



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	23 February 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update and Quarterly Annual Plan 2022/23 Monitoring Return (Q3)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Daniel Warm, Head of Planning Angharad Lloyd-Probert, Senior Planning Manager

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

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

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

Revised Planning Objectives were incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2022/23 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 provides the Strategic Development and Operational Delivery Committee (SDODC) with an update on the progress made in the 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 Planning
- Communications and Engagement Director
- Medical Director
- Director of Corporate Governance (Board Secretary), and the
- Director of Public Health

Additionally, it is important to monitor the delivery of the overall Plan in order to establish progress and gather learning on what is working with regard to the organisation's Planning Objectives. Performance reporting is dealt with under separate cover (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 (Q3) (October – December 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 Leads as per Appendix 1.

It also provides an overview of progress in delivering the Q3 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	Director of Corporate Governance (Board Secretary)	Behind	Work to develop a Planning Objective (PO) dashboard has been paused to explore whether the new project management system (PACE) has the functionality to be developed and utilised for capturing the learning from POs.	
3J	Communications and Engagement Director	On-track	N/A	
3M		Behind	Due to staffing changes within the communications team this communication plan is falling behind. However, tools and channel improvements continue.	
3A	Director of Finance	Ahead	N/A	
5A	Director of Nursing, Quality and Patient Experience	On-track	N/A	
5B		On-track	N/A	
4Q	Director of Operations	Behind	Full alignment with the reporting requirements of the all Wales Building Community Care Capacity programme. Original submission 111 community beds capacity supported by homebased care staff with additional beds in interim or intermediate care bed facilities. Current expected delivery by end March 2023 13. Recruitment has been the main limiting factor which was a well understood risk. Consistent	

			issues reported across Wales. Each County developing recruitment plans by end February 2023 to support longer term growth.	
5F		Behind	<ul style="list-style-type: none"> <li>The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years.</li> <li>A post COVID review of the Strategy has commenced with a view to an update paper being prepared for SDOC.</li> <li>A revised implementation plan is in the draft stage of completion</li> </ul>	
5G		On-track	N/A	
5I		On-track	N/A	
6K		On-track	N/A	
3I	Director of Primary Care, Community and Long Term Care	On-track	N/A	
4C		Complete	N/A	
5H		On-track	N/A	
5J		On-track	N/A	
5P		Behind	This is now behind schedule but is being progressed via the Regional Commissioning Programme Group (CPG)	
5Q		On-track	N/A	
5S		Behind	<ul style="list-style-type: none"> <li>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</li> <li>Further discussion with the National Team on the Strategy and the ongoing development of the National Palliative Care Strategy for Wales is ongoing</li> <li>Initial discussion with Clinical teams has led to further requirements to ensure full clinical and managerial alignment on the implementation time table for completion</li> <li>The funding for a Palliative Care Triumvirate is subject to a Business case</li> </ul>	

			<p>development which has commenced October 2022</p> <ul style="list-style-type: none"> <li>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.</li> <li>Clinical Agreement to move forward with an HDdUHB Lead Nurse for palliative Care in March 2023</li> </ul>	
5T		Complete	N/A	
4A	Director of Public Health	On-track	N/A	
4B		On-track	N/A	
4D		On-track	N/A	
4K		On-track	N/A	
4S		Ahead	N/A	
4V		On-track	N/A	
4W		On-track	N/A	
4J		On-track	N/A	
4R		On-track	N/A	
4T	Director of Planning	On-track	N/A	
5C		Behind	<p>It has been agreed that the next stage in the process will be</p> <ul style="list-style-type: none"> <li>a commissioning of an external review of the proposed clinical model</li> <li>development of a Strategic Outline Case</li> <li>officers will work with the WG to agree the next steps in the process</li> <li>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</li> <li>Action Learning Sets on Biophilic Design have completed and will be reporting into the Programme Group. Presentation to Programme Group on the work done on the new Velindre Hospital</li> <li>WG approval and funding to progress Cross Hands Project to Full Business</li> </ul>	

			Case (FBC) received via IRCF <ul style="list-style-type: none"> <li>• Process of appointing business case writers to work with UHB on next tranche of Community Schemes nearing completion</li> <li>• Work has commenced on updating the SOC</li> <li>• Resource Schedule for the SOC development has been submitted to WG.</li> <li>• Preparatory work on the land consultation has been ongoing with consultation now expected to commence at the end of February 2023</li> <li>• Further technical and commercial work is being progressed by the land technical team</li> </ul>	
5U		On-track	N/A	
5V		On-track	N/A	
4P	Director of Therapies and Health Sciences	On-track	N/A	
4L	Medical Director	On-track	N/A	
4N		On-track	N/A	
4U		On-track	N/A	
5N	No single Exec owner	On-track	N/A	
5O	No single Exec owner	Behind	Currently awaiting the ARCH Comprehensive Regional Stroke Centre (CRSC) (the new name for a HASU) Business Case	

For Q3 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 Q3 is that 3 actions are currently behind, as follows:

Area of Plan and Executive Lead	Action	If Behind Mitigating Actions / Explanation / Comments
1H 'Making a Difference' Customer Service Programme	Deliver Customer Service Training programme pilot, including a full evaluation	<ul style="list-style-type: none"> <li>• Delivery Underway although lack of staff release has resulted in less ability to evaluate its effectiveness, especially in facilities and medical staff groups.</li> </ul>

Director of Workforce and OD		<ul style="list-style-type: none"> <li>Work is underway to develop a behaviour tool (in the context of customer service) although not yet launched, which is similar to the creation of a Managing Customer Service Excellence module. It is anticipated this will be completed by overall year end.</li> </ul>
2E Evidencing impact of charitable funds  Director of Nursing, Quality and Experience	Develop a standalone website for the charity	<ul style="list-style-type: none"> <li>Behind due to delayed consideration of business case within in Digital Health and Care Wales (DHCW).</li> <li>Following approval in October 2022, work has begun on creating the shell of the new site and content is currently being drafted. New site will be launched in March 2023</li> </ul>
5F Bronglais Strategy  Director of Operations	At Bronglais develop a whole system multi-disciplinary plan for frailty pathway to include community based frailty step down reablement/rehabilitation capacity.	<ul style="list-style-type: none"> <li>The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years.</li> <li>A post COVID review of the Strategy has commenced with a view to an update paper being prepared for SDODC (February 2023)</li> </ul>

### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to

With respect to the Planning Objectives aligned to the Committee:

- Receive 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.
- 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 remaining Planning Objectives in the Plan:

- Receive assurance from the overarching progress and the mitigations/ actions in place to recover those actions noted as 'behind' which support Q3 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:

Not Applicable

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
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
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <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

<b>Enw Da: Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable



**APPENDIX 1 – Update on Planning Objectives (PO) Aligned to the Strategic Development and Operational Delivery Committee (SDODC) as at February 2023**

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"> <li>Summary of Progress to date (including barriers to delivery)</li> <li>For actions behind schedule, please provide an explanation</li> <li>For actions behind schedule, what quarter will these now be achieved</li> </ul>
3A	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.	Director of Finance	31/3/25	Ahead	<ul style="list-style-type: none"> <li>We have presented the 'Improving Together Framework' to Executive Team in December 2022. It is scheduled to be discussed and presented at SDODC in February 2023.</li> <li>The Framework is supported by key organisational wide dashboards "Our Performance" and "Our Safety". These dashboards have been developed over the last year to allow everyone across the organisation to have easy access to performance, quality, workforce, risk and finance data to help support Performance Improvement discussions at all levels.</li> <li>We have also commenced the Directorate Improving Together sessions which have been set up to provide dedicated time for Executives to meet with all teams across the Health Board to discuss: <ul style="list-style-type: none"> <li>Challenges, opportunities and support required.</li> <li>Explore progress against key ministerial and health board priorities, the actions that are being or will be undertaken, the trajectory for improvement and any support required.</li> <li>Discuss any concerns / issues relating to quality, performance, risk, workforce,</li> </ul> </li> </ul>

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					<ul style="list-style-type: none"> <li>planning, and finance for a directorate and any support required. <ul style="list-style-type: none"> <li>Embed governance that provides clarity on the Health Board's priorities and also empowers, supports, provides autonomy and freedom to act</li> </ul> </li> <li>Additional deep dives will be identified as part of these sessions.</li> <li>The next 12 months will focus on embedding these sessions within the health board.</li> </ul>
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</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

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	conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025				
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	Director of Corporate Governance (Board Secretary)	31/3/2023	Behind	<ul style="list-style-type: none"> <li>Work to develop a Planning Objective (PO) dashboard has been paused to explore whether the new project management system (PACE) has the functionality to be developed and utilised for capturing the learning from POs. PACE is currently structured around the planning objectives, and has capacity to log: <ul style="list-style-type: none"> <li>the benefits delivered for each planning objective (financial, performance related or other)</li> <li>capture risks</li> <li>capture lessons learnt (internal and external)</li> </ul> </li> <li>A further discussion is planned with IT, Performance to discuss the feasibility of this and the next steps in developing the system.</li> </ul>
3I	To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long Term Care	31/3/2023	On-track	<ul style="list-style-type: none"> <li>General Medical Services contract negotiations for 2023/24 are currently underway. No timescale has been shared on the outcome and implementation timelines although assume changes for 1 April 2023.</li> <li>Community Pharmacy contract negotiations have concluded and contract implementation has happened</li> </ul>

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					<ul style="list-style-type: none"> <li>Optometry contract negotiations have concluded and six working groups have been established to deliver on the detail of the contract negotiations</li> <li>Dental contract reform is continuing to develop with a series of nationally led workshops held at the end of September.</li> </ul>
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.	Communications and Engagement Director	31/6/2022	On-track	<ul style="list-style-type: none"> <li>Initial AHMWW communications plan developed, providing overall framework for the strategy communications.</li> <li>Focus of detailed communications plan is now on ensuring awareness and continued engagement in the New Hospital Site Consultation.</li> </ul>
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.	Communications and Engagement Director	31/3/2023	Behind	<ul style="list-style-type: none"> <li>Due to staffing changes within the communications team this communication plan is falling behind. However, tools and channel improvements continue.</li> </ul>
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next	Director of Public Health	31/3/2025	On track	<ul style="list-style-type: none"> <li>There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that</li> </ul>

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	3 years (with 2022/23 being year 1) (see specific requirements 4.A.i)				should have specific PO's against them. This is an ongoing discussion
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	<ul style="list-style-type: none"> <li>There are a number of target areas in this PO. Recent discussions have been around the fact that these areas, targets and hitting these are part of our core work rather than areas that should have specific PO's against them. This is an ongoing discussion</li> </ul>
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"> <li>No update required</li> </ul>
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	<p>Three pieces of work are currently in progress</p> <p><b>Moondance Cancer (Bowel Cancer) Learning Programme for Schools</b></p> <ul style="list-style-type: none"> <li>Partnership programme between Moondance Cancer Initiative, Hywel Dda Public Health Team and Pembrokeshire Healthy Schools Scheme. The programme, originally developed and piloted in Cwm Taf, is an investment to influence long-term behaviour change within younger generations by educating them about cancer, cancer treatment, and the connection to healthy behaviours. It also explores intergenerational learning, by raising awareness of bowel screening, signs, and</li> </ul>

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					<p>symptoms amongst the pupils wider family network.</p> <ul style="list-style-type: none"> <li>• Two secondary schools in Pembrokeshire are currently signed up to the programme Haverfordwest High who started delivery in January 2023 and Milford Haven Comprehensive School who will commence delivery after February half term.</li> <li>• Plans are also underway to support the programme's vfair component - a virtual platform where students and family members will have the opportunity to access professionals involved in the learning programme but also those working within the field of cancer or screening to find out more about their role etc they will also be able to discover more about career's in the NHS and Education.</li> <li>• There are also plans to run alongside the programme's in built evaluation an appraisal of the teachers delivering the programme experiences and reflections.</li> </ul> <p><b>Cervical Screening and Refugees</b></p> <ul style="list-style-type: none"> <li>• Multidisciplinary team of key health professionals within Hywel Dda, led by GP Cancer Lead, looking at cervical screening uptake within the refugee population in Hywel Dda.</li> <li>• Existing refugee community groups are currently being sourced for members of the Community Development Outreach Team to attend to meet</li> </ul>

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					<p>with the population to discuss current knowledge of the cervical screening programme in Wales and barriers and enablers to uptake of screening.</p> <ul style="list-style-type: none"> <li>The cervical screening national leaflet is also in the process of being translated for distribution within the population. Information obtained will then be used to look at what can be done locally to improve access and enable uptake within this population.</li> </ul> <p><b>Barriers to Screening Uptake in Carers</b></p> <ul style="list-style-type: none"> <li>Currently in the early stages of scoping out this piece of work to look at carers uptake of screening programmes locally, what are the barriers and enablers for themselves and also the experiences of those they care for.</li> <li>Will link in with local carers support networks and national work that is already going on within this agenda.</li> </ul>
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 SDOCD 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	Director of Public Health	30/6/2023	On-track	<ul style="list-style-type: none"> <li>Wellbeing assessments complete, plans are out to public consultation.</li> </ul>

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	June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.				
4K	By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Director of Public Health	31/3/2023	On-track	<ul style="list-style-type: none"> <li>The Deputy Director of Public Health brought a draft of this paper to SDODC's December meeting for assurance that this planning objective is on track, and to advise that the directorate planned to present this paper to Board in January 2023.</li> <li>SDODC suggested some changes to the document – primarily around the inclusion of more up-to-date Census data following the publication of the headline results from the 2021 Census – and reference to digital inclusion as a driver of health inequalities.</li> <li>The report has been updated and is brought to SDODC's attention again firstly to confirm that the suggested amendments have been taken into account, and secondly to update that Board has asked to delay presentation of the report to them until the April 2023 Board seminar meeting.</li> </ul>
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"> <li>Conversations With a Purpose (CWaP) participants have been contacted to inform of progress to date and inform continuous engagement</li> <li>Triangulation report is being drafted</li> <li>Aberystwyth University and Hywel Dda have met to begin the production of the published paper, with the potential to expand the number of papers to recognise the five key themes and their specific angle of interest</li> </ul>



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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	N/A	N/A	<ul style="list-style-type: none"> <li>This Planning Objective is now reported through the Quality, Safety and Experience Committee and SDODC will no longer receive update reports</li> </ul>
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 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	Medical Director	31/3/2023	On-track	<ul style="list-style-type: none"> <li>Food Systems Action Group (FSAG) standing agenda has been agreed to enable the wider food systems work to be incorporated</li> <li>FSAG has reviewed the North Star Transition recommendations in accordance with other work streams with the intention of collating, streamlining and communicating a proposed work plan to the Social Model for Health and Well-being (SMfHW) steering group.</li> </ul>
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

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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"> <li>SDDOC received “Deep Dive” Paper agreed at meeting on 16<sup>th</sup> December 2022.</li> <li>Operational Delivery Group established.</li> <li>Four enabling work streams to underpin and support development of service delivery models and appropriate levels of care.</li> <li>Actions within each work stream are running concurrently with prioritisation of key actions based on ease of delivery within resource and expected value of outcome.</li> <li>Process mapping completed for SALT, Dietetics, Long COVID, Cancer Prehabilitation, and Neuro Rehabilitation. Process map workshops arranged for Physiotherapy and Occupational Therapy.</li> <li>Completed review of existing data (both qualitative and quantitative) and reporting.</li> <li>Identified key actions to improve data quality and consistence to reduce variation with improved processes within services.</li> <li>Developing Therapy Services Performance Dashboard.</li> <li>Proof of concept for Electronic Health Records Project.</li> <li>Developing digital skills questionnaire for staff to identify skills gaps and training needs.</li> <li>Targeted recruitment focus and working with workforce to develop workforce strategy including development of dashboard to monitor and plan capacity relating to vacancy management and absence levels.</li> </ul>

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					<ul style="list-style-type: none"> <li>Collation and evaluation of current occupied space throughout HB estate to maximise usage and outline any future requirements with view to establish digital central booking system and management.</li> </ul>
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	<p>Full alignment with the reporting requirements of the all Wales Building Community Care Capacity programme. Original submission 111 community beds capacity supported by homebased care staff with additional beds in interim or intermediate care bed facilities. Current expected delivery by end March 2023 13. Recruitment has been the main limiting factor which was a well understood risk. Consistent issues reported across Wales. Each County developing recruitment plans by end February to support longer term growth.</p> <p><b>Carmarthenshire</b></p> <ul style="list-style-type: none"> <li>3 rounds of recruitment, 5 people appointed, expected to deliver 4 beds from March with further recruitment and expansion planned in 23-24.</li> <li>27 interim beds delivered in 2 care homes.</li> </ul> <p><b>Ceredigion</b></p> <ul style="list-style-type: none"> <li>2 rounds of recruitment, 1 person appointed with no expected deliver before March. Further recruitment and expansion planned in 23-24.</li> </ul>

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					<ul style="list-style-type: none"> <li>6 interim beds delivered with additional commissioned beds TBC.</li> </ul> <p><b>Pembrokeshire</b></p> <ul style="list-style-type: none"> <li>3 rounds of recruitment, 12 people appointed (5.48WTE) with 10 beds delivered from December. Further recruitment and expansion planned 23-24.</li> <li>9 interim beds delivered by March.</li> <li>Growth in micro-enterprise capacity TBC.</li> </ul>
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	<ul style="list-style-type: none"> <li>A preventions board has been established.</li> <li>Additionally a One Health Practitioner is now in post and key to linking public health into the decarbonisation and climate agenda.</li> <li>This planning objective requires review to ensure no duplication between the work the preventions board and other groups are doing.</li> </ul>
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	Director of Public Health	31/3/2024	Ahead	<ul style="list-style-type: none"> <li>Draft plan has been completed, many aspects of the strategy are already in progress.</li> <li>The plan will come to SDODC and then board ahead of schedule in early 2023.</li> </ul>

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	healthy life through strong partnership working				
4T	<p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice</li> <li>Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement</li> <li>Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice</li> </ul>	Director of Planning	31/3/2023	On-track	<ul style="list-style-type: none"> <li>A range of continuous engagement training sessions for staff and the CHC have been delivered by the Consultation Institute.</li> <li>Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022. Regular attendance by the Engagement Team at the Regional Continuous Engagement Steering Group, which aims to identify engagement taking place across west Wales by the Health Board and other key organisations.</li> <li>Completion of the West Wales Regional Continuous Engagement Questionnaire by February 24 2023. The questionnaire will inform on all engagement activities taking place with key population groups across the region so as to avoid duplication.</li> <li>Two meetings have been held of the new Experience and Engagement group.</li> <li>Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</li> </ul>
4U	By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community	Medical Director	31/12/2022	On-track	<ul style="list-style-type: none"> <li>A "deep dive" report for PO 4U was produced for the SDODC meeting in December 2022.</li> <li>County level groups, comprising stakeholders such as Public Services Boards and County Voluntary Councils, continue to meet.</li> </ul>

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	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 community ownership and is for at least 3 years.				<ul style="list-style-type: none"> <li>Consensus has been reached about the community/ies in each county: Tyisha ward / Glanymor ward in Carmarthenshire, Crymych / Newport in Pembrokeshire and Lampeter in Ceredigion.</li> <li>In Carmarthenshire, links are being made with the Transforming Tyisha programme. For example, Health Board staff will be attending Tyisha residents' meetings and have been invited to support evaluation / data collection activity.</li> <li>The Health Board has also been invited to provide input in a gym membership project for young people in Tyisha and "Beat the street"- a project in Llanelli to 'get communities moving'.</li> <li>Links have been made with the primary school in Tyisha, which is considered to be a community resource: School is keen to support community activity.</li> <li>A Tyisha Group, comprising Health Board staff, is being set up to determine current / known activity in Tyisha and to identify possible gaps in provision.</li> <li>In Pembrokeshire, arrangements are being made for Health Board representatives to attend established Development Group Meetings in Crymych and Newport.</li> <li>In Ceredigion, topic reports based on census data are being produced to support the decision to focus initial activity in Lampeter. A report summarising the reasons for selecting Lampeter is</li> </ul>

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					<p>being produced for the Public Services Board. Arrangements are being made for the Health Board to attend and present at Ceredigion PSB Lampeter sub-group meetings.</p> <ul style="list-style-type: none"> <li>Ongoing communication is taking place, e.g. PO 4U was presented at the Carmarthenshire Carers' Forum (December 2022) and at a Regional Preventions Board meeting (January 2023).</li> </ul>
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	<ul style="list-style-type: none"> <li>Two multi sector workshops facilitated by Aberystwyth University planned for February &amp; March 2023 with a view to embedding One Health (OH) principles into partnership working</li> <li>In discussion with Coleg Sir Gar &amp; Bangor Universities regarding developing a OH training package (in conjunction with Director of Research, innovation and University Partnerships)</li> <li>OH is part of PHW &amp; WG draft workplans, with potential for developing national framework/toolkit/outcome measures</li> </ul>
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	Director of Public Health	31/3/2025	On-track	<ul style="list-style-type: none"> <li>To date 100% of all schools across Hywel Dda are aware of WG's Framework and have access to Public Health Wales' Self Evaluation Tool (SET) and Implementation plan and guidance.</li> <li>Nationally, a more streamlined route has been decided to collect data from the SET's and this is now being demonstrated through PHW</li> </ul>

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	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				<p>Dashboard Power Bi. (Licence still pending for HDUHB).</p> <ul style="list-style-type: none"> <li>Small Interview group has been chosen by Implementation Lead for Hywel Dda to represent during Dechiper Interviews for evaluation on impact of Welsh Governments Framework for Whole School Approach to Emotional and Mental Wellbeing.</li> <li>Currently waiting on WG ambitions for 2023/24.</li> </ul>
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"> <li>Key elements of the work plan through 2022/23 include: <ul style="list-style-type: none"> <li>Review our performance measures in line with the WG 2022/23 delivery framework</li> <li>Work with our teams to develop trajectories for our WG and key improvement measures</li> <li>Provide support and training for directorates so they can easily access their performance measures so that they can identify and action any improvements required</li> <li>Ensure that all directorates have a process in place to consider their performance and ensure that they are aware of how to access training and support where required</li> </ul> </li> <li>We also take into consideration our accountability conditions with respect to performance and where current targets are falling behind.</li> </ul>



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					<ul style="list-style-type: none"> <li>Our performance is available through our Integrated Performance Assurance Report</li> </ul>
5B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Patient Experience	31/3/2023	On-track	See 5A
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"> <li>the repurposing or new build of GGH and WGH</li> <li>implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears</li> </ul> <p>Work with partners to develop and address access, travel, transport and the 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</p>	Director of Planning	31/3/2026	Behind	<ul style="list-style-type: none"> <li>Programme Business Case submitted to WG in February 2022.</li> <li>Scrutiny comment from WG received and responded to by end April 2022.</li> <li>Presentation to Infrastructure Investment Board 27<sup>th</sup> May 2022.</li> <li>Land selection process being undertaken by 4 appraisal workstreams <ul style="list-style-type: none"> <li>Technical</li> <li>Clinical</li> <li>Workforce</li> <li>Financial and Economic</li> <li>Report to Board 4<sup>th</sup> August 2022</li> </ul> </li> <li>Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy.</li> <li>Board agreed a shortlist of 3 sites at the meeting on 4<sup>th</sup> 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</li> </ul>

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	<p>strategy.</p> <p>5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.</p> <p>5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery.</p> <p>5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH</p>				<p>29<sup>th</sup> September 2022. And a report detailing the next steps associated with the identification of land for the new Urgent and Planned Care Hospital and associated resources was presented to In-Committee Board on 29<sup>th</sup> September 2022.</p> <ul style="list-style-type: none"> <li>Progress on Community Infrastructure business cases with Cross Hands Outline Business Case approved by Board in May 2022 and submitted to WG 31<sup>st</sup> May 2022. Scrutiny comments have been received from WG and the UHB's responses returned on 16<sup>th</sup> September 2022.</li> <li>A scoping meeting with WG for the Aberystwyth ICC was held on 14<sup>th</sup> July 2022</li> <li>A scoping meeting with WG for Fishguard Health and Well-being Centre has been arranged for 7<sup>th</sup> October 2022.</li> <li>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.</li> <li>It has been agreed that the next stage in the process will be <ul style="list-style-type: none"> <li>a commissioning of an external review of the proposed clinical model</li> <li>development of a Strategic Outline Case officers will work with the WG to agree the next steps in the process</li> </ul> </li> <li>this could have an 18 month impact on the current programme timeline, mitigations will be</li> </ul>

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					<p>explored when we have more detail on the work to be completed</p> <ul style="list-style-type: none"> <li>Action Learning Sets on Biophilic Design have completed and will be reporting into the Programme Group. Presentation to Programme Group on the work done on the new Velindre Hospital</li> <li>WG approval and funding to progress Cross Hands Project to Full Business Case (FBC) received via IRCF</li> <li>Process of appointing business case writers to work with UHB on next tranche of Community Schemes nearing completion</li> <li>Work has commenced on updating the SOC</li> <li>Resource Schedule for the SOC development has been submitted to WG.</li> <li>Preparatory work on the land consultation has been ongoing with consultation now expected to commence at the end of February 2023</li> <li>Further technical and commercial work is being progressed by the land technical team</li> </ul>
5F	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Director of Operations	31/3/2024	Behind	<ul style="list-style-type: none"> <li>The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years.</li> <li>A post COVID review of the Strategy has commenced with a view to an update paper being prepared for SDOC (Feb 2023)</li> <li>A revised implementation plan is in the draft stage of completion</li> </ul>

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					<ul style="list-style-type: none"> <li>Mid Wales Commissioning group commenced chaired by HDUHB Director of planning</li> <li>Clinical discussions with Commissioners in PtHB and BCUHB have commenced with a view to increasing outreach capacity</li> </ul>
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"> <li>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</li> </ul>
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: <ul style="list-style-type: none"> <li>Connected kind communities including implementation of the social prescribing</li> </ul>	Director of Primary Care, Community and Long Term Care	31/3/2023	On-track	<ul style="list-style-type: none"> <li>Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference.</li> <li>Integrated Locality Plans completed.</li> <li>Scheme of delegation to support Cluster budgets being held by the ILPGs approved by Executive Team.</li> <li>Social prescribing implemented, Elemental live and being implemented on a rolling basis.</li> <li>First proactive Care Planning workshops held – further workshops planned in order to complete the regional principles and standards.</li> <li>Updated the Accelerated Cluster Development checklist – positive progress in all areas. Update Jan 2023- 15 actions</li> </ul>

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	<p>model</p> <ul style="list-style-type: none"> <li>Proactive and co-ordinated risk stratification, care planning and integrated community team delivery</li> <li>Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home</li> <li>Enhanced use of technology to support self and proactive care</li> <li>Increased specialist and ambulatory care through community clinics</li> </ul> <p>Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme</p>				<p>complete, 2 partially complete and 13 in progress / ongoing.</p> <ul style="list-style-type: none"> <li>Earwax clinics in process of implementation – live in Ceredigion, starting in February in Pembrokeshire and Carmarthenshire.</li> <li>Single point of contact and technology support aligned to the TUEC programme.</li> <li>Prioritised population health priorities completed in Pembrokeshire – pending further work in Carmarthenshire &amp; Ceredigion.</li> <li>Team of aligned business partners not progressed – partial review of available resource but capacity is constrained and not universal support of ILPG alignment.</li> <li>The wider Ambulatory Care clinic model is subject to additional finance so subject to further development and review in 2023-24.</li> <li>Collective shared budget not developed or agreed – further maturity of groups needed. RIF and cluster budgets are jointly “owned” by ILPGs.</li> </ul> <p>New Planning Object focussing on the Primary and Community model proposed and subject to Board consideration.</p>
51	Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement.	Director of Operations	31/3/2024	On-track	<ul style="list-style-type: none"> <li>Gaps in the services for children have been identified. The original ‘Plan on a Page’ has been scrutinised, with the intention of producing an</li> </ul>

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	From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB				<p>overarching document for all six directorates that relate to children and young people (CYP).</p> <ul style="list-style-type: none"> <li>Community paediatrics have commenced a Task and Finish (T&amp;F) exercise the focus of which is to reduce the number of CYP waiting for a new or follow up appointment with a community paediatrician. The T&amp;F group will assess the requirement for skill-mix and changes in practice across the Service.</li> <li>A sub-group to explore the identified gaps in Positive Behaviour Support has been formed. A paper has been written and is out for consultation.</li> </ul>
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"> <li>Ongoing developments associated with development of Clinical Streaming Hub Model. <ul style="list-style-type: none"> <li>Advanced Paramedic Practitioner pilot extended until March 2023. Formal evaluation due in February 2023 which will inform wider roll out of model across HDdUHB.</li> <li>Community Wellbeing Responders (CWRs). Commissioning these CWRs will allow the expansion of the integrated response element of the Clinical Streaming Hub to provide a 24/7 urgent primary care response to urgent need in the community. The CWRs will be based in Carmarthen however will provide a response to need identified by Out of Hours GPs for residents in Pembrokeshire</li> </ul> </li> </ul>

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					<p>and Ceredigion. It is anticipated that the CWRs will be in post and trained by mid-February 2023.</p> <ul style="list-style-type: none"> <li>Immedicare HDdUHB along with Betsi Calwadr University Health Board have received funding from Welsh Government to pilot a Care Home support service (Immedicare). 'Immedicare' will provide a 24/7 virtual clinical consultation for care homes providing nursing and clinical advice. Finalisation of DPIA and engagement with GPs and Care Homes expected for completion in Feb 23. Go Live from March '23.</li> <li>To support the early identification and discharge planning management for our complex, the TUEC programme been working with 'Faculty AI' to develop a digital platform to manage complex discharge. It is anticipated that this will enable ward managers and inpatient multidisciplinary teams to implement best practice discharge planning and coordination thereby ensuring that patients are discharged on achievement of their determined Clinical Criteria for Discharge and at the Expected Date for Discharge. Training for local 'Superusers' undertaken with Senior Nurse Managers and DLNs on new system in January 2023. Phase Two of training and pilot launch being planned for February 2023.</li> </ul>

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					<ul style="list-style-type: none"> <li>Same Day Emergency Care (SDEC) provision is available in Prince Philip, Glangwili and Withybush Hospitals; and Ceredigion Intermediate Care Centre (Same Day Urgent Care). To date, all have contributed to reducing conversion rates for patients with ambulatory case sensitive conditions and our frail patient group. SDEC Peer Review complete, executive report will be finalised 31st January 2023, WG Process Evaluation Report due in for February 2023.</li> <li>Project Management of the Technology Enabled Care Programme evaluation and ongoing commissioning decisions.</li> <li>Development of scope and supporting roll out for Proactive Care Monitoring and digitally enabled Risk Stratification in the community. Proactive care: Risk Stratification Discovery workshop held 20th of January 2023, outputs to follow.</li> <li>Virtual Wards – agreement of principles through the Clinical Reference Group pending national definition on the 8th of February and implementation alongside the Digital Team. Pilots in Withybush and Glangwili Hospitals being undertaken with Programme Management Office support</li> <li>A barrier to progress in SAFER principles implementation lays in the appointment of senior nursing lead/s to support and lead the roll out. Call to Arms' with Heads of Nursing led by</li> </ul>



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"> <li>Summary of Progress to date (including barriers to delivery)</li> <li>For actions behind schedule, please provide an explanation</li> <li>For actions behind schedule, what quarter will these now be achieved</li> </ul>
					Executive Director of Nursing in February and review of Discharge Liaison roles and responsibilities.
5K	<p>Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> <li>Supporting the assessment of practice against local and national clinical effectiveness standards and ensuring that findings are used improve the services provided to our patients;</li> <li>Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews</li> </ul>	Medical Director	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
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).	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

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"> <li>Summary of Progress to date (including barriers to delivery)</li> <li>For actions behind schedule, please provide an explanation</li> <li>For actions behind schedule, what quarter will these now be achieved</li> </ul>
5N	Implement all outstanding plans in relation to but not limited to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative, Welsh Health Specialised Services Committee	No single Exec owner	31/3/2024	On-track	See agenda item 6.1
5O	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	No single Exec owner	31/3/2024	Behind	<a href="#">Currently awaiting the ARCH Comprehensive Regional Stroke Centre (CRSC) (the new name for a HASU) Business Case'</a>
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"> <li>This is now behind schedule but is being progressed via the Regional Commissioning Programme Group (CPG)</li> <li>The Market Stability Report (MSR) was completed by the Institute of Public Care (IPC), and then approved by the CPG in November 2021. The Market Stability Report (v12) was finalised in Feb 2022</li> <li>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.</li> <li>IPC workshops were held through November/December 2022. Draft output from the workshops was published in December.</li> <li>IPC have confirmed that they are working with the region in supporting the development of a 10 Year Capital Strategy which presents an</li> </ul>

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"> <li>Summary of Progress to date (including barriers to delivery)</li> <li>For actions behind schedule, please provide an explanation</li> <li>For actions behind schedule, what quarter will these now be achieved</li> </ul>
					opportunity to dovetail “revenue” projects with “capital” projects.
5Q	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long Term Care	31/3/2023	On-track	<ul style="list-style-type: none"> <li>All staff in post</li> <li>Training and support plan for primary care nurses in place</li> </ul>
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 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.	Director of Primary Care, Community and Long Term Care	31/3/2023	Behind	<ul style="list-style-type: none"> <li>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</li> <li>Further discussion with the National Team on the Strategy and the ongoing development of the National Palliative Care Strategy for Wales is ongoing</li> <li>Initial discussion with Clinical teams has led to further requirements to ensure full clinical and managerial alignment on the implementation time table for completion</li> <li>The funding for a Palliative Care Triumvirate is subject to a Business case development which has commenced October 2022</li> <li>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.</li> </ul>

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					<ul style="list-style-type: none"> <li>Clinical Agreement to move forward with a HDUHB Lead Nurse for palliative Care in March 2023</li> </ul>
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	Complete	N/A
5U	By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed.	Director of Planning	30/9/2022	On-track	<ul style="list-style-type: none"> <li>Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed 'Property Asset Strategy'. The Strategy summarises the baseline estate and identifies the links to planned and approved short, medium estate plans, both estate development and rationalisation plans.</li> <li>This strategy was tabled at SDOCC on the 16<sup>th</sup> December 2022, in committee and the following actions agreed: <ul style="list-style-type: none"> <li>Financial team review – to confirm the updated estate occupancy costs for each site;</li> <li>Engagement with key stakeholders – February 2023;</li> <li>'The Strategy' will be a 'live document' updated annually to reflect planned and proposed changes to the retained estate, but will be continued to be aligned to the</li> </ul> </li> </ul>

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"> <li>Summary of Progress to date (including barriers to delivery)</li> <li>For actions behind schedule, please provide an explanation</li> <li>For actions behind schedule, what quarter will these now be achieved</li> </ul>
					<p>UHBs strategic and operational plans, with a focus on estate assets</p> <ul style="list-style-type: none"> <li>Work continues via the Agile Working Task &amp; Finish Group to support the agile working programme. The Agile Working Toolkit to be launched in February 2023, following consultation with the Exec Team. A number of accommodation projects ongoing, examples include: <ul style="list-style-type: none"> <li>The office moves are progressing on the Hafan Derwen site e.g. Command Centre, Payroll &amp; Pensions, Therapies, Corporate Nursing etc;</li> <li>The scoping work and discussions with Welsh Government is ongoing to explore the opportunity to secure space in their building at Picton Terrace, Carmarthen;</li> <li>Working with Ceredigion Local Authority to secure accommodation at Rheidol Block, Aberystwyth to support, Therapies, SARC and office accommodation. Wider discussions ongoing with the WG and LA to discuss the Integrated Care Centre opportunity;</li> </ul> </li> </ul>
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	Director of Planning	30/9/2022	On-track	<ul style="list-style-type: none"> <li>Given the current financial position of HDdUHB, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current IMTP cycle, and as such an annual</li> </ul>

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	sessions and a model to deploy operational planning capability out into the organisation.				<p>plan within a three-year context will be submitted instead.</p> <ul style="list-style-type: none"> <li>This inability to submit an IMTP will require the organisation to submit an accountable officer letter to WG to confirm this (by 28th February 2023).</li> <li>A core principle going into 2023/24 is one of stabilisation. Furthermore, it is prudent to submit a plan which is firmly predicated on either: <ul style="list-style-type: none"> <li>Existing Resources – therefore, no additionality is assumed</li> <li>Existing Resources -plus any previously agreed Investments</li> </ul> </li> </ul>
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"> <li>A 40% reduction in emergency admissions for ACS related conditions</li> <li>A reduction in length of stay to the median of our peer group</li> <li>A 25% reduction in follow up outpatient appointments</li> <li>A 4.3% reduction in the overall level of A&amp;E</li> </ul>	Director of Operations	31/3/2023	On-track	<ul style="list-style-type: none"> <li>This work is on-going and is described through a number of the Planning Objectives within this report</li> <li>Our on-going work with Lightfoot is critical</li> </ul>

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	& MIU attendances <ul style="list-style-type: none"> <li>30% of A&amp;E attendances shifted to MIUs</li> <li>50% of patients in acute beds to step down to community beds/home within 72 hours</li> <li>90% of new and follow up outpatient appointments to take place in a community setting (including virtually)</li> <li>50% of day cases in medical specialties to take place in community settings</li> </ul> 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 that it can inform the Health Board's route map to financial recovery.				

## Planning Objective 5G: Transforming Mental Health and Learning Disabilities

### **Adult Mental Health**

- The Mental Health Single Point of Contact operating via 111 Option 2 began operating 24/7 in November and continues to impact positively on services. With the percentage of calls requiring intervention / signposting to Third Sector agencies or self-help remaining high and the follow-on request for Mental health services remaining low. Recent data analysis shows a month on month increase in call volume but not complexity. Police colleagues have reported a sizable decrease in MH calls coming through to Police Services against the same period last year and the year before. We are currently working with Welsh Government to agree baseline data measures to monitor the impact the service is having on related services such as Police and A&E.
- The all-age MH conveyance scheme continues to be utilised fully by services across the Directorate. WG have recently agreed sustainable funding for service, with a national procurement exercise expected to take place in the next 6 months for a 3-year contract. Due to the success of the service in the Health Board, WG have invited us to work with their procurement department to agree the service needs for the national commissioning of the service. This will help us to ensure that local service user feedback is incorporated including unmarked vehicles, cars rather than ambulances (unless a stretcher is required) and informal uniforms etc.
- An independent review has been undertaken into the changes delivered in Adult MH services in Ceredigion over the past couple of years. This is to ensure that the intended Transforming Mental Health (TMH) outcomes are being delivered and to understand the staff experience of these organisational changes. The service is currently preparing a Management Response to the review report.
- Formal links have been established with the school of Nursing in Aberystwyth University to offer placements in Gorwelion. A Mental Health Nurse training programme commenced in September which will support future recruitment of qualified nurses locally.

### **SCAMHS**

- We continue to work towards meeting our targeted trajectories in respect of Part 1A & 1B and are on track to achieve 80% by March 2023.
- We continue to work 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.
- Bi-monthly internal waiting list management meetings have been established to monitor compliance and identify any challenges and risks early to ensure that appropriate mitigations can be put in place. The additional meetings with NHS Delivery Unit colleagues have been discontinued and attendance at the established meetings will continue. The key focus will be on addressing issues and identifying areas of best practice from other Health Boards to apply any learning locally to improve the current position.
- The service has been successful in bidding for Welsh Government funding (capital and revenue) for a pilot to develop an alternative to hospital/discharge lounge provision for children and young people (CYP) based in Bro Myrddin, Carmarthen. Funding has been awarded until 31st March 2025. This will be a 24/7 bespoke service which will provide an alternative to hospital admission and a discharge lounge/step down provision. It will provide a safe space for CYP who present in crisis and would otherwise end up in A&E or on a Mental Health Ward. A 24/7 Rapid Response Team is currently being recruited to provide therapeutic interventions and clinical assessments. This team will work closely with the existing SCAMHS Crisis Assessment Team for additional support and governance. Through dedicated therapeutic and clinical support practitioners will work with CYP to provide solution focussed interventions to de-escalate and avoid the need for referral to Secondary Mental Health services.
- Further monies have been received to pilot two Sanctuary Services for CYP (aged 12 - 18) which will be managed by Third Sector in Haverfordwest, Pembrokeshire and in Aberystwyth, Ceredigion. The location of services is based on known areas of need. Funding has been awarded until 31st March 2025. The Sanctuary will provide practical support and therapeutic interventions to CYP who present in mental distress. Therapeutic solution focused



interventions will be provided in a non-clinical environment, to enable CYP to develop coping strategies for the presenting issue and deescalate. Services will be provided face to face and virtual in line with CYP needs.

### **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.
- We have successfully recruited a Service Delivery Manager for Neurodevelopmental Services who continues to review all the processes involved in diagnostic assessment to identify efficiencies and identify ways to reduce the length of time that it 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. Demand within our IAS service remains similarly high, with the Directorate funding a number of fixed term additional posts to address some of these demand and capacity issues.
- We have undertaken a procurement exercise to outsource assessment and treatment to address our waiting lists in both Adult and CYP ASD services, which closed at the end of October. Following evaluation and stand still period contracts have been awarded to 2 providers up until 31<sup>st</sup> March 2025. This has the capacity to provide a minimum of 150 individual diagnostic assessments per year per provider, which would mean an additional 300 assessments to be completed across Child and Adult Services per year.
- WG has released the Demand and Capacity Evaluation in full and national workshops have been arranged to undertake further consultation on the future service models required to address Neurodiversity.

### **Learning Disabilities**

- A review of operational management for Learning Disabilities (LD) took place in October and a decision made to appoint on an interim basis a Registered Nurse to oversee both LD and Adult Inpatient settings for 6 months. Following the initial 6-month period this decision has now been ratified on a substantive basis with interviews scheduled to take place in late February.
- Work is progressing on the Learning Disability Service Improvement programme (LD SIP) for the community and inpatient settings change programme, with a review of the former Ty Bryn service having been completed. An SBAR was presented to Board in January 2023 outlining the future direction of travel and next steps based on recent service assessments, which was shared with the Executive Team in mid-December 2022. The report included a comprehensive Engagement Plan scheduled for February/March 2023, following which a further analysis report will be taken to Board in for final approval on the service changes.

### **Older Adult Mental Health**

- A project group is being established 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 2023/24.
- There is continual engagement with the Regional Partnership Board (RPB) and West Wales Care Partnership on the development of the Dementia Well-being Strategy and pathway. A Working Group has been established with a focus on Memory Assessment Services (MAS) and Inpatient Services as part of the wider Dementia Strategy workplans.
- A Service Specification has been developed for the Dementia Well-being Team detailing the processes and procedures to enable stepped-care and person-centred wrap-around support in all 4 DGH's, Primary Care, Local Authority and Third Sector partners. The Specification is currently being engaged

on with staff and partner agencies. Good feedback is being received on the stepped care pilot project (16 care homes) with a detailed evaluation report scheduled for completion in March 2023.

- Work continues on developing our Memory Assessment Service (MAS). Good progress has been made on waiting time initiatives with Occupational Therapy, including agreed action planning and patient contact. A Service Specification setting out the new service model is currently being engaged/consulted on and is scheduled for ratification in March 23.

### **Integrated Psychological Therapy Service**

- Performance targets against the % of adults waiting less than 26 weeks to start a psychological therapy is gradually improving and on an upward trajectory, however this may be affected going forward as demand continues to increase.
- An administrative review of the waiting list has been undertaken which is enabling the monitoring of Do Not Attend (DNA) and Can Not Attend (CNA) rates. The service continues to correspond with clients waiting >26 weeks as a form of keeping in touch. We are currently exploring options to develop appointment reminder services via SMS functionality which will lessen DNA rates and with DNA rates.
- The Welsh Government Delivery Unit review of Psychological Therapy Services across Wales has commenced. It is hoped this will gain an insight to service provision and methods across Wales, with a report expected in early 2023.
- A procurement process has commenced regarding outsourcing possibilities for the Eye Movement Desensitisation and Reprocessing (EMDR) interventions. The tender closed at the end of December 2022 and is currently being evaluated. A previous tender process was advertised for Cognitive Behavioural Therapy outsourcing but no submission was received.
- Patient Access Policy has been drafted and approved by the Psychological Therapies Management Group, pending Written Control Documents Group (WCDG) presentation in March 2023.
- The service continues to offer therapies through various service delivery modes including; Attend Anywhere 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.

### **Third Sector Commissioned Services**

- The procurement process for the MH&LD Third Sector Framework for a range of early intervention and prevention services commenced in November 2022. All aspects of the tendering process have been coproduced with service user and carers being involved in the development of new Service Specifications as well as being scoring members of the evaluation process.
- All tender opportunities closed in late January with evaluation scheduled for February. New contracts will be awarded in late March, with new service scheduled to go live from 1<sup>st</sup> July 2023 for up to 4 years. This timeline includes a 3 month transition/implementation period to allow for new service set up and transfer of staff and transition of service users if applicable.

## Appendix 2: Monitoring of Quarter 3 Actions within the 2022/23 Annual Plan

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Executive Lead	Action	Current Status	Comments	If Behind Revised Quarter to be completed by
<b>GC#2</b> Mass vaccinations	Director of Public Health	Phase 4	On Track	Not applicable	Not applicable
<b>1G</b> OD Relationship Manager Rollout	Director of Workforce and OD	Progress against OD plans start to be monitored	On Track	<ul style="list-style-type: none"> <li>Arrangements now in place to manage OD requests and commissions so that services gain the most appropriate support.</li> </ul>	Not applicable
<b>1H</b> 'Making a Difference' Customer Service Programme	Director of Workforce and OD	Deliver Customer Service Training programme pilot, including a full evaluation	Behind	<ul style="list-style-type: none"> <li>Delivery Underway although lack of staff release has resulted in less ability to evaluate its effectiveness, especially in facilities and medical staff groups.</li> <li>Work is underway to develop a behaviour tool (in the context of customer service) although not yet launched, which is similar to the creation of a Managing Customer Service Excellence module. It is anticipated this will be completed by overall year end.</li> </ul>	Q4
<b>1A</b> NHS Delivery Framework Targets	Director of Workforce and OD	Bi-monthly presentation of workforce measures	Complete	<ul style="list-style-type: none"> <li>A dashboard is produced bimonthly providing workforce measures linked to the NHS Delivery Framework targets.</li> </ul>	Not applicable
<b>2B</b> Strategic Equality Plan and Objectives establishment	Director of Workforce and OD	Work with key staff within the Culture and Workforce Experience Team and Occupational Health Team to facilitate and promote existing staff networks, and work to establish two new staff networks: Staff with	On Track	<ul style="list-style-type: none"> <li>The Health Board has expanded its staff networks and recently launched a RespectAbility network to support neuro-diverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks: Enfys,</li> </ul>	Not applicable

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Executive Lead	Action	Current Status	Comments	If Behind Revised Quarter to be completed by
		hidden disabilities, Staff affected by menopause		BAME, Staff Carers, Armed Forces, Menopause Café	
<b>2E</b> Evidencing impact of charitable funds	Director of Nursing, Quality and Experience	Develop a standalone website for the charity	Behind	<ul style="list-style-type: none"> <li>Behind due to delayed consideration of business case within in Digital Health and Care Wales (DHCW). Following approval in October 2022,</li> <li>Work has begun on creating the shell of the new site and content is currently being drafted. New site will be launched in March 2023</li> </ul>	Q4
<b>3E</b> Business intelligence and modelling	Director of Finance	The Advanced Analytical Platform will go live and the legacy systems will be archived and stood down	On Track	<ul style="list-style-type: none"> <li>The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Flow Visualisation are available in the Data Science Platform.</li> </ul>	Not applicable
<b>3G</b> Research and Innovation	Medical Director	Opening of new Clinical Research Facilities (CRF)	On Track	<ul style="list-style-type: none"> <li>Bronglais: The development of a newly refurbished and fit for purpose CRF facility at Bronglais has progressed well, all works are on track for completion by end of March 2023.</li> <li>Withybush: The development of a fit for purpose CRF in Withybush are on track. Space has been identified and costings developed for the refurbishment with a proposed start date March 2023 once pharmacy has relocated</li> </ul>	Not applicable
<b>3C</b> Quality & Engagement Requirements	Director of Nursing, Quality and Experience	Implementation Group identify key actions, quick wins, and opportunities for early implementation	On Track	<ul style="list-style-type: none"> <li>Oversight group is monitoring project plans and progress</li> <li>There is a risk of slippage due to issue of guidance nationally</li> </ul>	Not applicable

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Executive Lead	Action	Current Status	Comments	If Behind Revised Quarter to be completed by
<b>5F</b> Bronglais Strategy	Director of Operations	At Bronglais develop a whole system multi-disciplinary plan for frailty pathway to include community based frailty step down reablement/rehabilitation capacity.	Behind	<ul style="list-style-type: none"> <li>The COVID pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years.</li> <li>A post COVID review of the Strategy has commenced with a view to an update paper being prepared for SDODC (February 2023)</li> </ul>	TBC
<b>5J</b> 24/7 emergency care model for Urgent and Emergency Care	Director of Primary Care, Community and Long Term Care	Implementation of Health Board wide UPC pathway	On Track	<ul style="list-style-type: none"> <li>Future suggestion to change Action wording to reporting on Transforming Urgent Emergency Care (TUEC) Pathway/Programme, rather than Urgent Primary Care (UPC</li> </ul>	Not applicable