

## CYFARFOD BWRDD PRIFYSGOL IECHYD STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 June 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Targeted Intervention update including update on the 2024/25 Planning Objectives
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shaun Ayres, Deputy Director of Operational Planning and Commissioning / Programme Director for Targeted Intervention  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

The Annual Plan for 2024/25 has been built around two key elements, our 10 Planning Objectives (which in themselves are aligned to Ministerial and Local Priorities) and the de-escalation of our Targeted Intervention status (across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care).

A revised set of 10 Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) Plan for 2024/25. The POs set out the aims of the organisation, ie the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable actions, which move the organisation towards that horizon over the next year.

For 2024/25, seven Planning Objectives are aligned to the Strategic Development and Operational Delivery Committee (SDODC), namely:

- PO3: Transforming Urgent and Emergency Care
- PO4: Planned Care, Diagnostics and Cancer
- PO5: Mental Health and Child and Adolescent Mental Health Services (CAHMS)
- PO6: Clinical Services Plan
- PO7: Primary and Community Strategic Plan
- PO8: Estates Plan
- PO10: Population Health

As in previous years it is the expectation that the Strategic Development and Operational Delivery Committee (SDODC) will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

### Cefndir / Background

The Planning Objectives are the bedrock of our Annual Plan for 2024/25 and their delivery fundamental to meeting the de-escalation criteria. This element of the report is presented as an update to demonstrate where progress has been made in delivering the Planning Objectives aligned to SDODC.

The description and specific measurable actions of the POs as detailed in the 2024/25 Annual Plan, can be found in Annex 1.

Work has been undertaken to establish a clear governance structure to oversee and manage the Targeted Intervention process across the six escalation domains – this work will be presented to the Audit and Risk Assurance Committee (ARAC) on 18 June. This includes how the Planning Objectives are aligned to the appropriate governance structures for Targeted Intervention.

### Asesiad / Assessment

The overarching status of the seven POs are as per the table below:

<b>Planning Objective</b>	<b>Executive Lead</b>	<b>Current Status</b>
PO3: Transforming Urgent and Emergency Care	Director of Operations	On-track
PO4: Planned Care, Diagnostics and Cancer	Director of Operations	On-track
PO5: Mental Health and CAHMS	Director of Operations	On-track
PO6: Clinical Services Plan	Director of Strategy and Planning	On-track
PO7: Primary and Community Strategic Plan	Director of Primary Care, Community and Long-Term Care	On-track
PO8: Estates Plan	Director of Strategy and Planning	Behind
PO10: Population Health	Director of Public Health	On-track

All POs have separate reports on this Committee agenda, in future, where POs are not covered, a highlight report will be included a part of the PO update paper.

For PO4 (Planned Care, Diagnostics and Cancer), on the request of Welsh Government, all Health Boards were asked to review their trajectories for 2024/25. Consequently, an updated set of trajectories have been produced, and were presented to Public Board on 30 May 2024. A copy of the paper and the revised trajectories can be found at: [Board Paper](#). The trajectories contained within this paper will be those that are monitored through the remainder of 2024/25.

In relation to Targeted Intervention, and as has been demonstrated over the last year, a key component of our work has been with regards to the Planning Maturity Matrix. The 12-month review of the Maturity Matrix was presented to the Committee on 25 April 2024 and was then subsequently approved by Board on 28 May 2024 as part of the SDODC update – a copy of the paper and the approved 12-month Planning Maturity Matrix can be found at: [Board paper](#).

### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** on the current position in regard to the progress of the Planning aligned to the Strategic Development and Operational Planning Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objective is identified as behind in its status and/or not achieving against its key deliverables.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	3 Transforming Urgent and Emergency Care programme 6 Clinical services plan 8 Estates plans 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	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 Termau: Glossary of Terms:	Explanation of terms is included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

<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 is 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
<b>Cydraddoldeb: Equality:</b>	Not applicable

Annex 1: Planning Objectives aligned to SDODC

**Planning Objective 3 – Transforming Urgent and Emergency Care**

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<p><b>Implementation of the 6 Goals principles aligned with Enhanced Community Care and Further Faster principles; Delivery and Implementation of a 24/7 Urgent Care Service, accessible via 111 Wales, to support improved access and General Medical Services (GMS sustainability.</b></p>	<ul style="list-style-type: none"> <li>• Development of a Regional Clinical Streaming Hub (CSH) to ensure individuals access the Right Care at the Right Place First Time</li> <li>• Development of local delivery hubs to support the CSH and providing access to enhanced Community Care services, third sector services and other pathways to provide safe alternatives to admission.</li> <li>• Integration of GP Out of Hours (GPOOHs) resources with the CSH to give 24/7 cover (links to Primary Care priority)</li> <li>• Implementation of Advanced Paramedic Practitioner (APP) Navigator roles embedded within the CSH.</li> <li>• Working with Welsh Ambulance Service Trust (WAST) colleagues to develop future workforce model and training requirements for APPs to ensure sustainable workforce model for new rotational posts.</li> <li>• Development of enhanced Community Care services to enable to support CSH by providing safe alternative pathways to admission (links to Primary Care priority)</li> </ul>	<ul style="list-style-type: none"> <li>• Safely reducing the number of ambulance conveyances to Emergency Departments</li> <li>• Reduction in number of ambulance handover delays (&gt;1 hr and &gt;4hrs)</li> <li>• Reduction in Accident and Emergency (A&amp;E) Self Presenters</li> <li>• Improved A&amp;E performance (4 hour and 12-hour breaches)</li> </ul>
<p><b>Implementation of the 6 Goals principles aligned with Enhanced Community Care and Further Faster principles; Implementation of Same Day Emergency Care services /direct access pathways</b></p>	<ul style="list-style-type: none"> <li>• Development and implementation of Hywel Dda University Health Board (HDdUHB) optimal SDEC model following on from lessons learnt from peer review.</li> <li>• Review of current direct access pathways and development of new pathways where appropriate and evidence of need across WAST, Mental Health, Community and Secondary Care</li> <li>• Development of Advanced Clinical Practitioner (ACP) role and competency framework, future workforce model and training requirements to support new rotational/portfolio ACP role across SDEC and CSH</li> <li>• Development of Consistent Approach to Front Door Streaming / Assessment Units focused on our Frail Elderly cohort based on good practice and lessons learnt from Witybush Puffin / South Pembrokeshire model</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in appropriate SDEC attendances by direct WAST referral (target 4% of conveyances)</li> <li>• Safely reducing the number of ambulance conveyances to Emergency Departments</li> <li>• Reduction in number of ambulance handover delays (&gt;1 hr and &gt;4hrs)</li> <li>• Reduction in A&amp;E Self Presenters</li> <li>• Improved A&amp;E performance (4 hour and 12-hour breaches)</li> </ul>

<p><b>Improving patient flow through the acute sites</b></p>	<ul style="list-style-type: none"> <li>• Implementation of Optimal Hospital Framework supported by the Frontier Inpatient Platform across all inpatient beds (acute and community)</li> <li>• Ensure consistent approach to Board Rounds and Safety Patient Huddles utilising Frontier digital platform to capture information</li> <li>• Embed SAFER patient bundle and Red2Green methodology to support board round process.</li> <li>• Embed consistent process for Estimated Date of Discharge (EDD)</li> <li>• Development and embedding of Clinical Criteria for Discharge (CCD) within 24 hours of admission to an inpatient bed.</li> <li>• Ensuring early identification of simple / complex discharges and ensuring Discharge to Recover Pathways (D2RA) identified and set within Frontier digital platform within 24 hours of admission to an inpatient bed</li> <li>• Develop and implement Deconditioning audit tool to form part of the safety dashboard.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in number of ambulance handover delays (&gt;1 hr and &gt;4hrs)</li> <li>• Improved A&amp;E performance (4 hour and 12 hour breaches)</li> <li>• Reducing the number of patients with a Length of Stay &gt;7 and &gt;21 Days</li> <li>• Increase in the number of weekend discharges</li> <li>• Increase in the number of discharges before noon</li> </ul>
<p><b>Develop a strategy for our Alternative Care Provision to support care closer to home</b></p>	<ul style="list-style-type: none"> <li>• Initial Assessment and Strategy for Alternative Care Provision identifying gaps and opportunities, developing a framework for expanding and integrating alternative care solutions (links to Further Faster and Enhanced Community Care);</li> <li>• Development of regional ACP model and development of gold standard ACP framework, phased implementation of ACP model and evaluation of ACP model to enable learning from early pioneer sites</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing the number of patients with a Length of Stay &gt;7 and &gt;21 Days</li> <li>• Continued reduction in the overall number of Pathway of Care delays</li> </ul>
<p><b>Minimise delays in hospital discharge due to assessment-related issues within Pathways of Care.</b></p>	<ul style="list-style-type: none"> <li>• Accelerated assessment process, reduced bottlenecks.</li> <li>• Reducing Delays in Social Worker Allocation</li> <li>• Accelerating Nursing/AHP/Medical/Pharmacy Assessments (Links to Transforming Urgent Emergency Care (TUEC))</li> <li>• Streamlining Continuing Healthcare (CHC) Assessments</li> <li>• Utilisation of Trusted Assessors</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in proportion of Pathway of Care delays awaiting assessment.</li> <li>• Continued reduction in the overall number of Pathway of Care delays</li> </ul>

**Improve the effectiveness and efficiency of community services, with an emphasis on avoiding unnecessary hospital admissions and facilitating timely discharges.**

- Enhancing Weekend Community Nursing
- Integrating Anticipatory Care Planning
- Building Community Capacity

- Enhancing Weekend Community Nursing
- Early intervention to prevent health crises, reduced emergency care needs.
- Avoiding hospital admission where possible, supporting early discharge.

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
	Ambulance handovers >1 hour	967	755	747	839	846	Safely reducing the number of ambulance conveyances to Emergency Departments Reduction in number of ambulance handover delays (>1 hr & >4hrs) Reduction in A&E Self Presenters Improved A&E performance (4 hour and 12-hour breaches)
	Ambulance handovers >4 hours	251	219	178	246	232	
	Number of patients spending >4 hours in A&E / Minor Injuries Unit (MIU)	4754	4206	4554	4135	4302	
	Number of patients spending >12 hours in A&E / MIU	1365	1120	1187	1137	1280	

## Enhancing Care in the Community, with a focus on reducing Delayed Pathways of Care

Increasing Enhanced Community Care Capacity (Virtual Wards)

Identify High Intensity service users.

Reducing Pathways of Care Delays (POCD) (link to Urgent and Emergency Care priority of reducing volume of patients with Los > 7 days & > 21 days)

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
1	<b>Delayed Pathways of Care</b>	203	196	190	184	177	<ul style="list-style-type: none"> <li>• Timely discharges</li> <li>• Improved patient / carer outcomes</li> <li>• Improved patient flow</li> <li>• Reduction in 4 hour wait at ED</li> <li>• Reduction in Ambulance handover delays</li> <li>• Reduction in requirement of inpatient surge</li> <li>• Increased moral of NHS staff</li> <li>• Reduction in adverse incidents</li> </ul>
2	<b>Enhancing Community Nursing Capacity</b>						<ul style="list-style-type: none"> <li>• Increase number of community nursing staff at weekends to no less than 60% of weekday staffing Recruitment of Band 3 and 4 Health Care Support Worker (HCSW) to support released Registered Nurse (RN) capacity.</li> <li>• Provision of a 2-hour, 72 hour and 10 working day response to referrals</li> <li>• All teams to be trained to support administration of Intravenous (IV) therapies in community settings.</li> <li>• Provision of Specialist Care Clinical Nurse weekend working in each county to ensure timely response to complex patients. Support for families and patients in End of Life (EoL) care.</li> <li>• To ensure compliance with EoL care review Phase 2 by the National Programme Board for Palliative and EOL care.</li> </ul>
3	<b>Increasing Enhanced Community Care (Virtual Ward) capacity</b>						<ul style="list-style-type: none"> <li>• Exploring models of Enhanced Community Care provision ie Virtual Ward, Hospital at Home to inform best practice.</li> </ul>

## Planning Objective 4 – Planned Care (including Diagnostics and Cancer)

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<b>Elective Reduction in Long waiters</b> – 52 weeks – 104 weeks	<ul style="list-style-type: none"> <li>Getting It Right First Time (GIRFT) Implementation</li> <li>Reduce unwarranted Variation and Low Value Interventions (Interventions Not Normally Undertaken (INNU))</li> <li>Productivity and Efficiency gains (increase activity)</li> <li>INNU Review and Implementation</li> <li>Redeployment of Resources (linked to GIRFT and variable pay reduction)</li> </ul>	<ul style="list-style-type: none"> <li>Deliver zero &gt; 104 weeks in all specialties other than Orthopaedics and Ophthalmology</li> <li>Reduce total &gt; 104 weeks to 1639</li> <li>Reduce stage 1 (new outpatients) &gt; 52 weeks to 1500, limited to Ophthalmology</li> </ul>
<b>Single Cancer Pathway (SCP) Performance Improvements</b>	<ul style="list-style-type: none"> <li>Enhanced Triage and Prioritisation</li> <li>Capacity Management</li> <li>Shared Care Models – (Community Diagnostics)</li> <li>Partnerships – (South West Wales Cancer Centre)</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the backlog to 182</li> <li>Increase the number of patients receiving treatment on the SCP within 62 days to 75%</li> <li></li> </ul>
<b>Diagnostics – reduce the 8-week waits</b>	<ul style="list-style-type: none"> <li>Reduce Outsourcing/Insourcing</li> <li>Reduce Variable Pay</li> <li>Demand and Capacity analysis</li> <li>Diagnostic Pathway Review</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the 8-week standard</li> </ul>

## Cancer (Single Cancer Pathway)

Priority	Measure	Baseline	Q1	Q2	Q3	Q4
	Backlog (number)	249	232	220	200	182
Cancer	Performance (towards requirement for minimum of 75% of patients to receive treatment on SCP within 62 days by March 2025)	62%	66%	67%	70%	75%
<b>Operational Improvements in 2024/25:</b> <ol style="list-style-type: none"> <li>Accelerated Gastrointestinal (GI) Pathways and Fecal Immunochemical Test (FIT) Optimisation: Introduction and refinement across Health Boards to reduce diagnostic delays, aiming for a diagnosis within 28 days from point of suspicion.</li> <li>Diagnostic Efficiency: Reduction in patients awaiting diagnostics for more than 28 days in high-volume tumour sites, with Tular laser operational in Urology enhancing outpatient diagnostics.</li> </ol>			As at the end of June 2024:	As at the end of September 2024:	As at the end of December 2024:	As at the end of March 2025:
			SCP performance at 66% Patients waiting in	SCP performance at 67% Patients waiting in	SCP performance at 70% Patients waiting in	SCP performance at 75%

<p>3. Service Expansions: Introduction of the new Bronchoscopy service and procurement of essential equipment, alongside operationalising Prostate and Bladder pathways to streamline Urology Diagnostics.</p> <p>4. Cancer Prehab and Rehab Services: Expansion of Prehab services to additional pathways by end of Quarter 1 and introduction of a continuum rehab pathway, ensuring comprehensive support from prehabilitation through rehabilitation.</p> <p>5. Patient Experience Improvement: Roll-out Welsh Cancer Network Patient Reported Experience Measured (PREM) across all tumour sites; utilise and leverage insights for targeted improvements in patient care.</p> <p>6. Capacity and Efficiency: Re-establishment of in-patient theatre pathways and exploration of local Systematic Anti-Cancer Therapy (SACT) production to enhance service capacity and reduce costs.</p> <p>7. Integrated Strategic and Operational Improvement Planning: Implement comprehensive improvement plans for each tumour site where demand exceeds capacity, with a structured quarterly review to align strategic objectives and resources. Concurrently, maintain a dynamic weekly operational monitoring and rapid response mechanism. This dual approach ensures the effectiveness of operational plans through real-time adjustments based on immediate needs, challenges, and changing referral patterns. This enables both long-term planning and immediate operational agility, facilitating continuous improvement in patient care and efficiency.</p>	<p>excess of 62 days = 232 Patients waiting in excess of 104 days = 90</p>	<p>excess of 62 days = 220 Patients waiting in excess of 104 days = 85</p>	<p>excess of 62 days = 200 Patients waiting in excess of 104 days = 78</p>	<p>Patients waiting in excess of 62 days = 182 Patients waiting in excess of 104 days = 60</p>
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## Planning Objective 5 – Mental Health and CAHMS

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<b>Mental Health Recovery Programme Optimisation</b>	<ol style="list-style-type: none"> <li>1. Referral to Assessment in 28 Days: Improve the performance across all age groups to meet or exceed the 80% target.</li> <li>2. Assessment to Treatment in 28 Days: Focus on improving the transition from assessment to treatment, aiming for an 80% target across age groups.</li> <li>3. Patients to Have a Valid Care and Treatment Plan (CTP): Ensure that a high percentage of patients have a valid CTP, with a goal of 90%.</li> <li>4. Assessment Reports Sent Within 10 Working Days: Maintain the target of sending assessment reports within 10 working days.</li> <li>5. Independent Mental Health Advocate (IMHA) Offered: Achieve the local target of offering IMHA to 100% of adult patients.</li> <li>6. Gatekeeping by Crisis Teams During Admissions: Strive for a high compliance rate of gatekeeping admissions from 9am to 9pm.</li> <li>7. Reduction in Therapy Wait Times: Work towards having no patients waiting more than the target weeks for therapies such as Art Therapy and Occupational Therapy.</li> <li>8. Medics Wait Times: Reduce the number of patients waiting longer than the targeted weeks to be seen by medical professionals</li> </ol>	<ul style="list-style-type: none"> <li>• Improved patient flow through the Mental Health Recovery services, timely assessments and treatments, and adherence to Planned Care pathways.</li> </ul>
<b>Section 136</b>	<p>Remove variable pay and streamline the process.            Create a sustainable section 136 service.            Development of a consistent approach across the service.            More predictable and equitable service delivery, reduced financial variability.</p>	<ul style="list-style-type: none"> <li>• Mapping and optimisation of the entire patient journey from initial contact through treatment and recovery.</li> <li>• Improved patient experience, reduced delays, and better resource allocation.</li> </ul>
<b>Redesign the End-to-End Inpatient and Community Pathway</b>	<p>Streamlining Inpatient Care            Enhancing Community-Based Care            Coordinating Inpatient and Community Services</p>	<ul style="list-style-type: none"> <li>• Reduce average length of stay and improve patient flow</li> <li>• Decreased inpatient times, increased availability of inpatient resources.</li> </ul>

Service Area	Key Objectives	Next Steps	Outcomes
<b>Adult Mental Health</b>	Implement new Service Delivery model for Community Mental Health Centres (CMHCs), including Crisis Resolution Home treatment (CRHTs).	<ul style="list-style-type: none"> <li>• Sign off new Service Specification following consultation in Quarter 4.</li> <li>• Undertake Organisational Change Process (OCP) with affected staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Seamless pathway of care.</li> <li>• Improved admission procedures.</li> <li>• Earlier intervention and prevention in the community.</li> <li>• Earlier discharge times.</li> </ul>
<b>Learning Disabilities</b>	Co-production of the new service model for inpatient care and enhanced community services.	<ul style="list-style-type: none"> <li>• Recruitment to the Learning Disability Lead Nurse post.</li> <li>• Develop clinical pathways.</li> <li>• Finalise new service model for community and inpatient care.</li> <li>• Undertake Organisational Change Process (OCP) with affected staff.</li> </ul>	<ul style="list-style-type: none"> <li>• Seamless pathway of care.</li> <li>• Improved admission procedures.</li> <li>• Earlier intervention and prevention in the community.</li> <li>• Earlier discharge times.</li> </ul>
<b>Older Adult Mental Health</b>	Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care.	<ul style="list-style-type: none"> <li>• Schedule design meeting to define and test the model for Quarter 4.</li> <li>• Agree revised timescales for pilot in 2024/25.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access for assessment.</li> <li>• Improved access to treatment.</li> </ul>
<b>Section 136 Provision</b>	Agree a new service model for S136 provision across all three Local Authority areas.	<ul style="list-style-type: none"> <li>• Following robust options appraisal undertake 8-week public engagement on options to deliver S136 services.</li> <li>• Board approval on preferred option in Quarter 2 following collation of feedback from public engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved engagement process.</li> <li>• Services available 24/7.</li> </ul>

## Mental Health, including CAMHS, with a focus on delivery of the national programme

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
Maintain 111 Option 2 (all age Mental Health Single Point of Contact) service 24/7.	% Call volumes answered within 2 minutes	82.3%	80%	80%	80%	80%	<ul style="list-style-type: none"> <li>• Number of calls to 111 press 2</li> <li>• Reduction in Mental Health (all age) presentations on Secondary Care services, A&amp;E, Police, WAST etc</li> <li>• Reduction in callers distress levels</li> <li>• Provide early intervention for mental health issues.</li> <li>• Provide navigation to local appropriate support services</li> <li>• Provide information and options for self-care and support.</li> <li>• Make seamless referrals to specialist Mental Health services if necessary.</li> <li>• Provide advice and guidance for other agencies such as GP/WAST/Police</li> <li>• Timely access to diagnostic assessment.</li> <li>• Early identification of additional support needs in line with the Additional Learning Needs (ALN) Act.</li> <li>• Improved educational attainment for children and young people (CYP).</li> <li>• Improved holistic/well-being outcomes for CYP and their families.</li> <li>• Reduced demand on statutory services such as Mental</li> </ul>
	% increase of calls to the professional line	2.4%	10%	20%	30%	40%	
	% increase in call volume	Circa 6000 calls	10%	20%	30%	30%	
	% of callers to indicate a 2 point reduction in distress levels through the use of a Substance Use Disorder (SUD) tool pre and post triage/intervention.		80%	80%	80%	80%	
Maintain performance standards for Specialist Child and Adolescence Mental Health Services (SCAMHS) Part 1A & 1B (assessment and intervention).	% of CYP to receive treatment within 28 days of assessment.	80%	80%	80%	Maintain 80%	Maintain 80%	
	% of CYP to receive referral to assessment within 28 day.	79%	80%	80%	Maintain 80%	Maintain 80%	
	% of CYP accepted for intervention to be provided with Cognitive Behaviour Therapy (CBT)/ Dialectical behaviour therapy (DBT) based group therapy.	New Measure	7%	8%	10%	15%	
	% of CYP referred to Primary Mental Health to be redirected to School in Reach consultations.	New Measure	2%	3%	4%	5%	
Improving diagnostic	% appointments offered to parents/carers through the development of advice hubs		40%	50%	60%	75%	

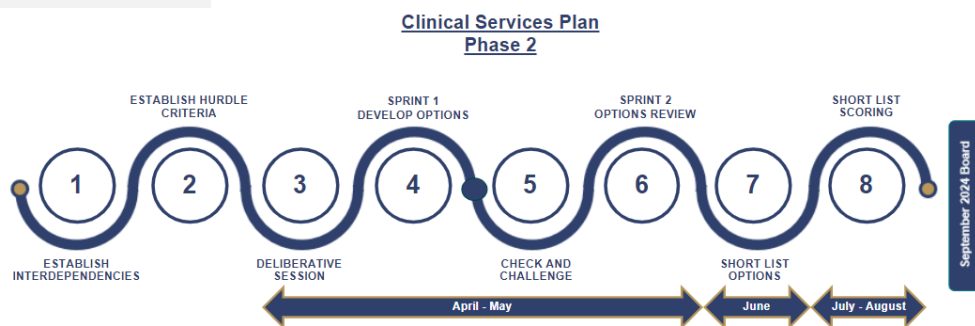
interventions for ASD.	% of outsourced diagnostic assessments completed.		25%	50%	75%	100%	Health, Learning Disability and Social Care services.
	% of CYP discharged from service	New Measure	3%	4%	5%	6%	
	% of CYP are waiting less than 26 weeks for diagnostic assessment	New Measure	40%	41%	42%	43%	

## Planning Objective 6 – Clinical Services Plan

Scope	Aim	Deliverables / actions	Q1	Q2	Q3	Q4
<p>A programme of work to develop a Clinical Services Plan, as agreed by Board On 30 March 2023, in response to service fragilities and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government (WG).</p> <p>Urgent and Emergency Paediatrics Stroke Planned Care (Orthopaedics, Ophthalmology, Dermatology, Urology, Critical care, Emergency General Surgery) Diagnostics (Radiology, Endoscopy) Primary care</p>	<p>To provide a set of plans for key clinical services to address critical sustainability risks up to the future hospital network.</p>	Phase 4 – Paediatrics Implementation Plan				
		Phase 2 – Options Development (Stroke, Planned Care and Diagnostics)		x		
		Phase 3 – Public Engagement				

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Baseline Assessment	Measurement Method	Outcome/Output
Safe and Sustainable Services	Development of options which improve activity or sustainability. Appraisal of options to determine viability for implementation	Phase 1 - issues paper for each service	Hurdle and Evaluation criteria established considering: Activity Data Analysis Workforce Data/Cost Centre Analysis Finance Cost Driver/ Cost Centre Analysis	Development of a series of Board-approved options that can be used to engage with public, staff, partner organisations and stakeholders
	Preparation for engagement or consultation as required	Phase 2 – Options developed and appraised	Clear Implementation and milestones Action Plan	Development of a project plan detailing how engagement or consultation will be carried out as required

Scope	Deliverables / actions	Q1	Q2	Q3	Q4
Phase 2 - Options Development (Stroke, Planned Care and Diagnostics)  The following steps will be facilitated by tCI (all steps will be delivered in person unless otherwise stated):	Step 1 – <b>Establish the interdependencies</b> and key people who need to be involved in Phase 2. This was developed through the Multi Professional Leadership Forum (MPLF) in February 2024, with a follow up discussion at the Clinical Reference Group (CRG) and further tested within the programme task and finish groups. In addition, this process has highlighted who will need to be involved in the check and challenge process (as defined in step 5); this will include wider stakeholder representation including service users and groups.	Complete			
	Step 2 – <b>Establish Hurdle Criteria</b> , developed by the Clinical Reference Group and sense checked in Step 3. The hurdle criteria will be approved by the Clinical Services Plan Steering Group. These may include criteria in relation to Quality, Workforce, Deliverability, Sustainability and Finance. These will be informed by advice received from the Consultation Institute (tCI).	x			
	Step 3 – a one-day <b>Deliberative Session</b> – A detailed review of the issues paper findings with a wider group of stakeholders including service user representation.	x			
	Step 4 – a two-day workshop, <b>Sprint 1 Develop options</b> , which will develop a long list of options, evaluation criteria and review the scoring methodology.	x			
	Step 5 – Virtual <b>Check and Challenge</b> of the long list of options with wider stakeholders and service user representation.	x			
	Step 6 – a two-day workshop, <b>Sprint 2 Options Review</b> , which will consider additional modelling data, the findings from the Check and Challenge, refine the options and scoring of the long list.	x			
	Step 7 – three half-day workshops, <b>Short List Options</b> , which will develop Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses for the short-listed options.	x			
	Step 8 – a one day workshop, <b>Short List Scoring</b> , which will be supported by data and SWOT analyses, to score the short-listed options.			x	



**Planning Objective 7 - Primary Care and Community Strategic Plan**

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Outcome/Output
<p>Primary Care Strategy</p>	<p>A Board approved Primary Care Strategy, which is inclusive of:</p> <ul style="list-style-type: none"> <li>- Enhancement of Primary Care Services</li> <li>- Integration of Technological Solutions</li> <li>- Workforce Development</li> <li>- Infrastructure and Estate Development</li> <li>- Alignment with Community Services</li> </ul> <p>Development of themes/ areas to be addressed within a Strategy document.                      Appraisal of Strategy to determine viability for implementation.                      Preparation for engagement or consultation as required</p>	<ul style="list-style-type: none"> <li>• Development of a Strategy which can be used to engage with public, staff, partner organisations and stakeholders.</li> <li>• Development of a Project Plan detailing how engagement or consultation will be carried out as required.</li> <li>• Improve the range and quality of Primary Care services.</li> <li>• Utilise digital tools to improve patient access and care management.</li> <li>• Strengthen Primary Care workforce capabilities.</li> <li>• Upgrade Primary Care facilities and infrastructure</li> </ul>

## Primary and Community Care

Priority	Measure	Baseline	Q1	Q2	Q3	Q4	Impact
<b>Improving access to General Medical Services</b>	% of Practices achieving Access standard submissions	100% of practices achieved all access standards in Quality Assurance and Improvement Framework (QAIF) in 2022/23	100%	100%	100%	100%	<ul style="list-style-type: none"> <li>All GP Practices meeting the contractual requirements on access</li> <li>All GP Practices participating in QAIF access standards</li> <li>Improved access in the range and number of Enhanced Services delivered across GP Practices</li> <li>Service and resource shift from secondary care to support improved access to a range of services in General Medical Services (GMS)</li> </ul>
	Reduction in number of items dispensed						<ul style="list-style-type: none"> <li>All Community Pharmacies are open for their contracted hours (core and supplementary)</li> </ul>
<b>Improving access to Community Pharmacy</b>	Increase in wider service provision	Increase in the number of Pharmacist Independent Prescribing Service (PIPs), Common Ailments Service (CAS), Urinary tract Infection (UTI) consultations	Increase of an additional 250 patients quarter on quarter				<ul style="list-style-type: none"> <li>Reduction in the number of Community Pharmacies seeking to reduce their opening times.</li> <li>Improved access in the range and number of services being provided across Community Pharmacies</li> <li>Increase in the number of Independent Prescribing Pharmacists providing services</li> </ul>
	Reduction in the number of temporary closures	194	175	158	140	124	
<b>Improving access to</b>	% of delivery of volume metrics		Metrics to be confirmed following agreement of contracts				<ul style="list-style-type: none"> <li>Improved levels of access of routine NHS dentistry for new NHS patients</li> </ul>

<b>General Dental Services</b>	for Dental Contract Reform and Extant Contracts			<ul style="list-style-type: none"> <li>• Improved levels of access to urgent dental care for those patients that choose not to engage in routine NHS dentistry.</li> <li>• Increased level of specialist services delivered within the Health Board footprint</li> </ul>
<b>Improving access to Optometry Services</b>	Increase in the number of patients accessing clinical services	Independent Prescribing Optometrists (IPOs) and Domiciliary Emergency Eye Care Service (DEECS) data from 2023/24	Increase of an additional 250 patients quarter on quarter	<ul style="list-style-type: none"> <li>• Improving access to a wider range of Ophthalmic services through Optometric practices bringing care closer to home and reducing the need for patients to attend hospital for appointments.</li> <li>• Increase in the number of patients accessing care in Optometric Practices in line with the negotiated position</li> </ul>
		Reduction of referrals into Ophthalmology		

## Planning Objective 8 – Estates Plans

Primary Objectives	Secondary Objectives (Enablers to Primary Objectives)	Baseline Assessment	Measurement Method	Outcome/Output
Progress against Business Case process for Implementation of <i>A Healthier Mid and West Wales (AHMWW)</i> Strategy	Nuffield Trust report received and management action plan agreed WG endorsement of Programme Business case Approval of Strategic Outline Case (SOC) Establishment of team and project to deliver Outline Business Cases (OBCs)	<ul style="list-style-type: none"> <li>Board-approved Programme Business Case (not yet endorsed by WG)</li> <li>Strategic Outline Case draft</li> <li>Nuffield Trust Review undertaken</li> <li>A Healthier Mid and West Wales Strategy</li> <li>Review and refresh of regional 10-year Capital Plan</li> </ul>	<ul style="list-style-type: none"> <li>Completed Action Plan following Nuffield report</li> <li>Agreement with WG on long-term Strategic Plan via endorsed Programme Business Case (PBC)</li> <li>Reduction in carbon footprint</li> </ul>	<ul style="list-style-type: none"> <li>AHMWW Strategic Outline Case produced and agreed by Board</li> <li>Commence development of Outline Business Case(s)</li> </ul>
Estates Rationalisation - Modernisation and rationalisation scheme year 1-4 implementation	Acquisition of Picton Terrace Corporate Hwb Progress against Business Case process for: <ul style="list-style-type: none"> <li>Fishguard Health and Wellbeing Business Case (HWBC)</li> <li>Aberystwyth Resource Centre</li> <li>Carmarthen Hwb</li> <li>Pentre Awel</li> <li>Cross Hands HWBC</li> </ul> Launch of Agile Toolkit	<ul style="list-style-type: none"> <li>Estates Rationalisation Strategy</li> <li>Programme Business Case</li> <li>A Healthier Mid and West Wales Strategy</li> <li>Agile toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of properties (freehold and lease) within the Health Board's portfolio</li> <li>Reduction in number and costs of leased properties</li> <li>Reduction in estates backlog</li> </ul>	<ul style="list-style-type: none"> <li>Rationalisation of St David's Park and Glien House to Corporate Hwb</li> <li>Implementation of Short Term (1-4 years) schemes</li> <li>Progress made towards planning for Medium Term (4-8 years) Modernisation/ Rationalisation Schemes</li> </ul>

Scope	Aim	Deliverables /actions	Q1	Q2	Q3	Q4	
<p>Business cases associated with the delivery of AHMWW.</p> <p>Future work to include the remainder of the AHMWW scope relating to Bronglais and Prince Philip Hospitals' modernisation.</p> <p>Regional capital plans as delegated to the Regional Partnership Board (RPB)</p> <p>Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements.</p> <p>Agile working and associated factors, such as desk-booking, building design, toolkit etc.</p> <p>Essential estate infrastructure through the major infrastructure business case</p> <p>Decarbonisation initiatives and net zero approaches</p>	<p>To provide a strategic suite of plans to address the risks and inadequacies of all aspects of the current estate. It is anticipated this will be achieved through partnership working, new models of working and significant investment over a period of the next 10 to 15 years</p>	Actions taken in response to the Nuffield Trust Review to be presented to Infrastructure Investment Board (IIB)	x				
		Secure Ministerial endorsement for the AHMWW PBC	x				
		Completion and submission of Board approved SOC (Date TBC subject to WG agreement)					
		Review and refresh of regional 10-year capital plan to WG			x		
		Implementation of Property Asset Strategic Plan	x	x	x		
		Funding approval for moves to WG Building, Picton Terrace					
		Commencement of staff moves into WG Building, Picton Terrace					
		Termination of Block 14, St Davids Park lease					
		Submission of FBC for Cross Hands			x		
		Pentre Awel	x	x			
		BJC complete for Integration and Rebalancing Capital Fund (IRCF) funding		x			
		Memorandum of Understanding (MOU)					
Heads of Terms							
Carmarthen Hwb	x	x					
BJC completed for IRCF funding							
Heads of Terms							
Fishguard Centre	x	x					
funding for SOC/OBC							
appointment of Supply Chain Partners							
Aberystwyth Resource Centre					x		
Scoping agreed							
BJCs for major infrastructure investment							



## Planning Objective 10: Population Health

Scope	Aim	Deliverables / Actions	Q1	Q2	Q3	Q4
<ul style="list-style-type: none"> <li>Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.</li> <li>Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (eg Primary Care)</li> <li>Leadership and partnership working to strengthen Health Board position on health equity and the wider determinants of health, continuing</li> </ul>	<p>To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and slow-down the long-term trends of increasing burden of ill health on the Health Board.</p>	<ul style="list-style-type: none"> <li>Develop a strategic approach to improving population health and equity.</li> <li>Establish a governance structure with appropriate forums, and terms of reference</li> </ul>	x	x		
		<ul style="list-style-type: none"> <li>Develop and implement a regional health protection system.</li> <li>Establish HDdUHB service to be overseen by Strategic Health Protection Oversight Group and agree local priorities, identifying trajectories and improvement outcomes</li> </ul>	x	x	x	x
		<ul style="list-style-type: none"> <li>Deliver on National Immunisation Framework (NIF) with a focus on increasing uptake of Measles, Mumps, Rubella (MMR) and seasonal immunisations</li> <li>Vaccination centre walk in for all over 5s for all vaccination programmes</li> <li>Data cleansing for MMR to ensure accurate portrayal of Health Board performance.</li> <li>Vaccination sessions at all schools with 50+ pupils under 90% MMR2 rate</li> <li>Review seasonal vaccination uptake among nursing staff and make recommendations with early planning for 24/25 programme; implement changes to National Immunisation Framework</li> </ul>	x	x	x	x
		<ul style="list-style-type: none"> <li>Tobacco - implementation of local tobacco control plan working towards Smokefree 2030</li> <li>Establishment of the multi-agency Hywel Dda tobacco control group</li> </ul>	x			
		<ul style="list-style-type: none"> <li>Delivery of Whole Systems Approach to Healthy Weight</li> <li>Develop sub-system areas of focus and agree priority actions for next two years of programme.</li> </ul>			x	x
		<ul style="list-style-type: none"> <li>(Re)Establish regional Children and Young People's governance forum under the RPB</li> <li>Regularised meetings with Terms of Reference (ToR) signed off by group to improve recognition of needs and strategies to improve H&amp;WB of CYP</li> </ul>	x	x		

to develop a Social Model for Health and Wellbeing (SMfHW), Including support and collaboration with Public Services Boards (PSBs) and RPB.	<ul style="list-style-type: none"> <li>• Progress the development of the Social Model for Health and Wellbeing</li> <li>• Produce new framework for action for SMfHW; scope the Employer Volunteer Scheme</li> <li>• Initiate development of social innovation with partners</li> <li>• Map existing groups/initiatives/projects aligned to SMfHW to create synergies</li> </ul>	x	x	x	x
	<ul style="list-style-type: none"> <li>• Alcohol and Drug Use:</li> <li>• Retendering of Tier 2 Drug and Alcohol Services</li> </ul>	x	x	x	x
	<ul style="list-style-type: none"> <li>• Equity and prevention in Clinical Service Planning</li> <li>• Develop framework for integrating equity and prevention into clinical service planning.</li> <li>• Produce a form of return on Investment to health services for a few key public health services</li> </ul>	x	x	x	x