

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update and Quarterly Annual Plan 2021/22 Monitoring Return (Q4)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategic Development and Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Daniel Warm, Head of 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, *i.e.* 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
- Medical Director
- Chief Executive Officer
- Director of Public Health

Additionally, the Health Board (HB) believes that it is important to monitor the actions noted in its 2021/22 Annual Recovery 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 2020/21 Annual Plan, presenting progress using completed; ahead; behind or on-track ratings for Quarter 4 (Q4) (January – March 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 42 Planning Objectives in total (out of the 75 current Planning Objectives across the HDdUHB) which are attributed to the Executive Lead as per Appendix 1.

## Asesiad / Assessment

Annex 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'
3H	Board Secretary	On-track	Not applicable (N/A)
3J	Director of Communications	On-track	N/A
3M		On-track	N/A
3A	Director of Finance	On-track	N/A
3E		On-track	N/A
5M		On-track	N/A
5A	Director of Nursing, Quality and Patient Experience	On-track	N/A
5B		On-track	N/A
4Q	Director of Operations	On-track	N/A
5F		Behind	<ul style="list-style-type: none"> <li>Work to implement the strategy slipped during COVID-19, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site.</li> <li>A senior clinician session is being held in July to restart the strategy post-COVID-19 and examine how what we have learned from the changes made during the pandemic will influence and enhance the actions set out in the plan.</li> <li>Project management resource is being secured in order to support for the implementation of the strategy.</li> </ul>
5G	Director of Primary Care, Community and Long Term Care	On-track	N/A
5I		On-track	N/A
6K		On-track	N/A
3I		On-track	N/A
4C		On-track	N/A
5H		On-track	N/A
5J		On-track	N/A
5P	On-track	N/A	
5Q	On-track	N/A	
5S	On-track	N/A	
5T	On-track	N/A	
4A	Director of Public Health	On-track	N/A
4B		On-track	N/A
4D		On-track	N/A
4G		On-track	N/A

4K		Behind	Due to capacity issues, ongoing work around health protection and sickness within the public health directorate, adequate progress has not been made to date. However, a Public Health Registrar will be joining the team in late June and will take a lead, with colleagues working in social value and in our health equity group, on initial analysis and an options appraisal. We expect this work to be back on track by September and continue to aim for the March 2023 board discussion date.
4M		On-track	N/A
4S		On-track	N/A
4J	Director of Public Health (temporarily re-assigned to the Director of Workforce and OD)	On-track	N/A
4R		On-track	N/A
4T	Director of Strategic Developments and Operational Planning		
5C		On-track	N/A
5U		On-track	N/A
5V		On-track	N/A
4O	Director of Therapies and Health Sciences	On track	N/A
4P		On track	N/A
4L	Medical Director	On-track	N/A
4N		On-track	N/A
4U		On-track	N/A
5K		On-track	N/A
5N	No single Exec owner	On-track	N/A
5O	No single Exec owner	On-track	N/A

For Q4 of 2021/22, Annex 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 Q4 is that 5 actions are currently behind, as follows:

Planning Objective and Executive Lead	Action	If Behind Mitigating Actions / Explanation / Comments
<p><b>Planning Objective 1G:</b> Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day-to-day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.</p> <p>Director of Workforce &amp; Organisational Development</p>	<p>OD plans for each service area are scoped and prioritised</p>	<ul style="list-style-type: none"> <li>• The emergence of the Omicron variant and consequent pressure on services from December to March has delayed the opportunity to engage with services to develop the people culture plans.</li> <li>• The whole ODRM Team were redeployed for a month during this period to focus on the collection of live sickness absence data to support service management and staff deployment.</li> <li>• The objective timeframes have been revised and incorporated into planning objective for 2022/23.</li> </ul>
<p><b>Planning Objective 2D:</b> By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this</p> <p>Director of Workforce &amp; Organisational Development</p>	<p>Establish an Integrated Education Governance Group (IEGG) to maintain a strategic overview of the Health Board's workforce, education and development opportunities</p>	<ul style="list-style-type: none"> <li>• This has been a challenge, although draft terms of reference have now been completed which align workforce planning and education and development, with work underway to agree sub-groups and membership. All Actions have been transferred to the new planning objective.</li> </ul>
	<p>Develop clinical governance around the development of the new roles, creating a toolkit for managers</p>	<ul style="list-style-type: none"> <li>• This is now being developed on an All-Wales basis and therefore has taken longer than anticipated. Band 4 Nursing Toolkit in its final stages of completion.</li> </ul>
<p><b>Planning Objective 3I:</b> To implement contract reform in line with national guidance and timescales.</p> <p>Director of Primary Care, Community and Long Term Care</p>	<p>Support Primary Care to work through the contract reform process and support four key priorities: quality and safety, workforce, access to services, and cluster working</p>	<ul style="list-style-type: none"> <li>• General Medical Services (GMS) contract negotiations complete however Quality Assurance and Improvement Framework Quality Improvement templates are still to be issued by WG.</li> <li>• Community Pharmacy contract negotiations concluded and implemented.</li> <li>• Dental contract changes communicated to the profession and implemented.</li> </ul>

		<ul style="list-style-type: none"> <li>Optometry contract negotiations started May 2022 therefore timescale for implementation is unknown at this stage.</li> </ul>
<p><b>Planning Objective</b>  <b>4G:</b> Develop a local plan to deliver Healthy Weight: Healthy Wales' and implement by March 2022</p> <p>Director of Therapies and Health Sciences</p>	<p>Convene a task and finish group to plan and design the model of delivery for children and families in line with the Children and Young People pathway</p>	<ul style="list-style-type: none"> <li>Behind due to delay in Weight Management Clinical Pathway Lead coming into post as described in Q3 report.</li> <li>Task and finish group has now been convened with multi-professional representation and work is underway to design a model of delivery for children, young people and families and to develop a business case to take this model forward.</li> </ul>

### 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 regarding 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 2021/22 Annual Plan

- Take assurance from the overarching progress and the mitigations/actions in place to recover those actions noted as 'behind' which support Q4 of HDdUHB's 2021/22 Annual Recovery Plan.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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
Partïon / 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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any financial impacts and considerations are identified in the report
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report
<b>Risg: Risk:</b>	Consideration and focus on risk are inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
<b>Cyfreithiol: Legal:</b>	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

**Cydraddoldeb:  
Equality:**

Not applicable

**APPENDIX 1 – Update on Planning Objectives (PO) Aligned to the Strategic Development and Operational Delivery Committee (SDODC) as at 13<sup>th</sup> June 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"> <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		On-track	<ul style="list-style-type: none"> <li>• We are developing our branding and sharepoint site for Improving Together. We are looking to publish this in the Autumn.</li> <li>• The Head of Strategic Performance Improvement is working with the Executive Director of Strategic Development and Operational Planning and the Communications Director to consider how we promote and cascade the organisational strategic objectives and aligned support through Improving Together.</li> <li>• We are looking to commence this cascade in the Autumn.</li> </ul>
3E	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices	Director of Finance		On-track	<ul style="list-style-type: none"> <li>• Development of a Data Science Platform is still ongoing.</li> <li>• Tools that perform Time Series Analysis, Forecasting, SPC and Pathway Analysis are available for beta testing. They provide functionality for ED data and Admissions.</li> <li>• Investigation to enhance these with machine learning predictions of Admissions is underway.</li> <li>• GIS and Simulation tools still in development</li> </ul>



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	<p>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 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</p>				<ul style="list-style-type: none"> <li>• Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</li> </ul>
3H	<p>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</p>	Board Secretary	31/12/22	On-track	<ul style="list-style-type: none"> <li>• Plan on Page developed.</li> <li>• Meeting scheduled with Assistant Director of Assurance and Risk and Head of Planning in July to develop a joint process and template, and discuss how this process should feed into Executive Team, Committees and the planning process to ensure learning is documented and addressed by the Health Board.</li> </ul>
3I	<p>To implement contract reform in line with national guidance and timescales</p>	Director of Primary Care, Community and Long Term Care		On-track	<p>Contract reform changes are being implemented as notification and guidance is being received from Welsh Government.</p>

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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		On-track	<ul style="list-style-type: none"> <li>• 'A Communications Plan has been developed and actions within are being taken forward on an ongoing basis. The initial purpose of the plan, seeks to remind our key internal and external audiences of our strategy – A Healthier Mid and West Wales and inform of key strategy/PBC milestones.</li> <li>• As our recovery plans are developed, the communication plan will evolve and focus on sharing information relating to how we are delivering our services as we move out of the pandemic.</li> <li>• Work is also undergoing to communicate our purpose and strategic objectives – laying the foundation for our future communications on recovery.</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.	Director of Communications		On-track	<ul style="list-style-type: none"> <li>• Initial steps made in shaping the strategy, including starting to review our current communication activities and communications channels.</li> <li>• The launch and roll-out of the new intranet pages was delivered on time.</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		On-track	<p>There are 16 target areas associated with this planning objective.</p> <ul style="list-style-type: none"> <li>• 4 are flu vaccine related. This year is the first year of planned co-delivery of flu and covid-19</li> </ul>

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	3 years (with 2022/23 being year 1) (see specific requirements 4.A.i)				<p>vaccines. Dual plans are in development and discussions with primary care colleagues underway to ensure maximum accessibility and acceptability of both vaccines.</p> <ul style="list-style-type: none"> <li>• 2 are related to childhood vaccinations. Our MMR rates in particular are below that expected, so a deep dive into childhood vaccine uptake across Hywel Dda will be undertaken this summer. This will form the basis of a plan to improve accessibility and acceptability of childhood vaccination across Hywel Dda UHB over the next 3 years.</li> <li>• 2 targets are related to smoking, plans to address these are outlined in the tobacco control strategy and addressed as part of PO 4S.</li> <li>• The alcohol harm reduction and drug misuse strategy, also part of PO 4S, will address our plans to reduce alcohol related hospital admissions</li> <li>• One target is related to hepatitis treatment of those eligible for treatment. We are assured that 100% of people eligible and accepting of treatment are receiving this, and we continue to work with hepatology colleagues to ensure this remains the case and that treatment is offered in a timely way.</li> <li>• 3 targets are related to cancer screening, detailed plans are addressed as part of PO 4D</li> <li>• The remaining 3 targets are around ensuring we address health and wellbeing of homeless and vulnerable groups, make strides towards</li> </ul>

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					<p>improving access to services for those with sensory difficulties and ensure we move forward to advance equality and good relations in NHS activities. These targets are no longer part of the mandatory framework targets, but in Hywel Dda we intend to continue to strive towards them as best practice, A health equity group has been formed to start to address inequalities in Hywel Dda around access to healthcare and inequalities around wider determinants of health. This work also links to PO 4K. Additionally, in response to the report from the Welsh Government’s Socio-Economic sub-group, a Community Development Outreach Team has been established, to work with our diverse communities, to help to address the health inequalities that were exacerbated by the Covid-19 pandemic.</p>
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		On-track	<p>There are 4 local target areas associated with this planning objective</p> <ul style="list-style-type: none"> <li>• 2 targets are around reducing smoking in pregnancy, which is an area of focus for the public health midwife and substance misuse team, with plans to recruit to health advisor posts as part of the prevention and early years funding.</li> <li>• 1 target is around reducing obesity in 4-5 year olds. Alongside strengthening ongoing work with the healthy schools and healthy pre-schools teams, we are taking forward a regional approach to implementation of the ‘Healthy Weight Healthy Wales’ strategy, working with Swansea</li> </ul>

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					<p>Bay, including recruitment to a regional lead post which will be instrumental in this area (linked to PO 4G)</p> <ul style="list-style-type: none"> <li>The final target area has been achieved in Q4 21-22, with 99.8% of children having accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme. One child was seen outside of this period due to a parent cancelling the appointment. It will be important to maintain a sustainable model to ensure this continues.</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		On-track	
4D	By March 2024 Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Director of Public Health		On-track	<p>The wording of this PO has changed to:  'By March 2023 develop a plan to reduce the local health inequalities arising in relation to screening services with implementation of agreed actions to begin no later than April 2023. The aim is to increase the access and opportunity for screening in our most deprived communities to the levels of our least deprived areas.'</p> <p>Work is ongoing to obtain, understand and analyse Hywel Dda specific data with local deprivation gradients included for all screening programmes.</p>

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					PHW are currently in the process of drafting a screening equity strategy 2022-25, which locally will be considered and implemented appropriately. Support is offered for implementation of and evaluation of cluster projects and programmed aimed at increasing bowel and cervical screening uptake, including the 4-cluster bowel screening non responder programme and North Ceredigion planned cervical screening project.
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		On-track	<p>Wording of the Planning Objective has changed to: <i>Over the period 2022/23 - 2024/25 implement the Health Board's "Healthy Weight: Healthy Wales" plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following 3 year planning cycle</i></p> <p>Progress in implementing the weight management elements of HWHW are on track. The wider systems work has been delayed due to the need to revise agreements with PHW to account for the regional approach being taken with Swansea Bay UHB.</p>
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)		On-track	<ul style="list-style-type: none"> <li>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</li> </ul>
4K	By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our	Director of Public Health		Behind	Due to capacity issues, ongoing work around health protection and sickness within the public health

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	<p>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.</p>				<p>directorate, adequate progress has not been made to date. However, a Public Health Registrar will be joining the team in late June and will take a lead, with colleagues working in social value and in our health equity group, on initial analysis and an options appraisal. We expect this work to be back on track by September and continue to aim for the March 2023 board discussion date.</p>
4L	<p>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</p>	Medical Director		On-track	<ul style="list-style-type: none"> <li>• The SMfHW Steering group, and attendant task and finish groups have been agreed in principle.</li> <li>• Progress has been made in the production of the systematic review of the Literature. There has been challenges to the work including the amount of evidence to be reviewed, and the agreeing n appropriate quality assurance mechanism. The draft report is due by the end of June 2022.</li> <li>• A task and finish group has been formed to take forward the PO 4.U to design a process of local engagement activity/ activities in a target area within the HB in 22/23</li> <li>• ‘The Conversations with a Purpose’ thematic review is near completion. Due to diary pressures, presentation of the draft has been delayed until Tuesday 14<sup>th</sup> June.</li> <li>• Work is underway to understand and align the engagement requirements of the programme with the HB Continuous Engagement process. As</li> </ul>

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					<p>part of the governance structure, a Communication, Engagement and Influence T&amp;F group is due to be formalised.</p> <ul style="list-style-type: none"> <li>• In partnership with PSB and RPB colleagues the format of feedback into both groups has been modified to work with the Wellbeing plan submission deadlines. A regrouping of Chair/Vice chairs is scheduled for 11<sup>th</sup> July, with a commitment that PK will present at the three PSBs over the summer period.</li> </ul>
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		On-track	In depth discussions with health protection and TB leads have taken place regarding a sustainable service going forward. Plans for a health protection hub are being worked through. An ask for additional resource into the TB service needs to be considered and an SBAR will go to use of resources and/or execs in the coming weeks. The challenges around screening people from Ukraine seeking sanctuary in Wales, both in the community and in our welcome centre, have highlighted important service gaps that need addressing.
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		On-Track	<ul style="list-style-type: none"> <li>• As a result of the draft report a Food Systems Action Group is in the process of being formalised, with the agreement that it sits within the Social Model for Health and Wellbeing (SMfHW) governance structure</li> <li>• The draft report is subject to further review in light of an initial response from stakeholders. The proposals embedded within the report are due to be stratified in to enable the HB and</li> </ul>



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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				<ul style="list-style-type: none"> <li>• partners/Stakeholders to have clarity over what is achievable by the HB alone/ in partnership/ At a UK WG level.</li> <li>• A further workshop to assess the proposals is due to take place July 13<sup>th</sup> 2022.</li> </ul>
40	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		On-track	<ul style="list-style-type: none"> <li>• Currently in scoping phase to understand the level of food literacy programmes currently underway across the 3 Local Authorities as a range of activities are already in situ.</li> <li>• This PO will be absorbed into PO 4N (Food Systems)</li> </ul>
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 pplan should be ready for implementation from April 2024	Director of Therapies and Health Sciences		On-track	<ul style="list-style-type: none"> <li>• Draft program Plan developed - completed</li> <li>• Scoping workshops with colleagues from workforce, transformation, quality improvement and service leads have proposed the “Discover, Design &amp; Develop and Deliver “structure that sets out the main actions and enabling work streams for successful delivery.</li> <li>• Identify range and scope of rehabilitation.</li> <li>• Identify the priorities for improvement adopting a scalable approach.</li> <li>• Complete an appraisal exercise of potential options that will optimise future delivery.</li> <li>• Establish enabling workstreams for Digital, Environment &amp; Equipment , Specialist-Targeted-</li> </ul>

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					Universal Levels of Rehabilitation, Assurance & Metrics.
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		On-track	<ul style="list-style-type: none"> <li>A Task and Finish Group, with an agreed Terms of Reference has been set up</li> <li>Work programme is being developed, along with a risk log</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)		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	Director of Public Health		On-track	<p>The wording for this PO has changed to: By September 2022 develop a comprehensive action plan to address the biggest preventable risk factors for ill health and premature death in the Hywel Dda area. This plan to be presented to Board and, subject to approval, implementation to begin in Q3 2022/23 and included in the next IMTP refresh</p> <p>By September we will have an innovative, evidence based health improvement strategy and action plan for improving population health and wellbeing across</p>

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	healthy life through strong partnership working				the life stages which tackles the leading causes of preventable ill health and death in Hywel Dda. Key components of the strategy include tobacco control, alcohol harm reduction and drug misuse, and wider health improvement and wellbeing. The strategy will be supported by key outcome measures at both a population and service performance level.
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 Strategic Developments and Operational Planning		On-track	<ul style="list-style-type: none"> <li>• A new Continuous Engagement Plan has been produced and was approved by Board in May. Work is underway to complete a continuous engagement toolkit for staff.</li> <li>• The Continuous Engagement Plan will also be evaluated in Year 2 against agreed qualitative and quantitative measures for each objective outlined in the plan and a report presented to the Strategic Development and Operational Delivery Committee.</li> </ul> <p>The wording of the Planning Objective has been revised: By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Implementing structures and mechanisms (such as advisory groups, platforms and channels for</li> </ul>

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					<p>communication) that support continuous engagement</p> <ul style="list-style-type: none"> <li>• Aligning to the Regional Partnership Board's (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities</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 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.	Medical Director		On-track	As referenced in PO 4L, A task and finish group has been formed to take forward the PO 4U to design a process of local engagement activity/ activities in a target area within the HB in 2022/23
5A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Director of Nursing, Quality and Patient Experience		On-track	<ul style="list-style-type: none"> <li>• Plan on a Page for POs 5A and 5B have been developed</li> <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> </ul> </li> </ul>

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					<ul style="list-style-type: none"> <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>
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		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</p>	Director of Strategic Developments and Operational Planning		On-track	<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> </ul> </li> </ul>

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	<p>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 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>Report to Board in early 4<sup>th</sup> August 2022</p> <ul style="list-style-type: none"> <li>• Transport analysis supports the appraisal workstreams and will help form the basis for the development of the transport strategy.</li> <li>• 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.</li> <li>• The Programme timeline is predicated on WG endorsement at the end of May 2022. This will now be the subject of a cabinet discussion in July 2022.</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		Behind	<ul style="list-style-type: none"> <li>• Work to implement the strategy slipped during COVID, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site.</li> <li>• A senior clinician sessions is being held in July to restart the strategy post COVID and examine how</li> </ul>

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					<p>what we have learned from the changes made during the pandemic will influence and enhance the actions set out in the plan.</p> <ul style="list-style-type: none"> <li>• Project management resource is being secured in order to support for the implementation of the strategy.</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		On-track	<p><b>Adult Mental Health</b></p> <ul style="list-style-type: none"> <li>• 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 1st September 2022. In line with these changes, we have a developed new service specifications for the Community Mental Health Centres (CMHC) and CMHT’s which are currently being engaged on with staff, service users, carers and partner organisations.</li> <li>• During the Pandemic, the S136 Place of Safety was centralised to Bryngofal Ward, Llanelli and this arrangement has continued. The Alternative Place of Safety in Ceredigion and Pembrokeshire are now both operational 24/7.</li> <li>• 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)</li> </ul>

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					<p>has been appointed in Carmarthenshire alongside 2 Senior Nurses in Pembrokeshire and Ceredigion.</p> <ul style="list-style-type: none"> <li>• Have incrementally increased pilot operating hours of MH SPOC to 7 days a week. 111 Option 2 going live in Hywel Dda on 21st June. Phased approach – Stage 1 09.00am – midnight 7 days a week, Sage 2 24/7 from October as remaining staff onboard. Targeted marketing campaign developed which will be rolled out in late June.</li> <li>• In line with our commitment to provide out of hours crisis care AMH has extended its pilot provision of Sanctuary and Hospitality Bed services which are now available Thursday to Sunday in Carmarthenshire, Pembrokeshire and Ceredigion.</li> <li>• We are currently undertaking an independent review into the changes delivered in AMH services over the past year. This is to ensure that the intended TMH outcomes are being delivered and to understand the staff experience of the organisational changes. Whilst we have acted consistently with the TMH agenda, we want to learn from what we have done to inform future service design. The review has been delayed due to the Pandemic, but we now have a revised completion date of July 2022.</li> </ul> <p><b>SCAMHS</b></p> <ul style="list-style-type: none"> <li>• S-CAMHS are focussed on the development and expansion of the workforce through increasing</li> </ul>



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					<p>skills and competencies to improve emotional resilience in children and young people (CYP). In line with this we have successfully developed a Looked After Children service which has been embedded within social services in all 3 local authority areas. The CAMHS Crisis team is now operational 24/7 with a range of additional skilled practitioners coming into post in 2021/22. We have further expanded our Psychological Therapy Service and are able to offer a range of evidenced based therapeutic interventions to our CYP.</p> <ul style="list-style-type: none"> <li>• We are currently developing proposals to develop Infant Peri-natal services through sustainable WG Service Improvement Funding (SIF) in 2022/23. We are continuing to work towards attaining the Royal College of Psychiatry (RCP) standards accreditation, which is linked to development of the Infant Peri-natal team.</li> <li>• 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. An MDT Steering Group has been established to oversee the development and implementation of the programme.</li> <li>• We continue to work collaboratively with AMH colleagues to develop robust transition processes for our CYP, with a Transition Lead appointed to act as the link with AMH and provide training and</li> </ul>

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					<p>advice to colleagues. This work is being supported by a Peer Support Worker to ensure that evidence of lived experience is reflected in the process.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• We are continuing to expand the provision of EIP services in line with the national leads. We are in the process of establishing a Steering Group which will oversee the local implementation of the RCP national standards and ensure self-assessment against the EIP maturity matrix.</li> <li>• 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.</li> </ul> <p><u>Older Adult Mental Health (OAMH)</u></p>

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					<ul style="list-style-type: none"> <li>• OAMH services are focussed on sharing clinical expertise and improving care pathway interfaces with AMH, West Wales Dementia Well-being Pathway, acute hospital sites, Primary Care, GP Clusters and Community Resource Teams.</li> <li>• 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. The Pandemic has delayed the anticipated 2021/22 implementation date as the designated beds had to be used as surge capacity due to systemic pressures. However, 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.</li> <li>• WG provided dedicated funding for MAS in 2021/22. In line with this the service undertook a lean service analysis to review capacity and capability. Key areas for improvement were identified including pre-diagnostic assessment capacity and post diagnostic treatment, to link with named wrap around support (Dementia Well-being Connector). 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,</li> </ul>

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					<p>reducing current waiting lists in line with WG targets.</p> <ul style="list-style-type: none"> <li>• OAMH is engaging 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.</li> <li>• 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 will commence later in 2022.</li> <li>• Due to competing priorities with MAS service developments, we have moved the timescales for the development of the CMHC service specification work. This will now be undertaken in early 2023 as it will require an OCP for staff to enable 7 day a week working in line with AMH TMH programme.</li> </ul> <p><u>Psychological Therapies</u></p> <ul style="list-style-type: none"> <li>• Significant progress has been achieved in respect of an Integrated Psychological Therapies model</li> </ul>

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					<p>which has encapsulated the integration of the LPMHSS Service, which will enhance the delivery of timely responses in respect of waiting lists.</p> <ul style="list-style-type: none"> <li>• This service model will ensure that low and high intensity services are delivered in a joint approach and promote prudent healthcare. A Clinical Governance Framework for all therapeutic modalities has been developed and implemented.</li> <li>• The service has developed the range of therapies delivered rising from 2 to 10 evidence-based therapies, which has been developed in line with Matrics Cymru. This has involved considerable investment in staff training of staff to develop a workforce with a high skill mix.</li> <li>• We are currently reviewing recruitment to align to a tiered and progressive structure to enable us to grow our own. A training needs analysis has been undertaken to align therapy provision and effective caseload management. In line with this, a review of all job plans will be undertaken.</li> <li>• A single point of referral has been implemented and referral screening processes have been reviewed. In line with COVID-19, all therapies now offer various options of for service delivery 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.</li> <li>• A demand and capacity exercise is underway to review current demands and sustainability</li> </ul>

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					<p>mapping of timely access to treatments, which will support the development of the service. A robust provision of clinical supervision continues to support staff.</p> <p><u>Learning Disabilities</u></p> <ul style="list-style-type: none"> <li>• The Health Action Team (HAT) have expanded the role of Health Facilitators to maximise the numbers of annual health checks undertaken. The Facilitators also provide an acute liaison service to individuals with a learning disability who are admitted to hospital and assist healthcare professionals in making reasonable adjustments for their needs.</li> </ul> <p><u>Autism Spectrum Disorder Service</u></p> <ul style="list-style-type: none"> <li>• All vacant posts within the Autism Spectrum Disorder (ASD) service have been recruited to, with additional posts being temporarily funded by the Directorate to help reduce waiting lists. A Service Delivery Manger has been appointed to work with the Head of Service to align CYP and adult ASD services, which will ensure consistency and parity. Further to this, a highly specialist Clinical Psychologist focussing on CYP with LD co-morbidity has been appointed.</li> <li>• We are contributing to the national ASD demand and capacity review being undertaken by WG, which includes the development of standards and attainable targets.</li> </ul>

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					<ul style="list-style-type: none"> <li>• In order to meet waiting list demand, we are working with finance and procurement colleagues to commission external assessments over a 3-year period from 2022/23.</li> </ul> <p><u>Commissioned Services</u></p> <ul style="list-style-type: none"> <li>• We have developed a robust procurement/commissioning framework with procurement colleagues whereby all MH&amp;LD Third Sector services will be awarded new 3-year SLA's by 31st December 2022. This timeline reflects the complexity of the process and the need to support the sector appropriately to prepare for the procurement exercise.</li> <li>• The Framework will allow MH&amp;LD services to work collaboratively with organisations, partners, service users and carers to develop new service specifications, encouraging fresh approaches and innovation.</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	Director of Primary Care, Community and Long Term Care		On-track	<ul style="list-style-type: none"> <li>• Integrated Locality Planning Groups exist in all three Counties.</li> <li>• Three Integrated Locality Plans have been developed for 2022-23 which will be further revised by December for the three years starting 2023-24.</li> <li>• Updated information sets are being developed for each County aligned to the Regional and PSB needs assessments – these will support the review of priorities for the future plan.</li> </ul>

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	<p>support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:</p> <ul style="list-style-type: none"> <li>• Connected kind communities including implementation of the social prescribing model</li> <li>• Proactive and co-ordinated risk stratification, care planning and integrated community team delivery</li> <li>• Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home</li> <li>• Enhanced use of technology to support self and proactive care</li> <li>• Increased specialist and ambulatory care through community clinics</li> </ul> <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"> <li>• Discussions are ongoing around the pooled budget and scheme of delegation.</li> <li>• Social prescribing has been rolled out and the implementation of the Elemental system is underway.</li> <li>• Care planning and MDTs are being co-ordinated through the UEC Group 1 which is in development – there is currently a mixed approach across the HB area.</li> <li>• The single point of contact is established in all three Counties with this co-ordinated through the UEC programme.</li> <li>• Technology in support of self care has a programme of work being co-ordinated by the digital team with strong operational support.</li> <li>• A model for community clinics has been developed with further work ongoing to ensure that there is alignment for new pathway changes. The earwax clinics are currently paused pending financial confirmation of the resource required to recruit staff for delivery.</li> </ul>
51	<p>Undertake a comprehensive assessment of all Health Board Children &amp; 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</p>	Director of Operations		On Track	<ul style="list-style-type: none"> <li>• Gaps in the services for children have been identified. An over-arching IMTP for all six directorates that relate to children will be shared with Children and Young People (CYP) Working Group June 2022</li> <li>• Deep dive of Community Paediatrics is underway - including a service review.</li> </ul>



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	of children and young people and have clear links to the wider work being progressed by the RPB				<ul style="list-style-type: none"> <li>• Positive Behaviour Intervention &amp; Support (PBIS) sub-group has been formed and a Task &amp; Finish Group has been created. Will report to CYP Working Group August 2022.</li> </ul>
5J	Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by Septemeber 2022 so that implementation can be completed by December 2022.	Director of Primary Care, Community and Long Term Care		On-track	<ul style="list-style-type: none"> <li>• 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'.</li> <li>• 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.</li> <li>• 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.</li> <li>• It is clear that improving our Urgent and Emergency Care provision however requires a focus on the whole system. This is acknowledged 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</li> </ul>

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					<p>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"> <li>• 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.</li> <li>• It is proposed that Planning Objective (5J) is reviewed and redefined as follows;  “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 “</li> <li>• The programme will ensure alignment to the national UEC Policy Goals and will enhance our UEC performance. The local model will feature in Health Board IMTPs as part of core business from 2023/24 onwards as a key deliverable that</li> </ul>

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					<p>contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'</p>
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		On-track	<ul style="list-style-type: none"> <li>• The Clinical Director for Effective Clinical Practice has been in post since March 2022 and a significant number of engagement sessions have taken place with Directorate and County Triumvirate teams. Additionally, attendance at Quality and Governance Group meetings has been taking place. The purpose is to introduce the work being progressed in relation to clinical effectiveness and identify Directorate/County priority areas, to inform the future work programme.</li> <li>• Teams are becoming familiarised with the AMaT system and targeting key areas to commence roll-out. The system is now in use in six of the seven Health Boards, and one Trust in Wales, and a Welsh Super-User Group has been established. Within Hywel Dda, the Guidelines and Clinical Audit modules are being prioritised, however there is significant interest in the Ward, Area and Service Projects; Inspections; and Quality Improvement modules. It is anticipated that once the system is being used by end-users, the data will make a valuable contribution to the quality dashboards that are in development. An initial</li> </ul>

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					<p>contact has been made with the Head of Informatics to discuss data extraction.</p> <ul style="list-style-type: none"> <li>• Existing policies have been reviewed and prepared for wider consultation. This includes the Management of NICE and other National Guidance Policy; and the New Interventional Procedures Policy. Correspondence from Welsh Government indicates their intention to develop an All-Wales Interventions Not Normally Undertaken (INNU) Policy. Action is behind schedule but will be delivered in June (Q1 22/23).</li> <li>• A Clinical Standards and Guidelines Group has been developed, to replace the NICE and National Guidelines Group. The new Group aligns with the Planning Objective, and the purpose of the Group is to: Identify, through collaboration with Directorates and service areas, priority areas for the Group to target through its forward work plan, in alignment with Health Board strategic and planning objectives, and identified priorities; Support clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines, and use this information to learn and improve; and Oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance. Representatives from the key priority areas will be invited to attend a dedicated</li> </ul>

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					<p>meeting of the Group, which will provide a forum for support and challenge in relation to the service's clinical effectiveness activity. This will also provide a mechanism by which service leads are able to provide assurance to the Health Board (via the Group) that robust arrangements are in place for the delivery of effective clinical practice. Examples of 'good' clinical effective practice will be disseminated across the Health Board in a number of ways including but not exhaustive; Newsletter, VLOG, conference, social media.</p> <ul style="list-style-type: none"> <li>• An Effective Clinical Practice Strategic Plan has been developed, with input from the Clinical Director for Effective Clinical Practice. The draft document is now being consulted upon. There continues to be slippage with this action, however anticipated for completion by July 2022 (Q2 22/23). The Strategic Plan recognises the alignment with the Quality Management System (PO3A), and will be an underpinning enabling/delivery document within this wider strategic framework. This fully reflects the WG Quality and Safety Framework, and the Quality Cycle.</li> <li>• A Multidisciplinary Mortality Review Panel has been established and is currently meeting fortnightly to manage cases referred from the Medical Examiner Service for further</li> </ul>

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					<p>investigation. The Panel is being led by the Clinical Lead for Mortality, with the support of the Mortality Review and Improvement Facilitator, and includes medical (primary and secondary care), nursing, therapies and pharmacy representation, along with corporate teams such as Legal. The process is evolving over time, with iterative developments on the basis of feedback. There continues to be positive engagement with National Framework development groups and Health Board peers from across Wales.</p>
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		On-track	<ul style="list-style-type: none"> <li>• The list of current systems is in excess of 130, each with its own implementation timeline</li> <li>• Consideration may be required to separate out the two components of this Planning Objectives namely the IT systems and the HIMSS maturity matrix</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		On-track	

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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		On-track	<p>This Planning objective has a number of potential elements to it, this will include:</p> <ul style="list-style-type: none"> <li>Stroke Service: Re-design has recommenced post-pandemic but has been stalled whilst a clear decision was awaited from Swansea Bay UHB with regards to the Hyperacute Stroke Unit (HASU) development. Discussions were held w/c 23 May 2022 and a re-design plan will now be developed. This element of the Planning Objective is led by the Director of Therapies and Health Science</li> </ul>
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		On-track	<ul style="list-style-type: none"> <li>This continues to be on-track but is controlled through the 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.</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>It was agreed that IPC would be commissioned to design a 'Decision Framework', and to then apply it to the MSR, through engagement with Regional Partners.</li> </ul>
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		On-track	<ul style="list-style-type: none"> <li>3 whole time equivalents in post March 2022</li> <li>Outcomes identified</li> <li>All training to be able to support Difficult Asthma Clinics in secondary care</li> <li>First report on outcomes due end September 2022</li> </ul>

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	improving access to expert opinion and reducing secondary care demand.				
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		On-track	<ul style="list-style-type: none"> <li>• Service model and manual developed with service leads</li> <li>• Local development of MDT approach completed and new ways of working being rolled out</li> <li>• Shared strategy with national Leads for Palliative Care and End of Life Care (PEOLC)</li> <li>• Business case based on service workforce model being developed</li> <li>• Discussion ongoing re Clinical Leadership / Triumvirate</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		On-track	<p>Assumptions;</p> <ul style="list-style-type: none"> <li>• Care and support are not the same</li> <li>• Choice plays a part in the acceptance of care and support</li> <li>• Don't assume people with increasing complex and /or rising health needs are looking for a health outcome.</li> <li>• Family, friends, neighbours, communities, digital can provide wrap around services</li> <li>• Investment is needed</li> </ul>



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					<p>Recommendations to test over next year:</p> <ul style="list-style-type: none"> <li>• Expansion of community micro enterprises</li> <li>• Develop the Circle of support</li> <li>• Digital Test the Connected Healthcare Administrative Interface (CHAI) community application</li> <li>• Evaluate and evidence the above models work</li> </ul>
5U	<p>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.</p>	<p>Director of Strategic Developments and Operational Planning</p>		On-track	<p>Our A Healthier Mid and West Wales programme provides the overarching strategic plan for the community and non-clinical estate. This is supported by a developed Property Strategy that identifies short, medium estate plans which captures both estate development and rationalisation plans and opportunities. This strategy will aim to deliver on the following key themes:</p> <ul style="list-style-type: none"> <li>• <b>Better quality accommodation</b> that supports an estate that is modern, flexible, and provides a supportive working environments;</li> <li>• A plan that fully adopts the <b>new ways of working programme</b> that is equitable, and changes how we use our accommodation, supports service delivery and capacity needs but adopts best practice technology first approach;</li> <li>• To ensure the estate is aligned to our <b>transformation plans and business operations</b>, that compliments services and teams but also supports clinical delivery solutions;</li> <li>• That aligns to <b>Town Centre First</b> and wider <b>Public Sector &amp; Volunteering sector</b> collaboration</li> </ul>

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					<p>ambitions including work closer to home, be it a public sector hub, home working or a HB base;</p> <ul style="list-style-type: none"> <li>• A plan that focuses on <b>reducing/optimising operating costs and increasing productivity</b>, that includes a strategy that reduces our lease estate / maintains travel savings;</li> <li>• Makes the links with <b>wider HB goals</b> in areas of wellbeing, workforce (i.e. recruitment / retention, work life balance, decarbonisation, biophilic design, equitable to all etc.</li> <li>• 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 a focus on HR &amp; Workforce practices, IM&amp;T change (Technology first) and tied in to the Property Strategy. Work will continue via the Hybrid Working Task &amp; Finish Group to develop a delivery plan around this agenda.</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 sessions and a model to deploy operational planning capability out into the organisation.	Director of Strategic Developments and Operational Planning		On-track	<ul style="list-style-type: none"> <li>• A draft Planning cycle has been developed and will be tested / validated with Operational colleagues before the end of June 2022.</li> <li>• The Planning cycle will ensure the best use of resources and skills from across the organisation at appropriate points – a skills map has been drawn to understand how this might be best achieved</li> </ul>
6K	By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales” related	Director of Operations		On-track	

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	<p>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 &amp; MIU attendances</li> <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> <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 that it can inform the Health Board's route map to financial recovery.</p>				

## Appendix 2: Monitoring of Quarter 4 Actions within the 2021/22 Annual Recovery Plan

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p><b>Planning Objective 1I:</b> Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds</p> <p>Director of Workforce &amp; Organisational Development</p>	Implement each of six programmes to support staff recovery	On track	<p>All projects are underway and on track for delivery</p> <p>Expenditure set aside for green gyms has been amalgamated with other funds from NHS charities and a new total of £212, 000 is now available to support rest and recovery of staff.</p> <p>A new distributed spending plan to support staff in each of the 3 Counties, and to support the implementation of the Medical Fatigue and Facilities Charter was discussed at the Charities sub committee on 6<sup>th</sup> June.</p>	
<p><b>Planning Objective 1A:</b> Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years</p> <p>Director of Workforce &amp; Organisational Development</p>	Refinement of data sets following stakeholder feedback	Ahead	<p><b>Above Target</b></p> <ul style="list-style-type: none"> <li>• Staff Engagement Score 75% in February 2022 staff sample survey (74% 2016 staff survey)</li> <li>• HEIW Submit commissioning template – complete</li> <li>• HCSW Framework – figures submitted substantial funding provided this year to support further workforce development</li> <li>• Dementia training – compliance at 92.6%, target 85%</li> <li>• Staff appointed with check against child barred list – 100% compliance</li> <li>• Staff appointed with check against adult barred list – 100% compliance</li> <li>• % of staff who feel PADR helps them do their job 65.4% reported they agreed this helps them improve what they do</li> </ul> <p><b>Below Target</b></p> <ul style="list-style-type: none"> <li>• Agency spend as % of pay bill 7.08% Feb 2022 compared to 3.36 in April 2020</li> <li>• Sickness absence has continued to be higher than prior to covid and therefore not on target with WG expectation of 4.79%. However sickness (non</li> </ul>	

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
			<p>covid) is currently at 4% 5.56% including covid reasons – lowest of the HBs in Wales</p> <ul style="list-style-type: none"> <li>• Core skills training compliance – compliance at 83.2% target is 85%</li> <li>• PADR/Medical Appraisal compliance – 64.8% compared to target of 85% Medical appraisal above target</li> <li>• Job Plan in last 12 months – 45% approved within last 12 months but 88% with live job plan – target 90%</li> </ul> <p>In addition to the above specific measures particularly pleased with development of:-</p> <ul style="list-style-type: none"> <li>• Revised workforce &amp; OD dashboard for People Committee</li> <li>• Metrics now produced and embedded into each planning objective update report to demonstrate baseline and any impact</li> <li>• Specific dashboard linked to NHS Delivery Framework targets.</li> </ul>	
<p><b>Planning Objective 1F:</b> Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> <li>1. the way the Health Board recruits new staff and provides induction;</li> <li>2. all existing HR policies;</li> <li>3. the way in which employee relation matters are managed and</li> <li>4. equitable access to training and the Health Board's staff wellbeing services</li> </ol>	<p>Employee relations: Identify stakeholder groups and undertake stakeholder engagement, review current practice</p>	<p>On track</p>	<p><b>Induction:</b> With the exception of the actions involving digital investment or support, all actions of the plan have been completed, with the new 24 week induction having been designed. Digital actions have been included in the new plan which now focusses on the implementation phase. These were behind due to the ongoing mass onboarding of various workforce needs and the move of the L&amp;D function, however this has now gained momentum. Report will be available for the August PODCC.</p> <p><b>Equitable Access:</b> Extensive research has now been completed, which had 11% participation from our workforce. A report</p>	

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
Director of Workforce & Organisational Development			has been produced that will be submitted for the August PODCC, outlining recommendations. All actions closed or transferred to the new planning objective.  These were behind due to the ongoing mass onboarding of various workforce needs and the move of the L&D function, however this has now gained momentum. Report will be available for the August PODCC.	
<b>Planning Objective 1G:</b> Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams  Director of Workforce & Organisational Development	OD plans for each service area are scoped and prioritised	Behind	The emergence of the Omicron variant and consequent pressure on services from December to March has delayed the opportunity to engage with services to develop the people culture plans.  The whole ODRM Team were redeployed for a month during this period to focus on the collection of live sickness absence data to support service management and staff deployment.  The objective timeframes have been revised and incorporated into planning objective for 2022/23.	This work has been incorporated into the revised Planning Objective
<b>Planning Objective 2D:</b> By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians	Recruitment of the Clinical Education Manager to support multi-professional clinical education with the Health Board	Complete	Completed and now embedded into post.	
	Establish an Integrated Education Governance Group (IEGG) to maintain a strategic overview of the Health	Behind	This has been a challenge, although draft terms of reference have now been completed which align workforce planning and education and development, with work underway to agree sub-groups and	

Commented [SH(DUCSO1)]: Should I refer to the Workplan to make sure this is included?

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Boards' workforce, education and development opportunities		membership. All Actions have been transferred to the new planning objective.	
Director of Workforce & Organisational Development	Develop clinical governance around the development of the new roles, creating a toolkit for managers	Behind	This is now being developed on an All-Wales Basis and therefore have taken longer than anticipated. Band 4 Nursing Toolkit in its final stages of completion.	Q2 2022/23
<b>Planning Objective 6D:</b> Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level)	Routine capture of Patient Recorded Outcome Measures (PROMs) in 17 service areas	On track		
Medical Director				
<b>Planning Objective 2A:</b> Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024	Commission information, advice and outreach services from third sector partners and review data and intelligence from commissioned services to inform changes or updates to the Action Plan	On track	In Q4 we received all contract monitoring data and have had joint meetings with the Local Authorities (who we jointly commission with) and the three providers for adult services, as well as Pembs Young Carer service. As these are ongoing contracts, they won't be 'completed' as such and the same action is also included for 22/23 when, once again, the contracts will be reviewed. The monitoring data was reviewed, which showed that numbers of carers is increasing, and one provider is running on a waiting list. As an action, we have asked them to look at trying to engage with more male carers as the numbers are predominantly female	
Director of Public Health				

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p><b>Planning Objective 3I:</b> To implement contract reform in line with national guidance and timescales</p> <p>Director of Primary Care, Community and Long Term Care</p>	Support Primary Care to work through the contract reform process and support four key priorities: quality and safety, workforce, access to services, and cluster working	Behind	<ul style="list-style-type: none"> <li>General Medical Services (GMS) contract negotiations complete however Quality Assurance and Improvement Framework Quality Improvement templates are still to be issued by WG</li> <li>Community Pharmacy contract negotiations concluded and implemented</li> <li>Dental contract changes communicated to the profession and implemented</li> <li>Optometry contract negotiations started May 2022 therefore timescale for implementation is unknown at this stage</li> </ul>	<p>Anticipate Q1 22/23</p> <p>Unknown due to negotiation timescales.</p>
<p><b>Planning Objective 5G:</b> Implement the remaining elements of the Transforming MH &amp; 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.</p> <p>Director of Operations</p>	Adult Mental Health: Develop referral pathways and establish Single Point of Referral teams in each Local authority area.	On track	Have incrementally increased pilot operating hours of MH SPOC to 7 days a week. 111 Option 2 going live in Hywel Dda on 21st June. Phased approach – Stage 1 09.00am – midnight 7 days a week, Sage 2 24/7 from October as remaining staff onboard. Targeted marketing campaign developed which will be rolled out in late June.	
	SCAMHS: Develop new pathways linked to Adult Mental Health services and Expand School In-Reach Programme	On track	<ul style="list-style-type: none"> <li>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</li> <li>We are continuing to expand the provision of EIP services in line with the national leads. We are in the process of establishing a Steering Group which will oversee the local implementation of the RCP national standards and ensure self-assessment against the EIP maturity matrix.</li> </ul>	
	SCAMHS: Develop a service specification for Learning Disabilities Services including model, service delivery methods and referral criteria.	On track		
SCAMHS: Finalise clinical pathways, with a focus on simplifying access and becoming	On track			

Commented [SH(DUCSO2)]: Improvement twice? Probably right but I'm highlighting



Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
	more accessible with improved links to primary care.			
<p><b>Planning Objective 4P:</b> Develop a COVID Recovery service to provide a comprehensive individualised person centred to support the symptom based needs of people directly affected by COVID-19.</p> <p>Director of Therapies and Health Sciences</p>	Review and report service outcomes as set out in COVID 19 Rehabilitation Framework outcomes Review of the service provision, volumes and outcomes supporting the COVID Recovery and Rehabilitation to identify its current and future role. Identify a sustainable way to incorporate Level 0-2 COVID Recovery and Rehabilitation Service as part of wider rehabilitation and pre-rehabilitation multi modal service provision.	On track	<ul style="list-style-type: none"> <li>• Draft program Plan developed - completed</li> <li>• Scoping workshops with colleagues from workforce, transformation, quality improvement and service leads have proposed the “Discover, Design &amp; Develop and Deliver “structure that sets out the main actions and enabling work streams for successful delivery</li> <li>• Identify range and scope of rehabilitation</li> <li>• Identify the priorities for improvement adopting a scalable approach.</li> <li>• Complete an appraisal exercise of potential options that will optimise future delivery</li> <li>• Establish enabling workstreams for Digital, Environment &amp; Equipment , Specialist-Targeted-Universal Levels of Rehabilitation, Assurance &amp; Metrics.</li> </ul>	
<p><b>Planning Objective 4G:</b> Develop a local plan to deliver Healthy Weight: Healthy Wales’ and implement by March 2022</p> <p>Director of Therapies and Health Sciences</p>	Convene a task and finish group to plan and design the model of delivery for children and families in line with the CYP pathway	Behind	<ul style="list-style-type: none"> <li>• Behind due to delay in Weight Management Clinical Pathway Lead coming into post as described in Q3 report</li> <li>• Task and finish group has now been convened with multi-professional representation and work is underway to design a model of delivery for children, young people and families and to develop a business case to take this model forward.</li> </ul>	Business case to be completed by end Q2 2022/23
<p><b>Planning Objective 4L:</b> design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at</p>	Co-production with our partners of a working model of the Social Model for Health and Wellbeing	Complete	This work is ongoing and has developed into the continuing / revised Planning Objective 4L for 2022/23.	

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p>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</p> <p>Medical Director</p>				
<p><b>Planning Objective 6G:</b> To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral and, by 2030, achieve the NHS Wales target of a 34% reduction</p> <p>Director of Strategic Developments and Operational Planning</p>	<p>Ensure existing Carbon monitoring processes are sufficient to monitor progress against the University Health Board targets and All Wales Decarbonisation Strategy objectives (16% by 2026 / 34% by 2030 from baseline year 2021/19).</p>	<p>On track</p>		
<p><b>Planning Objective 5K:</b> Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process</p>	<p>Clinical Engagement to support strategy delivery</p>	<p>On track</p>	<ul style="list-style-type: none"> <li>• The Clinical Director for Effective Clinical Practice has been in post since March 2022 and a significant number of engagement sessions have taken place with Directorate and County Triumvirate teams.</li> <li>• Additionally, attendance at Quality and Governance Group meetings has been taking place. The purpose is to introduce the clinical effectiveness and identify Directorate/County priority areas, to inform the future work programme.</li> </ul>	

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
Medical Director				
<p><b>Planning Objective 3G:</b> Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i).</p> <p>Medical Director</p>	Develop 'fit for purpose' facilities serving all our localities, with access to high quality patient consulting environments, laboratory space, and suitable office accommodation	On track	<p>This objective is on track. Please note the following site specific updates for assurance:</p> <ul style="list-style-type: none"> <li>• PPH/Llanelli delivery team – unchanged</li> <li>• The GGH/Carmarthen delivery team moved into the new CRC facility on the 09/03/2022, the team are now in the process of developing a strategy to deliver their key objective to facilitate commercial trials at this site</li> <li>• The WBH/Pembrokeshire delivery team have moved into an improved space in the Discharge Lounge, attached to the second floor near the Oncology Ward, with improved desk space and potential capacity to see recruits</li> <li>• The BGH/Ceredigion delivery team have agreed a space in the old Renal Unit, Ty Aeron. We have a timeline for moving into 3 offices which will facilitate improved desk space, a potential space to see recruits and a secure office for file storage with additional desk space. We are also exploring space within Aberystwyth University for additional hot desks.</li> </ul>	
<p><b>Planning Objective 2C:</b> Review our capacity and capability for continuous engagement in light of COVID-19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year</p> <p>Director of Strategic Developments and Operational Planning</p>	Investment in engagement structures and mechanisms to support our Continuous Engagement Framework, including: continuous engagement training module; development of partnership forums for engagement; triangulation of feedback from wide	Complete		

Planning Objective and Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
	range of sources across the organisation			