitoring, Self Care, Telehealth, E-prescribing, E-transfer)	Safe, sustainable, accessible and kind care	1.B, 5.M	
372	Discover report	Strategic enablers (Better ways to connect), diversity and inclusion	Digital inclusion. Provide the right digital support for our staff and population	Putting people at the heart of everything we do	1.B, 5.M, 3.A, 3.E	
373	Discover report	Strategic enablers (Continuous Improvement, (CI & SI))	Digital infrastructure. Hardware and Software to support digital ways of working and communication	Safe, sustainable, accessible and kind care	1.B, 5.M, 6.D, 3.A, 3.E	
374	Discover report	Strategic enablers (Corporate governance, legal, risk and contracts)	Business intelligence and data. Access to Digitalised information and data	Striving to deliver and develop excellent services	3.E	
375	Exec input	Workforce & OD	Centralised Hub. Centralised hub for patient contact and electronic booking system (consolidating our existing points of contact)	Putting people at the heart of everything we do	1.B	
376	Exec input	Workforce & OD	Electronic patient portal with access to the patient record. Electronic patient portal with access to the patient record, virtual monitoring and maximising potential of self-care	Putting people at the heart of everything we do	1.B, 5.M	
377	Exec input	Workforce & OD	Resource centre closer to home. Diagnostics, Virtual Consultations and Digital Support	Striving to deliver and develop excellent services	1.B	
378	Exec input	Workforce & OD	Enhance Social Prescriber role. Enhance and roll out social prescriber role within the Hywel Dda Community	Working together to be the best we can be	Not a commitment	This was in IMTP, was not approved by Board
379	Exec input	Safety & Quality	IT/ Telehealth/ Digital. Digital first approach to the delivery of services (IT network and infrastructure to support)	Safe, sustainable, accessible and kind care	1.B, 5.M, 6.D, 3.A, 3.E	
380	Exec input	Safety & Quality	Patient at the centre of decision making. Patients in control of diagnostic and treatment pathway	Putting people at the heart of everything we do	1.D, 1.C	
381	Exec input	Improvement & Innovation	Rapid access and diagnostics. Early diagnosis and rapid access (for patients) to defined/ agreed service areas	Safe, sustainable, accessible and kind care	1.B, 5.A.i	
382	Exec input	Governance	Maximise health and wellbeing. No patients currently receiving care are held up / delayed, at any stage by services when they no longer require it.	The best health and wellbeing for individuals and communities	5.K, 5.H	
383	Exec input	Safety & Quality	Planning objectives. Clear, concise and timebound objectives from the board to empower the development of implementation plans and delivery	Safe, sustainable, accessible and kind care	All	

384	Exec input	Governance	Continuous discovery. On-going process to gather and develop transformation ideas and proposals	Striving to deliver and develop excellent services	3.D	
385	Exec input	Governance	Learning. Establish a process to gather and disseminate learning from the planning and delivery of all objectives	Safe, sustainable, accessible and kind care	3.H	
386	Exec input	Governance	TMH/LD	Striving to deliver and develop excellent services	5.G	
387	Exec input	Strategy	HIW Annual Reports – Latest	Striving to deliver and develop excellent services	3.B	
388	Exec input	Strategy	WAO Structured Assessment – Latest	Striving to deliver and develop excellent services	3.B	
389	Exec input	Engagement & Comms	Nurse Staffing Act Requirements	Striving to deliver and develop excellent services	3.B	
390	Exec input	Workforce	Major Incident Plan / Civil Contingencies Strategy – We now have thisso to committee for assurance?	The best health and wellbeing for individuals and communities	4.H	
391	Exec input	Engagement & Comms	Arch / Swansea Bay Joint Committee / Mid Wales Joint Committee	Safe, sustainable, accessible and kind care	5.N	
392	Exec input	Engagement & Comms	Major Trauma Network – Implement the approved network model (28/11/19)	Safe, sustainable, accessible and kind care	5.N	
393	Exec input	Engagement & Comms	Paediatric T&FG	Safe, sustainable, accessible and kind care	5.O.i	See specific requirements
394	Exec input	Strategy	Primary Care Strategy	Safe, sustainable, accessible and kind care	Out of date	Strategy was approved by Board in 2015. It spanned the years 2015 - 2018.
395	Exec input	Engagement & Comms	Adult Thoracic Surgery Plan – Single site at Morriston	Safe, sustainable, accessible and kind care	1.E	
416	Board decisions since 17/18	Board decisions since 17/18	Implement the SARC model relevant to the Health Board area including FME support and Paeds support	Safe, sustainable, accessible and kind care	5.N	
417	Board decisions since 17/18	Board decisions since 17/18	Implement improvement plans arising from the PSOW annual letter (28/11/19)	Striving to deliver and develop excellent services	3.B	
418	Board decisions since 17/18	Board decisions since 17/18	Develop and implement longer term model for FNC rates from 2021/22	Sustainable use of resources	6.A	
419	Board decisions since 17/18	Board decisions since 17/18	A plan to retain and develop services at BGH and retain acute medical services at PPH (Implement the BGH Strat	Safe, sustainable, accessible and kind care	5.F	
420	Board decisions since 17/18	Board decisions since 17/18	A plan to repurpose GGH and WGH to support the social model for health and well being	Safe, sustainable, accessible and kind care	5.D	
421	Board decisions since 17/18	Board decisions since 17/18	A plan to address access, travel, transport and infrastructure to support the hospital reconfiguration	Safe, sustainable, accessible and kind care	5.E	
422	Board decisions since 17/18	Board decisions since 17/18	Maximise the use of technology to improve access, efficiency, patient empowerment and integration with care part	Putting people at the heart of everything we do	1.B, 5.M	
423	Board decisions since 17/18	Board decisions since 17/18	Develop an OD strategy to support the organisation	Putting people at the heart of everything we do	2.D, 2.G, 2.H	
424	Board decisions since 17/18	Board decisions since 17/18	Develop a continuous engagement plan to support on-going co-production between staff, local people, partners an	Putting people at the heart of everything we do	2.C	
425	Board decisions since 17/18	Board decisions since 17/18	Develop a plan for the Llanelli wellbeing village to be a health & wellbeing centre in line with the soul model for Hea	Safe, sustainable, accessible and kind care	5.H	
426	Board decisions since 17/18	Board decisions since 17/18	Implement the Laboratory Information Network Cymru (LINC) plan as set out in the FBC	Sustainable use of resources	5.N	

427	Board decisions since 17/18	Board decisions since 17/18	Implement the Laundry Business Case preferred option	Sustainable use of resources	6.H	
428	Board decisions since 17/18	Board decisions since 17/18	Implement the pathology plan as set out in the S.O.C. (29/3/19)	Safe, sustainable, accessible and kind care	6.A.i	
429	Board decisions since 17/18	Board decisions since 17/18	Implement the Health Board's revised well-being objectives (28/11/19)	The best health and wellbeing for individuals and communities	4.J	
430	Board decisions since 17/18	Board decisions since 17/18	Plan and deliver services to increase our contribution to low carbon.	Sustainable use of resources	6.G	
431	Board decisions since 17/18	Board decisions since 17/18	Develop a skilled and flexible workforce to meet the changing needs of the NHS	Working together to be the best we can be	2.D, 1.A, 2.G, 2.H	
432	Board decisions since 17/18	Board decisions since 17/18	Promote the natural environment and capacity to adapt to climate change	Sustainable use of resources	6.G	
433	Board decisions since 17/18	Board decisions since 17/18	Improve population health through prevention and early intervention. Supporting people to live happy and healthy	The best health and wellbeing for individuals and communities	5.H	
434	Board decisions since 17/18	Board decisions since 17/18	Offer a diverse range of employment opportunities which supports people to fulfil their potential	Putting people at the heart of everything we do	2.D, 2.G, 2.H	
435	Board decisions since 17/18	Board decisions since 17/18	Contribute to global well-being through developing international networks and sharing expertise	Safe, sustainable, accessible and kind care	3.D	
436	Board decisions since 17/18	Board decisions since 17/18	Plan and deliver services to enable people to participation social and green solutions for health	The best health and wellbeing for individuals and communities	6.G	
437	Board decisions since 17/18	Board decisions since 17/18	Transform our communities through collaboration with people, communities and partners	Working together to be the best we can be	4.N	
438	Board decisions since 17/18	Board decisions since 17/18	Practical ways to improve the use of Welsh language in the Health Board (30/1/20)	Putting people at the heart of everything we do	2.B	
439	Board decisions since 17/18	Board decisions since 17/18	Implement the Primary Care Plan as set out by WG	Safe, sustainable, accessible and kind care	5.A	See specific requirements
440	Board decisions since 17/18	Board decisions since 17/18	Implement the Dental Plan (29/3/19)	Safe, sustainable, accessible and kind care	5.A.i	
441	Board decisions since 17/18	Board decisions since 17/18	Implement pooled budget requirements as set out by WG	Safe, sustainable, accessible and kind care	5.P	
442	Board decisions since 17/18	Board decisions since 17/18	Implement the Cross Hands Health Centre development	Safe, sustainable, accessible and kind care	5.H	
443	Board decisions since 17/18	Board decisions since 17/18	To use the 'Dream Team' to assist with inclusive Comms and Engagement approaches to support good service de	Putting people at the heart of everything we do	5.C.i, 5.D.i, 5.E.i, 5.F.i, 5.G.i, 5.J.i, 1.B.i, 1.C.i, 1.D.i, 4.C.i	
444	Board decisions since 17/18	Board decisions since 17/18	Develop a new chemotherapy day unit at BGH	Safe, sustainable, accessible and kind care	5.F	
445	Board decisions since 17/18	Board decisions since 17/18	Increase Dietetics staffing in line with making nutrition matter business Case	Safe, sustainable, accessible and kind care	5.L	

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Strategic Objectives, Planning Objectives & Specific Requirements September 2020



Contents

People

- 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

Services

- 4 The best health and wellbeing for our individuals, families and our communities
- 5 Safe, sustainable, accessible and kind care
- 6 Sustainable use of resources



Strategic Objectives

1 Putting people at the heart of everything we do

#	Planning Objective	Exec Lead
1.A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years (see specific requirements 1.A.i)	Lisa Gostling
1.B	<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"> • One single telephone and email point of contact – the “Hywel Dda Health Hub” • This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers • All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact • Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) • Further develop the incident response and management cell set up to support our COVID-19 response • Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions • Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years 	Mandy Rayani
1.C	By December 2020, design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation’s values should be at the heart of this programme	Lisa Gostling
1.D	By September 2021 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.	Jill Paterson
1.E	<p>During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ol style="list-style-type: none"> 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent <p>This process needs to roll out through 2021/22</p>	Mandy Rayani

1.F	<p>Develop a programme by December 2020 for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	Lisa Gostling
1.G	<p>Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.</p>	Lisa Gostling

2 Working together to be the best we can be

#	Planning Objective	Exec Lead
2.A	Develop a Health Board specific plan by December 2020 that responds to the Regional Carers Strategy, and complete implementation by March 2024	Ros Jervis
2.B	<p>In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process:</p> <ol style="list-style-type: none"> 1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff 2. establish a process to monitor and feedback to Board on progress and successes. <p>This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality Index, the first submission of which needs to be completed by the end of September 2021</p>	Ros Jervis
2.C	By December 2020, review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	Steve Moore (via the Comms & Engagement Director)
2.D	By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Lisa Gostling
2.E	By March 2021 develop a programme of activities which promote awareness of the Health Board charity and the opportunities available to raise and use funds to develop community engagement in line with the social model for health. Develop clear processes for evidencing the	Mandy Rayani

	impact of fundraising activities and expenditure on our staff, the patients and the public with the aim of being a charity in the top quartile in our region within the next 3 years. Implementation of the programme to start from April 2021	
2.F	By December 2020 develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2021 and completed within 3 years	Mandy Rayani
2.G	By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme	Lisa Gostling
2.H	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Lisa Gostling

3

Striving to deliver and develop excellent services

#	Planning Objective	Exec Lead
3.A	From 1st April 2021 implement a revised approach to performance that is clear on expectations and accountability arrangements for all staff with managerial responsibilities. This will include regular, timely and individualised feedback on performance targets, provision of training, development, peer support and tools/ways of working to enable delivery. The focus will be to motivate and support staff at all levels of management to strive for excellence.	Huw Thomas
3.B	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies. See specific requirements (3.B.i) for the full list.	See Specific Requirements for lead Executive
3.C	By September 2021 complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23	Mandy Rayani
3.D	During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.	Steve Moore
3.E	Business intelligence and modelling – to establish real-time, integrated (across the patient pathway), easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024	Huw Thomas

3.F	By December 2020 develop a Board Assurance Framework to support the delivery of the HB strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register	Jo Wilson
3.G	Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials. (see specific requirement 3.G.i)	Phil Kloer
3.H	From April 2021 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Jo Wilson

4

The best health and wellbeing for our individuals, families and our communities

#	Planning Objective	Exec Lead
4.A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years (see specific requirements 4.a.i)	Ros Jervis
4.B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (see specific requirements 4.b.i)	Ros Jervis
4.C	For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022	Jill Paterson
4.D	Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Ros Jervis
4.E	Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022	Alison Shakeshaft
4.F	Develop a plan by September 2021 to improve the life chances of children and young people working with the "Children's Task Force" and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived	Ros Jervis
4.G	Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022	Ros Jervis

4.H	Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	Ros Jervis
4.I	Achieve Gold level for the Defence Employers Recognition scheme by March 2022	Ros Jervis
4.J	By March 2022 publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024.	Ros Jervis
4.K	By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Ros Jervis
4.L	By March 2021, design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Phil Kloer
4.M	In relation to the Llwynhendy TB outbreak complete all outstanding screening and establish sufficient service capacity to provide appropriate treatment to all patients identified as requiring it by March 2021	Ros Jervis
4.N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Phil Kloer
4.O	Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal will be to make this routine for all children in the area within the next 10 years	Alison Shakeshaft

5

Safe, sustainable, accessible and kind care

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

	services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	for lead Executive
5.C	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay. (see specific requirements 5.C.i)	Karen Miles (Huw Thomas in the interim)
5.D	Produce and agree the final business case by March 2024 for the repurposing of the GGH and WGH sites in line with the strategy published in November 2018 (see specific requirements 5.D.i)	Karen Miles (Huw Thomas in the interim)
5.E	With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic (see specific requirements 5.E.i)	Karen Miles (Huw Thomas in the interim)
5.F	Fully implement the BGH strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic (see specific requirements 5.F.i)	Andrew Carruthers
5.G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. (See specific requirement 5.G.i)	Andrew Carruthers
5.H	<p>Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p> <p>These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional /skilled workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care 3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life (See specific requirements 5.H.i) 	Jill Paterson
5.I	By December 2020 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	Andrew Carruthers
5.J	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Jill Paterson
5.K	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to	See Specific Requirements for lead Executive

	be embedded within the Health Boards Quality and Governance process. (See specific requirement 5.K.i)	
5.L	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26 th September 2019	Alison Shakeshaft
5.M	Implement the existing national requirements in relation to clinical and other all-wales IT systems within expected national timescales. Develop a plan and implement the full role out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated (See specific requirements 5.M.i)	Karen Miles (Huw Thomas in the interim)
5.N	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative (see specific requirements 5.N.i)	See Specific Requirements for lead Executive
5.O	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 (see specific requirement 5.O.i)	See Specific Requirements for lead Executive
5.P	During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.	Jill Paterson

6 Sustainable use of resources

#	Planning Objective	Exec Lead
6.A	By March 2021 develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight. (see 6.A.i for specific requirements)	Huw Thomas
6.B	By December 2020 establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting.	Huw Thomas
6.C	By March 2021 construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy "A Healthier Mid and West Wales" and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board.	Huw Thomas
6.D	Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level.	Karen Miles (Huw Thomas in the interim)

6.E	Design and implement a VBHC education programme to be implemented by April 2021 with academic institutions for managers and clinicians that could also be offered to partners	Huw Thomas
6.F	Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.	Huw Thomas
6.G	Develop a plan and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.	Karen Miles (Huw Thomas in the interim)
6.H	<p>To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following:</p> <ul style="list-style-type: none"> - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste <p>The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation</p>	Huw Thomas
6.I	By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation	Huw Thomas



Specific Requirements

1 Putting people at the heart of everything we do

1.A.i	Overall staff engagement score – scale score method	Lisa Gostling
1.A.i	Agency spend as a percentage of total pay bill	Lisa Gostling

3 Striving to deliver and develop excellent services

3.B.i	Audit Wales	Jo Wilson
3.B.i	Internal Audit	Jo Wilson
3.B.i	Community Health Council)	Karen Miles (Huw Thomas in the interim)
3.B.i	CIW / HIW Contractors	Mandy Rayani
3.B.i	Coroner Reg 28	Mandy Rayani
3.B.i	Health and Safety Executive	Mandy Rayani
3.B.i	Public Service Ombudsman of Wales Office - S16	Mandy Rayani
3.B.i	Delivery Unit	Andrew Carruthers
3.B.i	Mid and West Wales Fire and Rescue Service	Andrew Carruthers
3.B.i	Health Education and Improvement Wales	Lisa Gostling & Phil Kloer
3.B.i	Peer Reviews	Phil Kloer
3.B.i	Royal Colleges	Phil Kloer
3.B.i	Welsh Language Commission	Steve Moore (via the Comms & Engagement Director)
3.B.i	General Medical Council (GMC) secondary care	Phil Kloer
3.B.i	General Medical Council (GMC) Primary care	Jill Patterson
3.B.i	Local Medical Council (LMC)	Mandy Rayani
3.B.i	Health and Care Professions Council (HCPC)	Alison Shakeshaft
3.B.i	General Dental Council (GDC)	Jill Patterson

3.B.i	General Optical Council (GOC)	Jill Patterson
3.B.i	General Pharmaceutical Council (GPhC)	Jill Patterson
3.G.i	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Phil Kloer
3.G.i	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Phil Kloer
3.G.i	Number of Health and Care Research Wales clinical research portfolio studies	Phil Kloer
3.G.i	Number of Health and Care Research Wales commercially sponsored studies	Phil Kloer
3.G.i	Respiratory Diseases Implementation Group	Phil Kloer

4

The best health and wellbeing for our individuals, families and our communities

4.A.i	% uptake of Influenza vaccination - 65 year olds and over	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Healthcare workers with direct patient contact	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Under 65s in risk groups	Ros Jervis
4.A.i	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	Ros Jervis
4.A.i	Percentage of children who received 2 doses of the MMR vaccine by age 5	Ros Jervis
4.A.i	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Ros Jervis
4.A.i	Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	Ros Jervis
4.A.i	The percentage of adult smokers who make a quit attempt via smoking cessation services	Ros Jervis
4.A.i	The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	Ros Jervis
4.A.i	Uptake of cancer screening for breast cancer.	Ros Jervis
4.A.i	Uptake of cancer screening for bowel cancer.	Ros Jervis
4.A.i	Uptake of cancer screening for cervical cancer	Ros Jervis
4.A.i	Qualitative report detailing progress against the 5 standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted	Ros Jervis
4.A.i	Qualitative report detailing the achievements made towards implementation of the all Wales standard for accessible communication and information for people with sensory loss	Ros Jervis

4.A.i	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	Ros Jervis
4.A.i	Qualitative report providing evidence of implementation of the Welsh language guidance as defined in More Than Just Words	Steve Moore (via the Comms & Engagement Director)
4.B.i	% uptake of Influenza vaccination in pregnant women (locally verified data source)	Ros Jervis
4.B.i	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Ros Jervis
4.B.i	Percentage of 4-5 year olds who are obese	Ros Jervis
4.B.i	Percentage of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Ros Jervis
4.H.i	By September 2021 complete a review of all Health Board health protection capacity and capability arrangements and develop planning objectives for implementation in the following 3 years to address any deficits and opportunities identified	Ros Jervis

5

Safe, sustainable, accessible and kind care

5.A.i	% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	Alison Shakeshaft
5.A.i	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - HDUHB	Alison Shakeshaft
5.A.i	% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	Alison Shakeshaft
5.A.i	% of stroke patients who receive a 6 month follow up assessment	Alison Shakeshaft
5.A.i	Number of patients waiting more than 14 weeks for specific therapy	Alison Shakeshaft
5.A.i	% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	Andrew Carruthers
5.A.i	% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Andrew Carruthers
5.A.i	% of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments	Andrew Carruthers
5.A.i	% of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	Andrew Carruthers
5.A.i	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Andrew Carruthers
5.A.i	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Andrew Carruthers

5.A.i	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Andrew Carruthers
5.A.i	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Andrew Carruthers
5.A.i	Number of ambulance handovers over one hour	Andrew Carruthers
5.A.i	Number of health board mental health delayed transfer of care	Andrew Carruthers
5.A.i	Number of health board non mental health delayed transfer of care	Andrew Carruthers
5.A.i	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Andrew Carruthers
5.A.i	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Andrew Carruthers
5.A.i	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (aged under 18 years)	Andrew Carruthers
5.A.i	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (18 years and over)	Andrew Carruthers
5.A.i	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those aged under 18 years)	Andrew Carruthers
5.A.i	Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	Andrew Carruthers
5.A.i	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	Andrew Carruthers
5.A.i	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18 years and over)	Andrew Carruthers
5.A.i	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (for those aged under 18 years)	Andrew Carruthers
5.A.i	Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme	Andrew Carruthers
5.A.i	Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population	Andrew Carruthers
5.A.i	The number of patients waiting for a follow-up outpatient appointment	Andrew Carruthers
5.A.i	The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Andrew Carruthers
5.A.i	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties	Andrew Carruthers
5.A.i	The number of patients waiting more than 36 weeks for treatment	Andrew Carruthers
5.A.i	The number of patients waiting more than 8 weeks for a specified diagnostic	Andrew Carruthers

5.A.i	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	Andrew Carruthers
5.A.i	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Andrew Carruthers
5.A.i	The percentage of patients waiting less than 26 weeks for treatment	Andrew Carruthers
5.A.i	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Andrew Carruthers
5.A.i	% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Jill Paterson
5.A.i	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	Jill Paterson
5.A.i	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Jill Paterson
5.A.i	Percentage of children regularly accessing NHS primary dental care	Jill Paterson
5.A.i	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Jill Paterson
5.A.i	Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services	Jill Paterson
5.A.i	Number of patients aged 65 years or over prescribed an antipsychotic	Jill Paterson
5.A.i	Opioid average daily quantities per 1,000 patients	Jill Paterson
5.A.i	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Lisa Gostling
5.A.i	Percentage of sickness absence rate of staff	Lisa Gostling
5.A.i	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Lisa Gostling
5.A.i	Qualitative report providing evidence of providing learning and development in line with the Good Work - Dementia Learning and Development Framework	Lisa Gostling
5.A.i	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Lisa Gostling
5.A.i	% concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation.	Mandy Rayani
5.A.i	Cumulative number of cases of Klebsiella bacteraemia	Mandy Rayani
5.A.i	Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	Mandy Rayani
5.A.i	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Mandy Rayani

5.A.i	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	Mandy Rayani
5.A.i	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	Mandy Rayani
5.A.i	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Mandy Rayani
5.A.i	Percentage of babies who are exclusively breastfed at 10 days old	Mandy Rayani
5.A.i	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Mandy Rayani
5.A.i	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	Mandy Rayani
5.A.i	Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Mandy Rayani
5.A.i	Qualitative report: Evidence of how NHS organisations are responding to service user experience to improve services	Mandy Rayani
5.A.i	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Mandy Rayani
5.A.i	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Mandy Rayani
5.A.i	The number of potentially preventable hospital acquired thrombosis	Mandy Rayani
5.A.i	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Mandy Rayani
5.B.i	Number of patients waiting 14 weeks plus for Lymphoedema	Alison Shakeshaft
5.B.i	Number of patients waiting 14 weeks plus for Pulmonary Rehab	Alison Shakeshaft
5.B.i	Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment (CMAT)	Alison Shakeshaft
5.B.i	% of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	Andrew Carruthers
5.B.i	% patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience	Andrew Carruthers
5.B.i	100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the Crisis Resolution Home Treatment (CRHT), will receive a follow-up assessment by the CRHTS within 24 hours of admission	Andrew Carruthers
5.B.i	95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the Crisis Resolution Home Treatment (CRHT) service prior to admission	Andrew Carruthers

5.B.i	Cash Expenditure is less than the Cash Limit	Huw Thomas
5.B.i	Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date)	Huw Thomas
5.B.i	Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	Huw Thomas
5.B.i	The Savings Plan is on target (cumulative year to date position)	All Executives
5.B.i	% of practices with extended opening hours and offering appointments after 18:30 at least one week day	Jill Paterson
5.B.i	% of practices with one half day closure per week	Jill Paterson
5.B.i	Number of Continuing Health Care (CHC) packages delivered	Jill Paterson
5.B.i	Percentage of GP practice teams that have completed mental health training in dementia care or other training as outlined under the Directed Enhanced Services for mental illness	Jill Paterson
5.B.i	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Jill Paterson
5.B.i	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Jill Paterson
5.B.i	Percentage of the health board population regularly accessing NHS primary dental care	Jill Paterson
5.B.i	Total Health board CHC spend	Jill Paterson
5.B.i	Appointment of a Paediatric Specialist to improve quality of service	Jill Paterson
5.B.i	Evaluate and roll-out salaried Dental services model pilot in South Ceredigion	Jill Paterson
5.B.i	All new dental contracts commissioned in line with Dental Contract Reform principles	Jill Paterson
5.B.i	Increase Eye Health Examination Wales (EHEW) utilisation	Jill Paterson
5.B.i	Additional Step Down Intermediate Care Beds (x6)	Jill Paterson
5.B.i	Reduction in orthodontics waiting lists	Jill Paterson
5.B.i	% of Desktop infrastructure patch with the latest updates	Karen Miles (Huw Thomas in the interim)
5.B.i	% of Server infrastructure patched with the latest updates	Karen Miles (Huw Thomas in the interim)
5.B.i	Indication of progress against the 21 criteria for the operational use of the NHS number	Karen Miles (Huw Thomas in the interim)

5.B.i	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record	Karen Miles (Huw Thomas in the interim)
5.B.i	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of compliance for staff appointed to new roles where a child barred list check is required	Lisa Gostling
5.B.i	Percentage of compliance for staff appointed to new roles where an adult barred list check is required	Lisa Gostling
5.B.i	Percentage of employed NHS staff completing dementia training at an informed level	Lisa Gostling
5.B.i	Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Lisa Gostling
5.B.i	% compliance with Hand hygiene (WHO 5 moments)	Mandy Rayani
5.B.i	Completion of the All Wales Medication Safety Audit	Mandy Rayani
5.B.i	Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients	Mandy Rayani
5.B.i	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	Mandy Rayani
5.B.i	Number of new never events	Mandy Rayani
5.B.i	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Mandy Rayani
5.B.i	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Mandy Rayani
5.B.i	Percentage compliance for mandatory training on safeguarding adults for employed staff	Mandy Rayani
5.B.i	Percentage compliance for mandatory training on safeguarding children for employed staff	Mandy Rayani
5.B.i	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	Mandy Rayani

5.B.i	Percentage of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	Mandy Rayani
5.B.i	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	Mandy Rayani
5.B.i	The number of healthcare acquired pressure sores in a Community setting	Mandy Rayani
5.B.i	The number of healthcare acquired pressure sores in a hospital setting	Mandy Rayani
5.B.i	The percentage of C-sections versus vaginal deliveries	Mandy Rayani
5.B.i	Consultants/Specialty and Associate Specialist (SAS) Doctors with a job plan	Phil Kloer
5.B.i	Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number approved	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number declined	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number received	Phil Kloer
5.C.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.C.i	Ensure the new hospital is easily accessible for the most vulnerable in society by public transport, particularly both rail and bus	Karen Miles (Huw Thomas in the interim)
5.C.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	Karen Miles (Huw Thomas in the interim)
5.D.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.E.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.F.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Andrew Carruthers
5.G.i	Implement the requirements of “My Charter” in relation to Annual Health checks for all learning disability clients and a Health Passport App to support their access to appropriate care	Andrew Carruthers
5.G.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Andrew Carruthers
5.G.i	Implement the outcome of the outcome of the WG school in-reach project	Andrew Carruthers
5.H.i	Crosshands and Llanelli Wellness Village	Jill Paterson

5.H.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Jill Paterson
5.J.i	This needs to address the fragility of the current GMS out of hours service	Andrew Carruthers
5.K.i	Percentage of clinical coding accuracy attained in the NHS Wales Informatics Service (NWIS) national clinical coding accuracy audit programme	Karen Miles (Huw Thomas in the interim)
5.K.i	Crude hospital mortality rate (74 years of age or less) Excludes Day cases.	Phil Kloer
5.K.i	Percentage of deaths scrutinised by an independent medical examiner	Phil Kloer
5.K.i	Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Phil Kloer
5.K.i	Percentage of survival within 30 days of emergency admission for a hip fracture	Phil Kloer
5.K.i	Amenable mortality per 100,000 of the European standardised population	Phil Kloer
5.K.i	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Phil Kloer
5.K.i	National Institute for Health and Care Excellence (NICE) Royal Colleges Other UK and European professional bodies, for example (again by far not exhaustive) Pharmaceutical Guidance National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Public Health Wales – Interventions Not Normally Undertaken (INNU) National Safety Standards for Invasive Procedures (NatSSIPs) Public Health Guidance World Health Organisation Scottish Intercollegiate Guidelines Network (SIGN) Chief Medical Officer/Chief Nursing Officer Guidance (e.g. during pandemic) Welsh Health Circulars NHS England and NHS Improvement	Phil Kloer
5.M.i	<ul style="list-style-type: none"> LINC (re-procurement of the Laboratory Information Management System) Antigen / Antibody Booking System Welsh Immunisation System (utilising current Cypris platform – this is the Child Health System) Office 365 Welsh Community Care Information System (WCCIS) CANSIC replacement (Cancer System) Welsh Nursing Care Record system (WNCR) Replacement Pharmacy system (called WellSky) Attend Anywhere deployment Eyecare (deployment of OpenEyes) Once for Wales Concerns Management System Welsh Intensive Care Information System (WICIS) NWIS procurement of second data centre due to requirement to move out of the Blaenavon Data Centre by the 31/03/2021 	Karen Miles (Huw Thomas in the interim)
5.N.i	Mid Wales	Steve Moore

5.N.i	ARCH	Phil Kloer
5.N.i	National Pathology Workforce and Education Group (PWEG)	Karen Miles (Huw Thomas in the interim)
5.N.i	Implementation of Laboratory Information Network Cymru (LINC)	Karen Miles (Huw Thomas in the interim)
5.N.i	National Imaging Programme	Andrew Carruthers
5.N.i	Lymphoedema Network Wales	Andrew Carruthers
5.N.i	National Endoscopy Programme	Andrew Carruthers
5.N.i	SARC	Andrew Carruthers
5.N.i	Mid Wales Joint Committee	Andrew Carruthers
5.N.i	Swansea Bay	Andrew Carruthers
5.N.i	Acute medicine and elective care inc. a regional service for cataracts	Andrew Carruthers
5.N.i	Sustainable dermatology services	Andrew Carruthers
5.N.i	Regional cancer opportunities	Andrew Carruthers
5.O.i	Paediatrics	Phil Kloer
5.O.i	Stroke and early supported discharge / rehab	Alison Shakeshaft
5.P.i	Develop and implement longer term model for Funded Nursing Care (FNC) rates from 2021/22	Jill Paterson

6 Sustainable use of resources

6.A.i	Implement the pathology plan as set out in Strategic Outline Case (29.3.19)	Karen Miles (Huw Thomas in the interim)
6.A.i	Implement the laundry business case	Karen Miles (Huw Thomas in the interim)