

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 October 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update and Quarterly Annual Plan 2022/23 Monitoring Return (Q2)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development and Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Ms Angharad Lloyd-Probert, Senior Project Manager (Planning)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

A revised set of Planning Objectives has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2022/25 that set out the aims of the organisation, *ie* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this paper is to provide the Strategic Development and Operational Delivery Committee (SDODC) with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the following Directors that are aligned to this Committee, for onward assurance to the Board:

- Director of Therapies and Health Science
- Director of Operations
- Director of Finance
- Director of Primary Care, Community and Long Term Care
- Director of Strategic Development and Operational Planning
- Director of Communications
- Medical Director
- Board Secretary
- Director of Public Health

Additionally, HDdUHB believes it is important to monitor the actions noted in its 2022/23 Annual Plan in order to establish progress, and also to gather learning on what is working with respect to the organisation's Planning Objectives. Performance reporting is dealt with under separate cover (namely the Integrated Performance Assurance Report - IPAR); however, this report also provides SDODC with updates from the monitoring of all the other actions contained within the 2022/23 Annual Plan, presenting progress using completed; ahead; behind or on-track ratings for Quarter 2 (Q2) (July – September 2022).

Cefndir / Background

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to the SDODC. There are 40 Planning Objectives in total which are attributed to the Executive Lead as per Appendix 1.

It also provides an overview of progress in delivering the Q2 actions cited in our 2022/23 Annual Plan.

Asesiad / Assessment

Appendix 1 attached provides an update on each of the Planning Objectives aligned to the SDODC, identifying their current status, whether these are achieving/not achieving against their key deliverables, together with a summary of progress to date.

A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	If Planning Objective is 'behind'	Date of next Planning Objective 'deep-dive' by Committee
3H	Board Secretary	On-track	Not applicable (N/A)	February 2023
3J	Director of Communications	On-track	N/A	TBC
3M		On-track	N/A	April 2023
3A	Director of Finance	On-track	N/A	TBC
3E		On-track	N/A	February 2023
5A	Director of Nursing, Quality and Patient Experience	On-track	N/A	TBC
5B		On-track	N/A	TBC
4Q	Director of Operations	Behind	Recruitment has not yet reached the levels described through the Planning Objective, although the process is continuing, with the aim to have met the targets by December 2022.	October 2022
5F		Behind	The COVID pandemic has adversely affected progress on the delivery of the Strategy. A post-COVID review has commenced with a view to an update paper being prepared by the end of November 2022 and a revised implementation plan will follow the review in December 2022	TBC
5G	Director of Primary Care, Community and Long Term Care	On-track	N/A	April 2023
5I		On-track	N/A	TBC
6K		On-track	N/A	TBC
3I		On-track	N/A	TBC
4C		On-track	N/A	February 2023
5H		On-track	N/A	December 2022
5J		On-track	N/A	TBC
5P	Behind	This is now behind schedule but is being progressed via the	TBC	

			Regional Commissioning Programme Group (CPG)	
5Q		On-track	N/A	TBC
5S		Behind	The implementation of the strategy has been delayed by resource issues. The funding for a Palliative Care Triumvirate is subject to a Business case development which has commenced October 2022	TBC
5T		On-track	N/A	TBC
4A	Director of Public Health	On-track	N/A	TBC
4B		On-track	N/A	TBC
4D		On-track	N/A	February 2023
4K		On-track	N/A	February 2023
4M		On-track	N/A	TBC
4S		On-track	N/A	October 2022
4V		On-track	N/A	TBC
4W		On-track	N/A	TBC
4J		Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)	On-track	N/A
4R	On-track		N/A	April 2023
4T	Director of Strategic Developments and Operational Planning	On-track	N/A	December 2022
5C		On-track	N/A	Every meeting
5U		On-track	N/A	October 2022
5V		On-track	N/A	TBC
4P	Director of Therapies and Health Sciences	On-track	N/A	December 2022
4L	Medical Director	On-track	N/A	December 2022
4N		On-track	N/A	December 2022
4U		On-track	N/A	December 2022
5N	No single Exec owner	On-track	N/A	April 2023
5O	No single Exec owner	Behind (stroke element only)		TBC

For Q2 of 2022/23, Appendix 2 to this paper provides details of:

- Planning Objective
- Executive Lead
- Deliverable - completed; ahead; behind or on-track ratings
 - If behind: Mitigating Actions/ Explanation/ Comments are included
 - If behind: Revised Quarter to be completed by is included

In summary, this shows that the current status in Q2 is that 3 actions are currently behind, as follows:

Area of Plan and Executive Lead	Action	If Behind Mitigating Actions / Explanation / Comments
Gold Command#2 Mass vaccinations – continuation of roll-out Director of Public Health	Our vaccination plan for delivery during 2022/23 is to ensure we are leaving no-one behind and we continue to offer vaccines to all our eligible population who have not completed their course or have never come forward	<ul style="list-style-type: none"> • Supply of the vaccine has been a major issue for the Health Board. • There is a joint delivery model in place this year but due to the lower than projected supplies, priority has been given to GP Surgeries and Community Pharmacies to administer the vaccine, therefore, the MVCs have been delivering less vaccine than originally planned due to these supply issues. • Primary Care is slower than the Mass Vaccination Centres in recording the vaccine and this is contributing to the lower than anticipated vaccination levels being reported on a national level for the Health Board via WIS (Welsh Immunisation System)
Planned Care Delivery Director of Operations	Opening of the new Day Surgery Unit at Prince Philip Hospital.	<ul style="list-style-type: none"> • Technical (build) issues mean that there is now a projected go-live date of 14th November 2022
Planning Objective 3L By March 2023 to undertake a review of the existing security arrangements within the Health Board Director of Nursing, Quality and Experience	Maximise opportunities from existing systems of CCTV and Access Control	<ul style="list-style-type: none"> • Absence of a Security Manager/Adviser has slowed progress against a number of the agenda topics. • Advertised replacement post on Trac. • Submission of a detailed plan for improvement in March 2023 is still the aim

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to

With respect to the Planning Objectives

- Receive an assurance on the current position in regard to the progress of the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target.
- To raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

With respect to the actions in the 2022/23 Annual Plan

- Take assurance from the overarching progress and the mitigations/actions in place to recover those actions noted as 'behind' which support Q2 of HDdUHB's 2022/23 Annual Plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Public Board - September 2020 Executive Team

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

APPENDIX 1 – Update on Planning Objectives (PO) Aligned to the Strategic Development and Operational Delivery Committee (SDODC) as at October 2022

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
3A	<p>Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence.</p>	Director of Finance	31/3/25	On-track	<ul style="list-style-type: none"> • We have reviewed the 19 key outcomes and measures aligned to our 6 Strategic Objectives, to assess whether they are still applicable and in line with our ambition as an organisation. The refreshed set of measures will be presented to Board in November. • We have developed the first directorate dashboard within Mental Health which helps to display, quality, workforce and performance information in one place to support an improvement discussion. This format will now be rolled out across other directorates over the coming year. • As a part of the Health Boards investment in Warwick University’s Behavioural Insights Programme one of the project themes was sponsored by the Director of Finance and focussed on an ‘improving together huddle’. PACU in Glangwili was chosen to see how staff within the unit might be able to support and improve patient experience differently, taking ownership of feedback and patient experience locally. This project, named by the project team as “GEMS” has been devised, amongst other things, to evaluate the parent’s view of waiting times and areas. Led by PACU staff, specific feedback is reviewed weekly in collaboration with the project team with the aim to act upon

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					<p>recommendations and bring about improvements. The project team will be presenting the findings from this to the Board in December.</p> <ul style="list-style-type: none"> • We now have a new sharepoint site for Improving Together, which is available on our intranet. There is a page for each of the key elements and we'll add in the relevant tools as and when they're developed.
3E	<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</p> <p>As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the</p>	Director of Finance	31/3/2023	On-track	<ul style="list-style-type: none"> • The Data Science Platform performing advanced analytics is available for use. • Applications that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available in the Data Science Platform. They provide functionality for the examination of ED Attendance and Admissions. Future work will incorporate data sets that will analyse Bed Occupancy, LOS and Discharge data. • A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. ED Attendance and Admissions can be visualised on a map, along with deprivation indicators. Further streamlining work is underway, with additional data sets to be incorporated in the future. • Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.

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	acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025				
3H	By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Board Secretary	31/3/2023	On-track	<ul style="list-style-type: none"> • A Planning Objective (PO) Dashboard is in the process of being developed which will include enable PO leads to monitor outcome measures and assess whether they are having a positive impact on quality, workforce and financial performance. This will enable the Health Board to modify its objectives to reflect new knowledge and insight and to quickly and efficiently apply it to its planning process. • The PO Dashboard will feed into the planning process and enable the Health Board to prioritise key POs, understand the interface between POs and modify/cull POs that are not adding value, allowing the Health Board to focus on those that have the largest impact on quality, workforce and financial performance. • This will also allow us to respond to WG criticism on the need to clearly articulate the outputs from planning objectives and, in particular, the impact we anticipate for key metrics. • It will also be used to provide assurance in Committee reporting and the 'how are we doing' BAF sessions at Executive Team.
3I	To implement contract reform in line with national guidance and timescales	Director of Primary Care,	31/3/2023	On-track	<ul style="list-style-type: none"> • General Medical Services contract negotiations for 2023/24 are currently underway. No timescale has been shared on the outcome and

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		Community and Long Term Care			<p>implementation timelines although assume changes for 1 April 2023.</p> <ul style="list-style-type: none"> • Community Pharmacy contract negotiations have concluded and contract implementation has happened • Optometry contract negotiations have concluded and six working groups have been established to deliver on the detail of the contract negotiations • Dental contract reform is continuing to develop with a series of nationally led workshops held at the end of September.
3J	By June 2022, develop an initial communications plan in relation to our strategy - <i>A Healthier Mid and West Wales</i> - and our 3 year plan to restore, recover and develop local services. This plan will be proactive and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid & West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022.	Director of Communications	31/6/2022	On-track	No supporting evidence provided for this reporting period.
3M	By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to	Director of Communications	31/3/2023	On-track	

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	Board approval in March 2023, begin implementation from April 2023.				
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i)	Director of Public Health	31/3/2025	On-track	<p>There are a number of targets related to this planning objective, work around all is on track. Key elements include</p> <ul style="list-style-type: none"> Respiratory virus vaccination plan presented to board in September, joint flu & covid programme for 2022/23 underway Deep dive into childhood vaccine uptake ongoing, to be presented to SDODC Q3 2022/23 and will form the basis of an improvement plan Health Improvement and wellbeing strategy due to board November 2022
4B	By March 2024 Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	Director of Public Health	31/3/2024	On-track	<p>There are a number of targets related to this planning objective, work around all is on track. Key elements include</p> <ul style="list-style-type: none"> Respiratory virus vaccination plan presented to board in September, joint flu & covid programme for 2022/23 underway Health Improvement and wellbeing strategy due to board November 2022
4C	To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	Director of Primary Care, Community and Long Term Care	31/3/2023	Completed	<ul style="list-style-type: none"> Transformation funds and ICF programmes as they were historically established no longer exist. All programmes were reviewed and for some programmes funding has been agreed through RIF funding against the new criteria established under RIF and will continue to report through that structure and into IEG. Transformation and ICF as entities no longer exist

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4D	By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas	Director of Public Health	31/3/2023	On-track	<ul style="list-style-type: none"> Continual engagement with the national screening team and national screening equity strategy Development of a multidisciplinary group to oversee the cancer screening agenda in Hywel Dda is underway Plans to strengthen screening data and support for clusters are in development
4G	Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services.	Director of Public Health	N/A	N/A	This Planning Objective is now reported through the Quality, Safety and Experience Committee and SDODC will no longer receive update reports
4J	Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)	30/6/2023	On-track	<ul style="list-style-type: none"> A new Planning Objective is to be developed to replace the current one that will ensure that a work programme is in place following the publication of the documents The Population Assessment is nearing completion The PSB Well-being plans and Area Plan are in development
4K	By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and	Director of Public Health	31/3/2023	On-track	A deep dive into this Planning Objective came to the last SDODC meeting. A detailed report is being prepared to serve as a basis for this discussion at Board in March 2023.

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	interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.				
4L	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Medical Director	31/3/2023	On-track	<ul style="list-style-type: none"> Aberystwyth University has provided the first draft of the systematic review. Colleagues have responded and we expect the final draft for approval by mid October 2022.
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Director of Public Health	31/3/2023	On-track	<ul style="list-style-type: none"> Discussions with the TB service in response to the crisis in Ukraine and increased TB screening need, and with Local Authority partners following our response to COVID have pushed us forward with this PO. Challenges are around working smartly where there is no additional funding available.
4N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify	Medical Director	31/3/2023	On-track	<ul style="list-style-type: none"> Colleagues have convened to enable the now defunct PO 4O is incorporated into the PO4N. The Food systems Action Group ToR have been redrafted accordingly, and is awaiting final agreement Hywel Dda has remained an active partner in the NST Wales Transition Lab work, feeding back to a wider stakeholder group the findings of the feasibility report.

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	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				
4O	Develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33)	Director of Therapies and Health Sciences	N/A	N/A	This Planning Objective has now been incorporated into Planning Objective 4N, and will no longer be reported on
4P	By December 2022 develop and seek Board approval for a Recovery & Rehabilitation plan that will provide a comprehensive individualised person centred framework to support the needs of the 4 identified populations included in “Rehabilitation: a framework for continuity and recovery”, including those with COVID-19. Subject to IMTP discussions in Q4 2022/23, this plan should be ready for implementation from April 2024	Director of Therapies and Health Sciences	31/12/2022	On-track	<ul style="list-style-type: none"> • Scope and statement of intent agreed • Governance reporting structure for Prehabilitation and Rehabilitation Steering Group and draft terms of reference established • Draft project initiation document (PID) completed and presented to the Prehabilitation and Rehabilitation Group for approval • PID approved by Director of Therapies & Health Sciences • Key actions and priorities identified, project work streams identified and associated working groups established to implement plan sections:

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					<ul style="list-style-type: none"> ○ Multi Modal Approach at Appropriate Level (Specialist/Targeted/Universal/Self Care) ○ Workforce ○ Performance Reporting/Demand and Capacity Planning ○ Digital application and infrastructure ○ Estates and Equipment ○ Workforce
4Q	By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022)	Director of Operations	31/10/2022	Behind	<ul style="list-style-type: none"> • Pembrokeshire – first 2 waves of recruitment complete – onboarding staff. Target 20WTE (Whole Time Equivalents) against offers of 5.48WTE + 5 bank staff. Admin support recruited, supervising Registered Nursing posts for re-advertising. 12/15 joint apprentices recruited. Legal agreement pending. Induction dates throughout October & November. Expected support within team end Nov / early December. • Carmarthenshire – recruitment ongoing both Local Authority and Health Board, 6 interviews to date (3.10). Legal agreement pending. Expected support within team early December. <p>Key challenges and risks :</p> <ul style="list-style-type: none"> • Time taken to agree joint positions including legal and financial share took time in both Counties. • Recruitment and induction takes time, particularly for staff new to the sector, leading to delay in start time which was anticipated.

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					<ul style="list-style-type: none"> • Recruitment did not attract the numbers expected, this will result in a lower impact and ongoing recruitment is needed. • National Building Community Care Capacity seeking assurance on delivery against target 117 beds, initial plan submitted for 140 beds in trajectory to March 2023. Very dependent on recruitment for delivery of the full plan.
4R	By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)	31/3/2023	On-track	This work needs to link to Planning Objective 6G on decarbonisation
4S	By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working	Director of Public Health	31/3/2024	On-track	The strategy will come to SDODC at the end of October ready for board in November, the timeline for this Planning Objective has been brought forward

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4T	<p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice 	Director of Strategic Developments and Operational Planning	31/3/2023	On-track	<ul style="list-style-type: none"> • A range of continuous engagement training sessions for staff and the CHC have been delivered. • Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. • Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. • Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.
4U	<p>By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community, and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates</p>	Medical Director	31/12/2022	On-track	<ul style="list-style-type: none"> • Public Service Board and Regional Partnership Board colleagues have been engaged to enable the project to identify projects and initiatives in the three counties that will be suitable for the PO. • Whilst agreement on the precise projects and areas is yet to be formally agreed, there is agreement that: <ul style="list-style-type: none"> ○ There are suitable projects in each county for the Health Board to align with ○ That partners and stakeholders are willing to include the Health Board within existing projects • Stakeholder mapping has commenced.

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	community ownership and is for at least 3 years.				
4V	By March 2024 develop a set of “One Health” outcome measures and seek approval from Board to include them in the Board Assurance Framework as part of Strategic Objective 4 2. By March 2024 develop a clear framework and template to be used across relevant Planning Objectives that will embed “One Health” principles within their delivery (list of relevant planning objectives set out below) and develop a training package accessible for all staff to raise awareness of “One Health” principles and how they can be implemented in the day to day work of the Health Board. As part of this, design and run a Board seminar to raise Board awareness of these principles.	Director of Public Health	31/3/2024	On-track	Note that this is a new Planning Objective approved at September 2022 Public Board and will be reported through SDODC
4W	Put in place an implementation plan so that, by March 2025 every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health & Emotional Wellbeing and establish a formal evaluation framework to monitor and assess the impact of the framework on the mental health and emotional wellbeing of all school children (particularly those experiencing health inequalities). The implementation plan and proposed evaluation framework to be presented for Board approval by May 2023	Director of Public Health	31/3/2025	On-track	Note that this is a new Planning Objective approved at September 2022 Public Board and will be reported through SDODC

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5A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Patient Experience	31/3/2023	On-track	<ul style="list-style-type: none"> • Key elements of the work plan through 2022/23 include: <ul style="list-style-type: none"> ○ Review our performance measures in line with the WG 2022/23 delivery framework ○ Work with our teams to develop trajectories for our WG and key improvement measures ○ Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required ○ Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required • We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind. • Our performance is available through our Integrated Performance Assurance Report
5B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be	Director of Nursing, Quality and Patient Experience	31/3/2023	On-track	See 5A

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	consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"				
5C	<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy.</p> <p>5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.</p> <p>5cii - Implement the requirements of 'My</p>	Director of Strategic Developments and Operational Planning	31/3/2026	Behind	<ul style="list-style-type: none"> • Programme Business Case submitted to WG in February 2022. • Scrutiny comment from WG received and responded to by end April 2022. • Presentation to Infrastructure Investment Board 27th May 2022. • Land selection process being undertaken by 4 appraisal workstreams <ul style="list-style-type: none"> ○ Technical ○ Clinical ○ Workforce ○ Financial and Economic ○ Report to Board 4th August 2022 • Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy. • Board agreed a shortlist of 3 sites at the meeting on 4th August 2022 and that the UHB would go out to public consultation on these 3 sites. A consultation plan was presented to the Board on 29th September 2022. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on 29th September 2022. • Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 2022 and submitted to

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	<p>charter' to involve people with a learning disability in our future service design and delivery.</p> <p>Sciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH</p>				<p>WG 31st May 2022. Scrutiny comments have been received from WG and the UHB's responses returned on 16th September 2022.</p> <ul style="list-style-type: none"> • A scoping meeting with WG for the Aberystwyth ICC was held on 14th July 2022 • A scoping meeting with WG for Fishguard Health and Well-being Centre has been arranged for 7th October 2022. • The current Programme timeline is predicated on WG endorsement at the end of May 2022. This was the subject of a cabinet discussion in July 2022. The UHB have received a formal response from WG. • It has been agreed that the next stage in the process will be <ul style="list-style-type: none"> ○ a commissioning of an external review of the proposed clinical model ○ development of a Strategic Outline Case • officers will work with the WG to agree the next steps in the process • this could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed • Action Learning Sets on Biophilic Design have commenced and will be reporting into the Programme Group
5F	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at	Director of Operations	31/3/2024	Behind	<ul style="list-style-type: none"> • The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital

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	Board in November 2019 taking into account the learning from the COVID pandemic				<p>Strategy with operational teams focussed on delivery of services during the last 2 years.</p> <ul style="list-style-type: none"> • A post COVID review of the Strategy has commenced with a view to an update paper being prepared by the end of November 2022. • A revised implementation plan will follow the review in December 2022
5G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Director of Operations	31/3/2024	On-track	<ul style="list-style-type: none"> • Due to the breadth of this Planning Objective, a full response to its current progress can be found in a separate table at the end of the appendix
5H	By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:	Director of Primary Care, Community and Long Term Care	31/3/2023	On-track	<ul style="list-style-type: none"> • Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference. • Population health and resource consumption data has been shared to support local prioritisation of needs. This will support the iteration of the Integrated Locality Plans against the December and January national deadlines. • Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team. • Social prescribing implemented, Elemental system going live in October to support reporting from November ahead of the national metric.

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	<ul style="list-style-type: none"> • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics <p>Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme</p>				<ul style="list-style-type: none"> • Proactive care and care planning Discover and Design group to commence work in November. • Earwax clinics being implemented from October and wider Ambulatory Care clinic model being finalised for consideration as part of IMTP. • Updated the Accelerated Cluster Development checklist – positive progress in all areas. 13 actions complete, 3 partially complete and 14 in progress / ongoing. The risks / challenges are : <ul style="list-style-type: none"> ○ National expectation around CIC ○ Collaborative development – some challenges with specific groups ○ Public & stakeholder engagement – sufficient capacity to engage ○ Peer review process - onerous <p>Further development of the Planning objective required to support the focus on the preventative and proactive element of the integrated community model.</p>
51	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	Director of Operations	31/3/2024	On-track	<ul style="list-style-type: none"> • Gaps in the services for children have been identified. The original 'Plan on a Page' is being scrutinised, with the intention of producing an overarching document for all six directorates that relate to children and young people (CYP). This will inform the IMTP process for 2022/23. • The Director of operations has commissioned an internal review of Community Paediatrics. In addition, Community paediatrics have commenced a Task and Finish (T&F) exercise the

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					<p>focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&F group will assess the requirement for skill-mix and changes in practice across the Service.</p> <ul style="list-style-type: none"> • A sub-group to explore the identified gaps in Positive Behaviour Support has been formed and will report to the CYP working group at the next meeting, planned for November 2022.
5J	To develop and implement a four year 6 UEC Goals Programme Plan for the Health Board that will implement an integrated 24/7 urgent and emergency care model. The Programme will oversee the development of a strategy and implementation of best practice for our frail population to ensure optimal outcomes for this vulnerable group are achieved	Director of Primary Care, Community and Long Term Care	31/12/2022	On-track	<ul style="list-style-type: none"> • Our Vision is 'To develop a 24/7 pathway for Urgent and Emergency Care to ensure that patients receive the 'right care, in the right place.... At home where able and appropriate'. • The 24/7 urgent primary care model (includes community in this context) is predicated on the development of a clinical streaming hub which would take urgent referrals from Emergency Departments, WAST and 111 First. • Given the rurality of our geography, it was acknowledged that our Hub would need to be remote in nature and that clinical assessments of those referred would be undertaken virtually by appropriately trained and experienced clinicians. Further, the model recognises the dependency on alternative pathways in primary care and community to meet patients' urgent needs at the right time and as close to home as possible. • It is clear that improving our Urgent and Emergency Care provision however requires a focus on the whole system. This is acknowledged

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					<p>by the national 6 UEC Goals programme that each Health Board are expected to implement locally. Specifically, there is a need to consider how we ensure our system is 'fit for frailty'. Our data is suggesting that we are admitting more frail adults than best practice and when they are admitted their length of stay is such that it renders them at risk of harm. This consequently is demonstrating higher bed occupancy rates than the system is able to manage in order to provide timely access to UEC for the wider population. It is well documented that 'what matters' to our older population is that they remains as well and as independent in their own home as long as it is safe and appropriate for them to do so. Adopting a 'fit for frailty'</p> <ul style="list-style-type: none"> • It has also been acknowledged that UEC improvement is a key enabler to deliver the design assumptions and route map for our Programme Business Case.
5K	<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> • Supporting the assessment of practice against local and national clinical 	Medical Director	N/A	N/A	<ul style="list-style-type: none"> • This Planning Objective is now reported through the Quality, Safety and Experience Committee and SDODC will no longer receive update reports

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	<p>effectiveness standards and ensuing that findings are used improve the services provided to our patients;</p> <ul style="list-style-type: none"> • Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews 				
5M	<p>By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).</p>	Director of Finance	N/A	N/A	This Planning Objective is now reported through the Sustainable Resources Committee and SDODC will no longer receive update reports
5N	<p>Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee</p>	No single Exec owner	31/3/2024	On-track	See agenda item 6
5O	<p>Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established</p>	No single Exec owner	31/3/2024	Behind	

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5P	Bring the finalised Market Stability Statement and Population Needs Assessment programme to the Health Board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide and take advantage of the new national Continuing Healthcare Framework and likely introduction of IUTs	Director of Primary Care, Community and Long Term Care	30/6/2022	Behind	<ul style="list-style-type: none"> • This is now behind schedule but is being progressed via the Regional Commissioning Programme Group (CPG) • The Market Stability Report (MSR) was completed by the Institute of Public Care (IPC), and then approved by the CPG in November 2021. • IPC joined the CPG meeting in May 2022 to discuss how the MSR may be used to set Health Board and Local Authority (LA) planning objectives. • It was agreed that IPC would be commissioned to design a 'Decision Tool, and to then apply it to the MSR, through engagement with Regional Partners. • IPC have developed the Tool for testing by Regional Partners. The final version is therefore awaiting completion. • IPC will be facilitating 6 working groups in Quarter 3 2022/23 (2 each of Children and Young People, Working Age Adults, and Older Adults) to consider applications of the Tool. • The Tool will help direct capital and revenue spending from the Regional Innovation Fund (and other funding streams).
5Q	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst	Director of Primary Care, Community and Long Term Care	31/3/2023	On-track	<p>Definitions</p> <ul style="list-style-type: none"> • SABA – Short Acting Beta 2 Agonist. National guidelines state that for asthma to be well controlled there should be no need for SABA inhaler therapy • DAC- Difficult Asthma Clinic

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	improving access to expert opinion and reducing secondary care demand.				<ul style="list-style-type: none"> • MDT- Multi Disciplinary Team • Biologics- these are specialist treatments using antibodies produced from cells in a laboratory which can target specific cells in the body. For people with severe/difficult to treat asthma <p>Targets</p> <ul style="list-style-type: none"> • Reduction in Asthma Deaths • Reduction in number of asthmatics overusing SABA and on correct regime • Increased number of asthmatics with a personal care plan • Improve communication between Primary and Secondary care, shorten the path to specialist investigation, review and treatment. • Reduce referrals to secondary care overall. • Those admitted or attending A+E to be reviewed post discharge (within 2 weeks) in Primary care by the Integrated Asthma Nurse (IAN) or practice nurse. • IANS to provide targeted, individualised, rotational learning, including paediatrics for all practice nurses across the HDUHB • Initially to improve allocation into COPD and asthma data bases. Ensure optimal therapy for COPD, widened later to diagnosis, referral and management of bronchiectasis, interstitial lung disease and respiratory failure in primary care. <p>Team</p>

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					<ul style="list-style-type: none"> • Full team is three whole time equivalent Band 7 Asthma Interface Specialist Nurses • Up to September 2022 have worked with 1.4 wte due to maternity leave and one member of staff moving to another post • 0.8wte returned from maternity leave on 19th September 2022 • 0.8wte has been offered a post in the team awaiting checks and start date <p>Medical Support</p> <ul style="list-style-type: none"> • Due to difficulty in appointing Respiratory Physicians until 2 months ago ad hoc support • Now agreed Weekly MDT provided by Dr Simon Blankley –provides respiratory advice and stops secondary care Consultant appt (Number of patients discussed so far = 12). • Virtual Meeting every 3 months with Paediatric Consultant Dr Ranjith Kulapurra to discuss children and young people. <p>Difficult Asthma Clinic:</p> <ul style="list-style-type: none"> • Consultant led clinics first and second Friday of the month. Nurse led clinics 3rd and 4th of the month. Medical local MDT 1400 to 1500 on first Friday. All Wales Asthma MDT 1400 to 1600 2nd Friday of the month. • Current patients on biologic therapy: <ul style="list-style-type: none"> ○ Dupilimab = 6 patients ○ Benralizumab = 51 patients

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					<ul style="list-style-type: none"> ○ Mepolizumab = 26 patients ○ Omalizumab = 15 patients ○ Zolair = 15 patients <p>Challenges</p> <ul style="list-style-type: none"> • Need to get into more practices but have limited time. • When SABA figures are reduced practice nurses value clinical support. Difficult to withdraw. • Not all practices have allocated time for a practice nurse to do the basic asthma reviews • Repeat prescribing has an impact on our figures. Many patients are not using medication that is being ordered on their behalf by some pharmacies. • 5 practices in North Ceredigion Cluster contacted but have not agreed a date to start attending to review patients. • Having a time where all staff are in post <p>A full breakdown of GP Practice level information can be found at the end of the appendix</p>
5S	By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care (PEOLC) Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on	Director of Primary Care, Community and Long Term Care	31/3/2023	Behind	<ul style="list-style-type: none"> • The implementation of the Strategy has been delayed by Clinical Staff vacancies, service commitments and increased sickness within the palliative care teams across Hywel Dda • Further discussion with the National Team on the Strategy and the ongoing development of the National Palliative Care Strategy for Wales is ongoing

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	capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.				<ul style="list-style-type: none"> • Initial discussion with Clinical teams has led to further requirements to ensure full clinical and managerial alignment on the implementation time table for completion • The funding for a Palliative Care Triumvirate is subject to a Business case development which has commenced October 2022 • Project support resource is required to accelerate the implementation discussions are ongoing re alignment with the dementia strategy which may result in the availability of a shared resource.
5T	By September 2022 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need.	Director of Primary Care, Community and Long Term Care	30/9/2022	On-track	<p>Recommendations to test over next year:</p> <ul style="list-style-type: none"> • Expansion of community micro enterprises • Develop the Circle of support • Digital Test the Connected Healthcare Administrative Interface (CHAI) community application • Evaluate and evidence the above models work <p>Work is ongoing to approve these recommendations</p> <p>This Planning Objective also needs to be linked into Planning Objective 5H (Integrated Locality Planning) and form a central tenant of it</p>
5U	By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this	Director of Strategic Developments and Operational Planning	30/9/2022	On-track	Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed Property Strategy that identifies short, medium estate plans which captures both estate development and rationalisation plans and

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	<p>plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed.</p>				<p>opportunities. This strategy will aim to deliver on the following key themes:</p> <ul style="list-style-type: none"> • Better quality accommodation that supports an estate that is modern, flexible, and provides a supportive working environments; • A plan that fully adopts the new ways of working programme that is equitable, and changes how we use our accommodation, supports service delivery and capacity needs but adopts best practice technology first approach; • To ensure the estate is aligned to our transformation plans and business operations, that compliments services and teams but also supports clinical delivery solutions; • That aligns to Town Centre First and wider Public Sector & Volunteering sector collaboration ambitions including work closer to home, be it a public sector hub, home working or a HB base; • A plan that focuses on reducing/optimising operating costs and increasing productivity, that includes a strategy that reduces our lease estate / maintains travel savings; • Makes the links with wider HB goals in areas of wellbeing, workforce (i.e. recruitment / retention, work life balance, decarbonisation, biophilic design, equitable to all etc. • Any change will be aligned to our wider Hybrid working aspirations and development of the New Ways of Working Programme. A significant agenda requiring whole organisation change with

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					<p>a focus on HR & Workforce practices, IM&T change (Technology first) and tied in to the Property Strategy. Work will continue via the Hybrid Working Task & Finish Group to develop a delivery plan around this agenda.</p> <p>Work is on-going, examples include:</p> <ul style="list-style-type: none"> • The office moves are progressing on the Parc Dewi Sant site • The Health Board are responding to Welsh Government scrutiny comment on the Cross Hands Outline Business Case • Work is progressing in partnership on Carmarthen Hwb to confirm service user requirements
5V	By quarter 2 2022 develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.	Director of Strategic Developments and Operational Planning	30/9/2022	On-track	<ul style="list-style-type: none"> • Early indications from Welsh Government are that they will be requesting Board-approved Plans for 2023/24 to be submitted at the end of January 2023. • The Health Minister has indicated that a template driven approach may be requested for this submission to allow for more consistency between NHS Wales organisations submissions. This is likely to be released to NHS Wales, along with the 2023/24 Planning Framework in October 2022. The area's most likely to covered are: <ul style="list-style-type: none"> ○ Population Health ○ Planned Care ○ UEC ○ MH ○ Primary Care

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
					<ul style="list-style-type: none"> • With this in mind, a project plan has been developed for the Plan's development – this will continue to be developed as further indications of the requirements are established. • Additionally, the planning team has undertaken an exercise to reflect on and learn from the development of the 2022/23 Plan, building on an all-Wales peer review session and feedback from Welsh Government. • Positive improvements were identified in the triangulation of service, workforce and finance plans; the role of planning objectives; and the tracking and monitoring of the Plan through committees. • Areas for further improvement include internal engagement and communication, particularly with operational teams, and clarity of the process. • One specific comment from Welsh Government was the need to clearly articulate the outputs from planning objectives and, in particular, the impact we anticipate for key metrics. Reflecting on this, and recognising that often a number of planning objectives are complementary, we are currently undertaking an exercise to consider how groups of POs may be brought together in order to describe their combined impact. This would not move away from the Planning Objectives being described under their respective Strategic Objectives, rather it would provide an

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
					<p>opportunity for us to describe more clearly what the impact/outcome is expected to be as a result of that set of Planning Objectives.</p> <ul style="list-style-type: none"> • Other critical elements that we will need to consider as we work through the Planning Cycle and in the development of the Plan itself include: • How to clearly articulate how we are addressing the Ministerial measures • How is our short to medium term planning linked to our longer term planning and strategy e.g. A Healthier Mid and West Wales • How do we use our current accountability conditions as a baseline for Plan considerations • Key considerations from the previous iteration of the Plan include: <ul style="list-style-type: none"> ○ A move away from a template driven process to develop ideas (except the one from WG which they have requested we complete) ○ Consideration of our financial position and the balance between any potential new investments (if any); resource re-allocation; and savings plans ○ More focus on what the plan means (for patients, finance, workforce) rather than what the plan says ○ Better quality plans, but fewer of them – potentially to be driven by the schemes described in our Target Operating Model (TOM).

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
6K	<p>By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales” related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:</p> <ul style="list-style-type: none"> • A 40% reduction in emergency admissions for ACS related conditions • A reduction in length of stay to the median of our peer group • A 25% reduction in follow up outpatient appointments • A 4.3% reduction in the overall level of A&E & MIU attendances • 30% of A&E attendances shifted to MIUs • 50% of patients in acute beds to step down to community beds/home within 72 hours • 90% of new and follow up outpatient appointments to take place in a community setting (including virtually) • 50% of day cases in medical specialties to take place in community settings <p>The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so</p>	Director of Operations	31/3/2023	On-track	<ul style="list-style-type: none"> • This work is on-going and is described through a number of the Planning Objectives within this report • Our on-going work with Lightfoot is critical

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
	that it can inform the Health Board's route map to financial recovery.				

Adult Mental Health

- An Organisational Change Process to move CRHTs and CMHCs to 7 day a week working has been undertaken. There will be a phased implementation with services being provided 7 days a week from 09.00am - 5.00pm from the November 2022. In line with these changes, we have developed new service specifications for the CMHC and CMHT's.
- The twice daily 7 day a week Bed Management meeting is well established, manages potential admissions, leave and discharges from the wards. Multi-agency membership includes in-patient, community and medical staff alongside St. John's Ambulance, Local Authority partners and Police when required. This partnership approach ensures robust care and treatment planning for our patients on the wards or at home. These revised operational arrangements have resulted in reduced length of stays in our in-patient wards and improved our position with regard to bed occupancy, which has negated the use of surge beds and out of area admissions.
- Mental Health Liaison Service development continues as we integrate Adult Mental Health into our existing Older Adult Liaison Service, to provide a single cross age/speciality liaison team for adult, older adult and learning disability individuals. An Advanced Nurse Practitioner (ANP) has been appointed in Carmarthenshire alongside 2 Senior Nurses in Pembrokeshire and Ceredigion. The service is being supported by our Crisis teams to ensure that Liaison services are available across 4 DGH sites. The Service is available 24/7 and is easily contactable, with a single referral form developed for all departments and wards within the District General Hospitals and Community Hospitals to request a mental health assessment for a patient. A new service specification has been developed to reflect the new ways of working and is currently being consulted on with staff and relevant services.
- An Out of Hours Clinical Co-ordinator Service has been developed to work across the Directorate and provides a specialist clinical role to advise CRTs in respect of complex gate keeping assessments. The service acts as the point of contact for advice on any clinical issues and for S136 consultation by the Police. The Clinical Leads are advised of all potential admissions and provide support and advice on any in-patient discharge out of hours to the health Board, Local Authority, WAST and Police, liaising with Out of Hours services across all 3 local authority areas. Support is also provided to in-patient staff to manage any staffing requirements, liaising with the second on call as appropriate.
- The MH SPOC facilitated via 111 Option 2 is now operational 7 days a week from 09.00am – 11.30pm. Hywel Dda were the first HB in Wales to launch the service in mid-June 2022. Referral pathways have been developed with all statutory MH services, partner agencies and Third Sector services. Following the next tranche of staff onboarding the service is preparing to operate 24/7 from early November.
- The Directorate has agreed that there is no longer a need for a capital ask to develop standalone assessment and treatment suites. This decision was supported by the HB in July. Alternatively, we have established a project in September 2022 to establish assessment and treatment pathways on inpatient wards which are nursing lead. This model will have access to medical staff on the ward to provide care when needed. It will ensure that individuals do not need to travel unnecessarily as they will not have to attend a particular site to access the service. In preparation for the development for this pathway we have reduced beds in Bryngofal ward.
- Two Successful candidates commenced on the ANP programme in April 2022, and since September postholders have been working in Pembrokeshire and Carmarthen CMHC teams. The ANP post for Ceredigion was not recruited to.
- A MH Practitioner has been seconded into the Dyfed Powys Police Vulnerability Hub from one of our CMHT for 12 months. The role has improved joint working and is being evaluated during the initial pilot to determine need and sustainability of funding.

SCAMHS

- We continue to work towards meeting our targeted trajectories in respect of Part 1A & 1B and remain on track to achieve 40 % by September, with a longer-term aim to attain 80% by March 2023. June performance returns show that we have achieved 46% against Part 1A and 50% against Part 1B.
- The Looked After Children service has been embedded within social services in all 3 Local Authority areas. The CAMHS Crisis team is now operational 24/7.
- We have established bi-monthly internal waiting list management meetings to monitor compliance and identify any challenges and risks early to ensure that appropriate mitigations can be put in place. Regular meetings with NHS Delivery Unit colleagues continue, where we can work to address issues and identify areas of best practice from other Health Boards to apply any learning locally to improve our position.
- All Peri-natal posts within the multi-disciplinary team (MDT) have been recruited into and strong links have been established with Local Authorities and Third Sector. The MDT Steering Group is well established and oversees the implementation of this work and to ensure that the recommendations of the national Peri-natal Group are prioritised locally. Additional posts were successfully funded through WG Service Improvement Funding (SIF) in 2022/23, all of which have been recruited to and are currently going through the onboarding process. We are continuing to work towards attaining the Royal College of Psychiatry (RCP) standards accreditation, which is linked to further development of the Infant Peri-natal team.
- A review of Primary Care Mental Health Services for CYP has been undertaken. In line with the development of the new School In-Reach programme we have mapped out a robust service model in collaboration with partner organisations. A new service specification is currently in development. An MDT Steering Group has been established to oversee the development and implementation of the programme.
- A dedicated Transition Lead continues to act as the link with Adult Mental Health services, as we work collaboratively to maintain and improve our transition processes.
- We are continuing to expand the provision of EIP services, though recurrent SIF monies in 2022/23. We have established a Steering Group to oversee the local implementation of the RCP national standards and ensure self-assessment against the EIP maturity matrix.
- In line with the national recommendations and the increasing demand due to the pandemic we have undertaken a review of ED services. We have reprofiled our funding from the past 2 financial years to develop a new all age service model, with reprofiled posts and bandings to meet local need. Recognising the need to support General Paediatric colleagues with physical support for managing refeeding, we have created a link Paediatric Nurse to strengthen support and collaborative working across SCAMHS and Paediatrics.
- We are working with partners through the RPB to further strengthen care and support arrangements for children with emotional and mental health needs by becoming early adopters of the national Early Help and Support Framework which is being implemented as part of the Together for Children and Young People (TCYP) programme.

ASD

- The WG target for the percentage of children and young people and Adults waiting less than 26 weeks to start a neurodevelopmental assessment is 80%. Demand for assessment continues to remain high, with wait times of up to 3 years. Increasing year on year, ranging from an average of 26 referrals per month in 2016 to 87 referrals per month in March 2022.
- Due to the significant waiting lists, for Adult and SCAMHS ASD services, we are unable to agree a realistic trajectory at this time. However, we are providing regular data to the National Delivery Unit on activity (completed assessments) to assist with the national demand and capacity exercise. We are reviewing all the processes involved in diagnostic assessment to identify efficiencies and identify ways to reduce the length of time that takes to complete an assessment.
- All current posts within the service have been successfully recruited to, which will provide additional capacity for diagnostic assessments once staff have been inducted and onboarded. However, workforce requirements to meet the ongoing increasing demand is inadequate. We continue to review all job plans to identify areas where we can increase capacity for assessments.

- A procurement exercise to outsource assessment and treatment to address our waiting lists in both Adult and CYP ASD services is underway. Dependent on provider uptake, services will be procured until 31st March 2025, with a minimum of 150 individual diagnostic assessments per year being undertaken.

Learning Disabilities

- Work on the Learning Disabilities Service Improvement Programme (LDSIPG) continues. Colleagues from Improvement Cymru who are responsible for the national Learning Disabilities Improvement Programme spent a week with our services in September. They provided valuable insight and feedback into the LDSIP programme to ensure that our direction of travel is in line with the new National Strategic Action Plan for LD services.
- A review of the former Ty Bryn inpatient service has been undertaken, with an options appraisal recently completed. Proposals include the development of a 1 bed inpatient unit with a multi-disciplinary 24/7 crisis team providing support. There is a second option to manage LD inpatient services through Adult Mental Health inpatient services. This would require additional training for AMH staff if agreed. We are currently preparing a detailed Board paper on the options appraisal for Executive Team approval in October 2022.
- We are working with corporate commissioning colleagues to develop proposals for individuals who hold their own tenancies in the Begelly and Greville Court residential units. We are currently engaging with Local Authority partners and stakeholders including residents and their family/carers to agree options. Following this a paper will be prepared for Executive team approval.
- In line with the proposed changes, we are working with HR colleagues to finalise an Organisational Change Process which for affected staffing groups across all areas of the LD Service including inpatient and community teams as well as Psychology Services.

Older Adult Mental Health

- We are exploring opportunities to develop a collaborative care model on 4 designated beds in Enlli Ward in Bronglais DGH, with the focus on those with Dementia and co-morbid stabilised long-term conditions. We are progressing with the planning stage and the project scope and admission criteria are being discussed in line with a shared care approach. It is anticipated that this work will be progressed in 2022/23. Due to continued pressures with persistent high levels of acuity, significant recruitment problems within the Ceredigion CMHT and systemic lack of social care provision, we continue to be reliant on the beds as surge capacity.
- A lean service analysis to review capacity and capability has been undertaken. Key areas for improvement were identified including pre-diagnostic assessment capacity and post diagnostic treatment. The funding has enabled the expansion of current services with a multi-disciplinary staffing model which will enhance pre-diagnostic assessment and diagnostic capacity against current and projected demand, reducing current waiting lists in line with WG targets. However, there remains significant recruitment difficulties around the Occupational Therapist clinical workforce to deliver a full range of post-diagnostic interventions.
- OAMH continues to engage with the Regional Partnership Board and West Wales Care Partnership on the development of the Dementia Well-being Strategy and pathway. Throughout 2022/23 the focus will be on implementing the 'All Wales Dementia Care Pathway of Standards' including evaluating and measuring compliance and outcomes around the schemes hosted by the OAMH Service. This work is likely to continue over the next two financial years at least.
- We have expanded our Dementia Well-being team to enable stepped-care and person-centred wrap-around support in all 4 DGH's, Primary Care, Local Authority and Third Sector partners. Modelling for a stepped care pilot project working with 16 care homes has been completed in collaboration with partners. 2 additional posts have been recruited to support the roll out of the pilot, which has commenced and will be evaluated later in 2022.
- Due to competing priorities and a lack of sustainable funding in this financial year with MAS service developments, we have moved the time scales for the development of the CMHT service specification work. Whilst commenced, this will now crossover into 2023. The developmental themes have been refocused to the workforces frailty skills and knowledge. Securing resource to enable 7 day working in line with AMH and advanced practice roles is on hold for this financial year due to current financial pressures. The development of 7 day working is dependent on priority areas for Mental Health Service Improvement Funding in 2023/24.

Psychological Therapies

- Performance targets against the % of adults waiting less than 26 weeks to start a psychological therapy is gradually improving and on an upward trajectory.
- We are continuing to pilot group therapeutic interventions across a range of modalities in order to achieve higher capacity for the offer of intervention appointments. The uptake of group interventions will improve the access pathway for IPTS.
- A Patient Access Policy has been drafted and is awaiting formal sign off in October 2022.
- The Delivery Unit all Wales review has commenced which will review Psychological Therapies and will enable an understanding of activity, waiting lists and practices.
- The integration of the LPMHSS Service continues to ensure that low and high intensity services are delivered in a joint approach, promoting prudent healthcare. A Clinical Governance Framework for all therapeutic modalities has been developed and implemented.
- The service continues to offer therapies through various service delivery modes including; AA digital platform sessions, face to face and telephone sessions. Where clinically appropriate and safe to do so evidence-based group work is provided such as DBT lite.
- WPAS continues to embed and the informatics department are assisting in producing reports. Ongoing validation and further training may be needed for some staff to ensure data entry is correct to ensure a true reflection.

Third Sector Commissioned Services

- MH&LD Directorate have developed a robust commissioning framework with procurement colleagues whereby services will be awarded new 3-year SLAs by 31st March 2022. This is a complex process, with a need to support the sector appropriately to prepare for the procurement exercise. In particular, extra support is being provided to smaller organisations through services such as Business Support Wales to ensure parity across all organisations, large and small.
- Over the past quarter we have held a range of market engagement events to meet current and potential providers. These events were very successful in helping us to identify local market issues, allay any fears regarding the upcoming procurement exercise and provided a platform to test out proposed service delivery models. In line with the Directorates objective to co-produce and co-design future models of care we held a range of virtual and face to face events with service users and carers.
- The time taken to do this has proved invaluable in helping us to determine which service provisions we need to commission to meet local need. From these events service user and carer representatives were identified to co-produce the new service specifications and to become members of tender evaluation teams, ensuring that all of our commissioned services will benefit from true co-production. The tender process is expected to go live in November 2022 with new contracts awarded by March 2023.

Planning Objective 5Q: GP Practice Breakdown

GP Practice	Update
Meddygfa Minafon: Health board managed practice	<ul style="list-style-type: none"> • November 2021, 201 patients identified with using more than 12 SABA inhalers per year. • Visited all day 0800 to 1800 on the 2nd Wednesday of the month • September 2022 reduced to 160 patients using over 12 SABA inhalers per year. • Monthly review of patients booked in by pharmacists, GP or practice nurses. High SABA users booked but there are a number of more complex respiratory patients booked in for review. Spirometry now up and running done by interface nurse. Weekly meeting with physician discussing at least 2 to 3 Kidwelly patients per month.
Meddygfa Llynyfran.	<ul style="list-style-type: none"> • October 2020, 124 patents identified as using over 12 SABA inhalers a year. February 2022 now only 89 patients using over 12 SABA inhalers a year. • Visited 0800 to 1800 2nd Tuesday of the month • Monthly review of predominantly complex patients. Patients booked by GPs and practice nurses. Spirometry up and running in the practice-by-practice nurse and asthma interface nurse. 4 to 5 patients monthly discussed with consultant physician
Morfa Lane	<ul style="list-style-type: none"> • November 2019 34 patents identified using over 12 SABA inhalers per year. September 2022 now only 19 patients • Visited 4th Wednesday of the month 0800 to 1700 • Training of new practice nurse. Experienced practice nurse left in October 2021. Practice nurse trained by interface nurse. Practice nurse now doing asthma and COPD reviews and interface nurse doing one complex clinic per month. Spirometry training in progress for practice nurse. Spirometry is currently being done by interface nurse but practice nurse likely to signed off this week. 2 to 3 patients discussed per month with physician. Monthly clinic
Meddygfa Taf	<ul style="list-style-type: none"> • 2019, 57 patients identified as using over SABA inhaler per year. September 2022 now down to 38 • Visited the 3rd Tuesday of the month 0800 to 1700 • Monthly clinic. Experienced practice nurse left so new practice nurse trained by Asthma Interface Nurse. Spirometry done by practice nurse and interface nurse. Complex patient clinic. Patients predominantly booked by GPs and Practice nurse. 2 to 3 patients discussed each month with physician.
Meddygfa Sarn	<ul style="list-style-type: none"> • April 2021, 59 patients identified as using over 12 SABA inhalers per year September 2022 reduced to 50. • Visited 1st and 3rd Thursday pm. 1300 to 1800 • Health board managed practice. Challenge in that practice nurse is on maternity leave. One practice nurse currently covering 3 practices. Spirometry being done by Asthma interface nurse. High SABA users and complex patients being reviewed. Booked in by pharmacists, Nurses and GPs. One session ever 2 weeks with disproportionate number of children.
Cardigan Health Centre	<ul style="list-style-type: none"> • November 2020 130 patients identified as using over 12 SABA inhalers a year. September 2022, reduced to 110 (Pharmacy issues which need review) • Visited 3rd Wednesday 0800 to 1700 • Complex patient and high SABA patients booked. Spirometry done by practice nurse and interface nurse. Area of high respiratory disease burden with disproportionate number of paediatric patients. Repeat prescribing accounts for a lot of the

GP Practice	Update
	<p>continued high SABA use. Plan to physically visit all the pharmacies in cardigan town to discuss. 4 to 5 patients discussed with physician each month. Good working relationship with the team but need to address the pharmacy issues. Plan is to contact practice manager/Lead GP to discuss</p>
New Quay Surgery	<ul style="list-style-type: none"> • November 2020, 52 patients identified as using over 12 SABA inhalers a year. As yet to pull data for this practice • Visited 1st Wednesday of every month 0900 to 1800 • New practice nurse taken over from long standing. Spirometry being done by practice nurse and interface nurse. Predominantly complex patients although some high SABA. • 2 to 3 patients discussed with Respiratory physician per month and support given to GPs. Oxygen orders done when necessary (palliative), clinical discussions.
Meddygfa Penygroes	<ul style="list-style-type: none"> • February 2022 160 patients identified as using over 12 SABA inhalers a year. September 2022 reduced to 132 • Visited 4th Tuesday of the month 0900 to 1800 • Interested practice nurse so predominantly complex patients. Practice nurse support in area of high disease burden. • Spirometry being done by asthma Interface nurse and practice nurse. 3 to 4 patients per month discussed with Respiratory physician. Issues with pharmacy which need to be addressed.
Coach and Horses	<ul style="list-style-type: none"> • November 2019, 76 patients identified as using over 12 SABA inhalers a year. • September 2022 reduced to 7 • Visited 2nd Monday of the month 0800 to 1400 Laugharne surgery • Practice nurse support. All complex patients as practice nurse is highly experienced. 4 to 5 patients per month to discuss with Physician many of whom need referral. • Spirometry done by practice nurse and asthma interface nurse
Meddygfa Emlyn	<ul style="list-style-type: none"> • January 2020 40 patients identified as using over 12 SABA inhalers a year. • As yet to pull data for this practice • 4th Thursday of the month • All complex patients review. Spirometry done by practice nurse and interface nurse. Spirometry has been up and running here since 2021 with risk assessment done. 4 to 5 patients per month discussed with physician. Working with pharmacist to try and improve repeat prescribing
Bro Pedr Medical practice	<ul style="list-style-type: none"> • January 2020 152 patients identified as using over 12 SABA inhalers a year. September 2022 reduced to 111 • 1st Monday of every month • Complex patients with some high SABA. Highly experienced practice nurse who has been doing spirometry since 2021 with a risk assessment. • 4 to 5 patients per month discussed with physician
Furnace House Surgery	<ul style="list-style-type: none"> • Trained a new practice nurse to undertake asthma reviews (180 hours) – she is now able to hold her own clinics but is struggling to be allocated asthma clinics as not a priority for surgery • Trained 2 x GP's +2 x GP trainee's in asthma management updates and the Respiratory Green Agenda

GP Practice	Update
	<ul style="list-style-type: none"> Supporting x1day per month by sitting in on clinics to review difficult to manage asthma patients
Winch Lane Surgery	<ul style="list-style-type: none"> Currently supporting (x1 day per month) new respiratory practice nurse in managing patients via clinic attendance and email reviews.
Church Surgery	<ul style="list-style-type: none"> The respiratory practice nurse who was trained has left the surgery (left nursing) so no current nurse support for seeing any respiratory patients – surgery unsure whether going to replace Trained all practice nurses, GP's, GP trainees, pharmacist assistance in Asthma Green Agenda and asthma management updates Currently reviewing SABA +++ patients Above 20/12months = 5 patients (seen) Patients have PAAPs 16-20 / 12 months = 6 (seen) Patients have PAAPs 12-15 / 12 months = 48 (reviewing) 6-11 / 12 months = 127 Recently downloaded SPECTRA programme to identify patients on high dose ICS and exacerbating
Ystwyth Surgery	<ul style="list-style-type: none"> Started reviewing high SABA list 12+ SABA = 14 patients (working on this) 6-11 SABA = 16 patients
Tenby	<ul style="list-style-type: none"> HDUHB Managed practice Currently training a new practice nurse to undertake asthma reviews (30 hours) Reviewing patients who may have additional/alternative respiratory diagnosis
St David's Surgery	<ul style="list-style-type: none"> Support work commenced 26th September 2022
Non-GP Practice	Update
Withybush Hospital Difficult Asthma Nures Led clinic	<ul style="list-style-type: none"> Weekly clinics commenced 27th September 8 referrals to date
HDUHB Non-Medical Prescribers group (one team member)	<ul style="list-style-type: none"> Provided training on Asthma management and Respiratory Green Agenda
Green Inhaler Agenda Group (one team member)	<ul style="list-style-type: none"> Working with the health board group to ensure guidelines are adhered to and consideration is given to inhalers that reduce carbon footprint

Appendix 2: Monitoring of Quarter 2 Actions within the 2022/23 Annual Plan as of September 2022

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
GC#2 Mass vaccinations – continuation of roll-out	Our vaccination plan for delivery during 2022/23 is to ensure we are leaving no-one behind and we continue to offer vaccines to all our eligible population who have not completed their course or have never come forward	<p>Behind</p> <ul style="list-style-type: none"> • Supply of the vaccine has been a major issue for the Health Board. • There is a joint delivery model in place this year but due to the lower than projected supplies, priority has been given to GP Surgeries and Community Pharmacies to administer the vaccine, therefore, the MVCs have been delivering less vaccine than originally planned due to these supply issues. • Primary Care is slower than the MVCs in recording the vaccine and this is contributing to the lower than anticipated vaccination levels being reported on a national level for the HB via WIS
<p>Planning Objective 1E. During 2022/23 roll out the processes developed in 2021/22 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 	All existing elective care patients offered access to Waiting List Support (WLSS)	<p>On track</p> <ul style="list-style-type: none"> • All 16,000 Stage 4 (those waiting for an elective procedure) will have received a letter from the WLSS team by the early November 2022, offering the single point of contact telephone number and email address for support and signposting to online wellbeing information. • The final cohort of 15,000 general surgical patients will be contact at the end of October Early November following completion of a clinical validation exercise. • All new Stage 4 patients will receive this information at the outpatient appointment at which they are listed.

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
<p>6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent</p> <p>By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB</p>		
<p>Planning Objective 2A: Develop a Health Board specific plan by October 2023 that supports the sustainable delivery of Health Board commissioned services for unpaid Carers and responds to the Regional Carers Strategy, the findings within the population assessment and market stability report and influences the implementation of the Mid and West Wales Health and Care Strategy by supporting individuals in their homes and communities.</p>	<p>Deliver bi-annual update reports to provide assurance that the Health Board actions is progressing actions to improve outcomes for unpaid Carers, aligned to the priorities of the regional Carers Strategy</p>	<p>On track.</p> <ul style="list-style-type: none"> • An update report was presented to the July 2022 Public Board meeting. This included the presentation of the 2021/22 Annual Report of the work of the West Wales Carers Development Group and highlighted the actions delivered by the Health Board as a contribution to improving outcomes for Carers and the priorities of the regional Carers Strategy. • A further health actions report is planned to be presented to PODCC in early 2023.
<p>Planning Objective 4I: By March 2023 further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually.</p>	<p>Map and establish links with tri-services within the health board and neighbouring areas to drive forward partnership actions which support improved outcomes for the Armed Forces community</p>	<p>Completed.</p> <ul style="list-style-type: none"> • Working with Major Symmons of 160th (Welsh) Brigade, links with tri-services within the health board and neighbouring areas have been identified and mapped. • This has increased engagement with, and work on joint priorities. For example, there is strengthened partnership arrangements in place with the 14th Signal Regiment in Brawdy, Pembrokeshire as we worked together to plan and deliver the employment and employability events during the Armed Forces Week this year.
<p>Planning Objective 4C To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for</p>	<p>The Health Board will contribute to establishing a Health and Social Carer Regional Integration Fund plan which will</p>	<p>Behind</p> <ul style="list-style-type: none"> • Transformation funds and ICF programmes as they were historically established no longer exist.

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	be approved through the Regional Partnership Board.	<ul style="list-style-type: none"> All programmes were reviewed and for some programmes funding has been agreed through RIF funding against the new criteria established under RIF and will continue to report through that structure and into IEG
Planned Care Delivery	Opening of the new Day Surgery Unit at Prince Philip Hospital.	<p>Behind</p> <ul style="list-style-type: none"> We are on another iteration of the programme, currently planning go-live for 14th November. It has been flagged as a RED in this month's capital HLR's so will be communicated to SDODC via the CSC update by exception also.
<p>Planning Objective 1F: Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> the way the Health Board recruits new staff and provides induction; all existing HR policies; the way in which employee relation matters are managed and Equitable access to training and the Health Board's staff wellbeing services. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in March 2023 for adoption.</p>	<p>Develop guidance to support colleagues to develop resources for use within the induction programme</p> <p><u>2. HR Policies</u> First phase of policies (3) approved by PODCC in June 2022.</p> <p>3. Employee Relations matters</p> <ul style="list-style-type: none"> Overarching ER Action Plan developed with two specific sub action plans:- 	<p>Complete</p> <p>1. Recruitment of new staff - Work is being undertaken on an All Wales basis to revise A4C Job description and Person Specification templates.</p> <p>Streamline recruitment pathway for RNs in Unscheduled Care has been centralised in PPH and WGH, GGH roll out to be completed by the end of October and BGH to be completed by the end November 2022. On track</p> <p>In addition wrap around face to face training being provided for centralised panels including shortlisting, interview techniques and feedback to support Appointing Managers with the new person centred approach. On track.</p> <p>Wider engagement with key stakeholders (internal and external) complete as per Recruitment Discovery Report to inform recruitment modernisation pathway. On track</p>

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
	ER Action plan – currently 38 actions with 13 completed, 15 work in progress and 10 not started but not overdue.	Develop implementation plan to deliver revised practices and policies to an agreed roll out schedule to be completed by March 2023 – On track, plans form part of Discovery Report. <u>2. HR Policies</u> On track to complete by March 2023 <ul style="list-style-type: none"> • Second phase on track for consideration by PODCC (6) in October 2022. • Work has commenced on phase 3 policy reviews for Dec 22 PODCC
Planning Objective 1A: Develop and implement plans to deliver NHS Delivery Framework targets related to workforce within the next 3 years (with 2021/22 being year 1). See specific requirements 1.A.i	Bi-monthly presentation of workforce measures	On track <ul style="list-style-type: none"> • A dashboard is produced bimonthly providing workforce measures linked to the NHS Delivery Framework targets.
Planning Objective 2H. Continue to deliver the Internal Coaching Network for cohorts 2 & 3, to ensure an adequate supply of capable leaders is available	Continue to deliver the Internal Coaching Network for cohorts 2 & 3, to ensure an adequate supply of capable leaders is available	On track
Planning Objective 2K: By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing.	A Staff Experience and Engagement Improvement programme for the next 12 months is produced	Complete
Planning Objective 3L By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas: <ul style="list-style-type: none"> • Physical Security • Automated locks • CCTV 	Maximise opportunities from existing systems of CCTV and Access Control	Behind <ul style="list-style-type: none"> • Absence of a Security Manager/Adviser has slowed progress against a number of the agenda topics. Advertised replacement post on Trac. • Submission of a detailed plan for improvement in March 2023 is still the aim

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
<ul style="list-style-type: none"> • Access Control Systems • Intruder Alarms • Communication Systems • Human Factors • Patient and Staff Personal Property • Local Management and staff ownership 		
<p>Planning Objective 3M. By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.</p>	<p>Communication plans both strategic and tactical to be developed and tested as part of Emergency response to incidents</p>	<p>On track</p>
<p>Planning Objective 3M. By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.</p>	<p>Launch our new Hywel Dda intranet pages to enhance our employee's access to information and resources</p>	<p>On track</p>
<p>Planning Objective 4K. By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most</p>	<p>Develop a process to measure and evaluate the outcomes of the Community Development Outreach Team support to individuals and communities to understand what support has the greatest impact</p>	<p>On track</p>

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disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.		
Planning Objective 4L Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	In partnership and with agreement with stakeholders, based on all academic, thematic and engagement work to date produce a Social Model for Health and Wellbeing (SMfHW) Process Report that articulates how we move the system towards a SMfHW	<p>On track</p> <ul style="list-style-type: none"> • Aberystwyth University has provided the first draft of the systematic review. Colleagues have responded and we expect the final draft for approval by mid October. • The PO 4U task and finish group has progressed with identifying regional projects that are in train with PSB partners. A decision on the specific projects to be included in the work.
<p>Planning Objective 4T. By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> • Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on HDdUHB’s business success • Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement <p>Aligning to the Regional Partnership Board’s (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities</p>	Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics	<p>Complete</p> <ul style="list-style-type: none"> • A range of continuous engagement training sessions for staff and the CHC have been delivered. • Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. • Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders. • Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
<p>Planning Objective 6H. By March 2023 develop a Social Value that outlines our collective ambition and vision for Social Value, incorporating a clear action plan and measures for progress. An umbrella strategy comprising:</p> <ul style="list-style-type: none"> • Social Value (Intelligence): determine the communities which have the greatest need(s) and co-ordinate efforts across the Health Board • Public Health (Intelligence): assess the assets within those communities, develop high impact proposals and encourage delivery within those communities • Procurement: local sourcing in support of the foundational economy • Workforce: supporting those from our most deprived communities • Facilities & Estates (Carbon): measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures • Facilities & Estates (Physical Assets): extracting social value from our physical estate through initiatives spanning usage, maintenance, design and build <p>By August 2022 establishing a Social Value Community of Practice to provide a focus and momentum for delivery across these delegated workstreams</p>	<p>Develop an overarching Social Value strategy and action plan</p>	<p>On track</p>