



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	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 (PO) have been agreed by Board as part of the Hywel Dda University Health Board (HDdUHB) plan for 2023/24. The POs are the priority programmes of work that aim to move the Health Board towards our Strategic Objectives.

For 2023/24, 10 Planning Objectives have been aligned to the Strategic Development and Operational Delivery Committee (SDODC).

As in previous years it is the expectation that SDODC will receive an update on the progress made in the delivery of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

For the Planning Objectives for 2022/23, a Closure Report was presented to Public Board on 25 May 2023, and can be found here: [2022/23 Planning Objective Closure Report](#).

For those previous Planning Objectives aligned to SDODC these can be summarised as:

PO	PO Name	Executive Lead	Status	Alignment to 2023/24 POs
3H	Planning objective delivery learning	Board Secretary	De-prioritised	No PO – considered as Business As Usual
3J	AHM&WW Communications Plan	Director of Communications	Complete	6c Continuous Engagement
3M	UHB Communications Plan		Behind	
4T	Continuous engagement implementation		Behind	
3A	Improving Together	Director of Finance	Complete	No PO – considered as Business As Usual
5A	NHS Wales Delivery Framework Targets	Director of Nursing, Quality	Complete	3a Transforming Urgent and

5B	Local Performance Targets	and Patient Experience	Complete	Emergency Care (TUEC) Programme
4Q	Community Care Support to reduce non-elective acute bed capacity	Director of Operations	Behind	
5F	Bronglais Strategy		Behind	4a Planned Care and Cancer Recovery
5G	Transforming Mental Health and LD Implementation		On-track	4c Mental Health Recovery Plan
5I	Children and young people services improvement		On-track	No PO – considered as Business As Usual
6K	Design Assumptions		On-track	4a Planned Care and Cancer Recovery
3I	Primary Care Contract Reform	Director of Primary Care, Community and Long Term Care	On-track	7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability
4C	Transformation fund schemes		Complete	
5H	Integrated locality plans		Behind	
5J	24/7 emergency care model for Community and Primary Care		Behind	3a Transforming Urgent and Emergency Care (TUEC) Programme
5P	Market Stability Statement		Complete	No PO – considered as Business As Usual
5Q	Asthma pathway		Complete	
5S	Palliative Care and End of Life Care Strategy		Behind	
5T	Complex health and care needs		Complete	7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability
4A	Public Health Delivery Targets	Director of Public Health	On-track	7a Population Health
4B	Public Health Local Performance Targets		On-track	
4D	Public Health Screening		Complete	
4K	Health Inequalities		Complete	
4S	Improvement in Population Health		Ahead	
4V	One Health		On-track	
4W	Whole School Approach to Mental Health and Emotional Wellbeing		On-track	
4J	Regional Well-being Plans		Complete	
4R	Green Health and Sustainability		De-prioritised	
5C	Business Cases for A Healthier Mid and West Wales	Director of Strategy and Planning	Behind	5a Estates Strategy
5U	Community and non-clinical estates strategy		Behind	
5V	IMTP and Operational Planning		Complete	No PO – considered as Business As Usual
4P	Recovery and Rehabilitation Service	Director of Therapies	Complete	3a Transforming Urgent and Emergency Care (TUEC) Programme
4L	Social Model for Health and Wellbeing	Medical Director	Complete	7c Social Model for Health and Wellbeing
4N	Food Systems		On-track	

4U	Community proposals for place-based action		Complete	
5N	Implement National Network and Joint Committee Plans	No single Executive owner	On-track	4a Planned Care and Cancer Recovery
5O	Fragile Services		Behind	6a Clinical Services Plan

Asesiad / Assessment

At this early stage in the financial year all Planning Objective are currently on-track.

‘Plans on a page’ are required for all Planning Objectives and are intended to ensure a clear delivery/development process for the year, with SMART (specific; measurable; achievable; realistic; timely) deliverables/outcomes and clear trajectories/milestones using a standardised template that has been developed. The current PO Plan on a Page for those aligned to SDODC can be found at annex 1.

The Executive team has a programme of PO review sessions in place where the plans on a page and progress with the POs are being discussed, led by the lead Executive and the team delivering the PO.

In moving forward, in order to ensure our assurance of the POs evolves from a process update to outcome/output orientated one, a PO Highlight Report has been drafted (annex 2) which will be reported to the Committee every other meeting. Additionally, a programme of ‘deep-dives’ on POs has been scheduled, and to ensure consistency a draft slide-set has been produced (annex 3). The initial schedule for the ‘deep-dives’ is as below:

Planning Objective	Executive Lead	August 2023	October 2023 PO Update	December 2023	February 2024 PO Update	April 2024
3a Transforming Urgent and Emergency Care (TUEC) Programme	Director of Operations		✓		✓	Closure Reports
4a Planned Care and Cancer Recovery		✓		✓		
4b Develop and deliver a regional diagnostic plan					✓	
4c Mental Health Recovery Plan			✓		✓	
5a Estates Strategy	Director of Strategy and Planning	✓				Closure Reports
6a Clinical Services Plan		✓		✓		
7a Public Health	Director of Public Health				✓	Closure Reports
7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability	Director of Primary Care, Community and Long-Term Care		✓		✓	

7c Social Model for Health and Wellbeing	Medical Director			✓		
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Argymhelliad / Recommendation

The Committee is asked to receive assurance on the current position for the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	3a Transforming Urgent and Emergency Care programme 4a Planned Care and Cancer Recovery 5a Estates Strategies 6a Clinical services plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report

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
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

PLANNING OBJECTIVE

3a - Implement the Six Goals & To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026

PROJECT SCOPE (An outline of the project setting out its purpose)

'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. Our data indicates that we convey and admit too many frail older people to our hospitals who consequently experience a long inpatient stay and are exposed to hospital related harms of deconditioning, hospital acquired infection, falls and delirium. The Programme will therefore also oversee the development and implementation of best practice model for our frail population to ensure optimal outcomes for this vulnerable group are achieved. We call this our 'Home First' model which ensures that we consider 'what matters' to them in all that we do and enhance our integrated health and care system 'further and faster' to support them at home and protect their independence through provision of safe alternatives to hospital admission and reducing hospital LOS.

The programme will ensure alignment to the national UEC 6 Policy Goals and associated Ministerial Priorities 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 contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'

Modelling at Programme outset identified a potential efficiency (not cash out) of 135 beds through our 3 C approach over 4 year period.

Ministerial Priorities 23 / 24 (Summarised as the 3 Cs in the Programme i.e Conveyance, Conversion and Complexity Management)

- Eradicates 4 hour handover delays by March 2024 through provision of safe alternatives to hospital admission (conveyance avoidance) and optimal inpatient flow
- Reduces average Bed Days > 21 through admission avoidance and improved management of patients with complex discharge requirements and POCD reduction (D2RA, Trusted Assessor implementation, SAFER implementation)
- Reduces Conversion Rates and 12 hour ED waits through direct access to SDEC for GPs and WAST open 5 days a week moving to 7 days a week and 12 hours by end Q2

Regional Partnership Objectives for our complex older adult population (includes dementia) that contribute to delivering the Programme:

- Provision of Complex Care at Home
- Provision of services that supports transfer Home from Hospital
- Implementation of Discharge 2 Recover then Assess pathways

Programme Outcome: Population of West Wales are able to access the right care, at the right time, in the right place and that:

Adults living with frailty in West Wales live long, healthy and happy lives, to ensure that they are supported to remain active and independent in their own homes and communities and continue to enjoy doing the things that matter to them. At the end of their life they die according to their stated wishes in the place that they choose with the people that they choose.

PROJECT GOVERNANCE

Responsible Officers:

Executive Lead: Andrew Carruthers, Director of Operations

Strategic Lead: Rhian Matthews, TUEC Director

Delivery Lead: Keith Jones, Director of Secondary Care and Jill Patterson, Director of Primary Care and Community

Programme oversight through: TUEC Programme Delivery Group

Governance through: Managing Complexity and Conversion in Secondary Care Group and Integrated Homefirst Community, Primary and Social Care Group

Delivery through: Operational Delivery Groups

KEY DELIVERABLES* To increase bed efficiency (n = 80) across 4 acute hospital sites by November 2023			MEASURES* High level Programme Indicators include reduction in conveyance to hospital for > 75s, reduced conversion rates for > 75s and reduced count of patients spending > 21 days in hospital bed		
KEY PRIORITY AREAS & HIGH LEVEL ACTIONS	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability					
Development of a Regional fully Integrated 24/7 Clinical Streaming Hub;	SRO and Clinical Leads	April 2025	Reduction in numbers of unscheduled care attendances for our frail population	Reduction in Conveyance rates to 60% by end Q4 NB To agree 'what good looks like' in relation to unscheduled care attendance for our frail	Weekly/Monthly oversight through Lightfoot TUEC Dashboard Data
Development of a Care Home Support for Regional Clinical Streaming Hub;	SRO and Clinical Leads with Service Delivery at Local level	September 2023	Reduction in the numbers of care home residents conveyed to Emergency Departments	Reduction in Conveyance rates to 60% by end Q4 NB To agree 'what good looks like' in relation to unscheduled care attendance for our frail	Weekly/Monthly oversight through Lightfoot TUEC Dashboard Data
Development of a Health & Care system for Older People in West Wales to support Regional Clinical Streaming Hub;	SRO and County Directors (as per detailed operational plans)	November 2023	Reduction in numbers of unscheduled care attendances for our frail population Increased numbers of frail being managed by Enhanced Community Care provision (virtual ward)	Reduction in Conveyance rates to 60% by end Q4 NB To agree 'what good looks like' in relation to unscheduled care attendance for our frail	Weekly/Monthly oversight through Lightfoot TUEC Dashboard Data
Implementation of Same Day Emergency Care services					
Development and implementation of HDdUHB optimal SDEC model following on from lessons learnt from peer review, including modelling of scale of opportunity	SRO and County Directors (as per detailed operational plans)	November 2023	Reduction in numbers of patients admitted	Reduced conversion rates	Weekly monitoring LOS 0-1 days Impact on admission rates / count of patients with LOS > 21 days
Development of Consistent Approach to Front Door Streaming / Assessment Units	SRO and County Directors (as per detailed	November 2023	Reduction in numbers of patients admitted	Reduced conversion rates	Weekly monitoring of discharges < 72 hours Impact on admission rates / count of patients with LOS > 21 days

	operational plans)					
Delayed Pathways of Care						
Regular monthly reporting of ‘Pathways of Care’ (DIOC) to be introduced for 2023 – 24: <i>Implement a Regional approach to reviewing and action planning to reduce delays by ‘reason’</i>	SRO and County Directors (as per detailed operational plans)	July 2023	Reduction in Delayed Pathways of Care	Reduced count of patients with LOS > 21 days	Weekly monitoring count of patients > 21 days, discharge rate patients > 21 days Monthly census validation and quarterly action planning at regional level	
Reduction in backlog of delayed transfers through early joint discharge planning and coordination: <i>Phased implementation of Optimising Hospital Care tool kit supported by Frontier Discharge Platform</i>	SRO and County Directors (as per detailed operational plans)	July 2023	Reduction in Delayed Pathways of Care	Reduced count of patients with LOS > 21 days	Weekly monitoring count of patients > 21 days, discharge rate patients > 21 days	
RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Fragility of workforce across primary care, community health and social care services		4	4	12	Team around the patient, Skill Mix, Portfolio Opportunities, Advanced Practitioner / Emergency Practitioner role growth, wider GMS contractors, social care recruitment and retention plans.
	Delivery of the programme may be impacted by organisational and operational pressures, senior operational leadership is required to lead and drive the implementation.		3	3	9	Appointment of dedicated SRO role, clinical and acute TUEC leads to support the leadership of the programme. Evolving agreed governance structure and monthly TUEC Delivery group to monitor progress and risk in key areas
	Lack of appropriate communication and engagement may impact upon Public / Patient Expectation and Culture change required for TUEC programme		3	3	9	Alignment with national comms campaign re UPC and Homefirst/Care Closer to Home/111 First. Local promotion through patient stories
	Current business intelligence and analytical support for TUEC programme is due to cease in September 23 (Lightfoot contract ends).		4	4	16	Business Case completed for Digital Team which sets out requirements going forward
	Delivery of TUEC programme dependent on successful integration and agreed joint plan with social care partners and RIF funded models of care		3	3	9	Joint Statement of Intent and plan to be agreed between CEO Hywel Dda and each CEO for Pembrokeshire, Carmarthenshire and Ceredigion.

	Financial position of the Health Board not conducive to innovative initiatives and programme constrained to existing plans		4	3	12	Existing operational plans developed following mathematical modelling and assumptions agreed as 'reasonable' by senior operational leads to deliver impact	
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES		MINISTERIAL PRIORITIES	OTHER, EG, AHMWW	
	SDOD Committee Sustainable Resources Committee	1027 - UEC	5H		Delayed transfers of care: <ul style="list-style-type: none"> Regular monthly reporting of 'Pathways of Care' (DTCO) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination SDEC Provision 24/7 Urgent Primary Care Service 	West Wales Regional Partnership (Older People and Complex Care)	

PLANNING OBJECTIVE 4a: Planned Care and Cancer Recovery Implement the planned care recovery programme in compliance with Ministerial priorities.					
PROJECT SCOPE With respect to Planned Care - develop trajectories and plans for:- <ul style="list-style-type: none"> 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 With respect to cancer – develop trajectories and plans for: <ul style="list-style-type: none"> Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026. 					
PROJECT GOVERNANCE Responsible Officers: Executive Lead: Director of Operations Strategic Lead: Director of Secondary Care Delivery Leads: General Managers for Scheduled Care & Cancer Services		Programme oversight through: Operational Planning & Delivery Programme Governance through: Planned Care & Cancer Delivery Boards Delivery through: RTT & Cancer Single Pathway Watchtowers			
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Planned Care					

<ul style="list-style-type: none"> • Dedicated wards areas for elective inpatients • Further improvements in the volume of patients booked / treated from cohort numbers • Incremental improvements in outpatient, day case and inpatient activity throughput as determined by workforce development and recruitment plans • Clinical leadership and adoption best practice guidance to support improved productivity and efficiency to support outpatient and surgical treatment activity • Focused and targeted validation of waiting lists, utilising local resources and external support • Active support to long waiting patients awaiting access to care via our locally developed Waiting Lists Support Service (WLSS) • Close scrutiny and monitoring of delivery plans by specialty to support these ambitions • Refined and improved 2023/24 Demand and Capacity planning tools 	GM, Scheduled Care	Q1	<p>52 weeks Outpatient Assessment (OPA) and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024</p> <ul style="list-style-type: none"> • Reduction in overall waiting times for outpatient appointments • Reduction in overall waiting times for treatment • Reduction in overall numbers of patients on an open RTT clock. • Improved patient Experience 	See annex at end	Routine monitoring via current performance reports and established reporting systems.
<ul style="list-style-type: none"> • Continue actions from quarter 1 • Review of General Surgery clinical pathways to further enhance See on Symptom (SoS) / Patient Initiated Follow-up (PIFU) / Follow-Up clinical practice • Commissioned insource solution for patch testing patients (Dermatology) • Additional internal / external capacity (subject to allocation of WG Recovery funding) • Implementation of Urology self-care pathway based on Patient Knows Best (PKB) platform • Clinical audit of Urology PSA monitored patients to further release OPA capacity • Additional Urology diagnostic capacity (supporting cancer and RTT pathways) • Locum appointments (ENT) 	GM, Scheduled Care	Q2	As above	See annex at end	Routine monitoring via current performance reports and established reporting systems.

<ul style="list-style-type: none"> Increased ocular capacity following appointment of additional consultant (Ophthalmology) Additional weekend pre-assessment capacity (Ophthalmology) 50% expansion of elective orthopaedic In-Patient operating capacity compared to 2022/23 level <u>Regional</u> <ul style="list-style-type: none"> Implementation of regional diagnostic plan actions (subject to WG Recovery funding). 					
<ul style="list-style-type: none"> Continue actions from quarters 1 and 2 Implement alternative vasectomy pathway delivered via Sexual Health Service Additional Vascular theatre capacity following introduction of new vascular scanner Enhanced Urology core capacity following return of post-retirement consultant Expanded lithotripsy capacity (Urology) Expanded Urology theatre capacity at Glangwili Additional consultant and SAS capacity (Dermatology) Additional primary care based minor ops capacity (Dermatology) <u>Regional</u> <ul style="list-style-type: none"> Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics 	GM, Scheduled Care	Q3	As above	See annex at end	Routine monitoring via current performance reports and established reporting systems.
<ul style="list-style-type: none"> Continue actions from quarters 1, 2 and 3 Anticipated impact on reduced OPA demand following implementation of primary care FIT testing from April 2023 Undertake a review of key gaps to meet future years targets and progress towards 36-week monitoring <u>Regional</u> <ul style="list-style-type: none"> Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics 	GM, Scheduled Care	Q4	As above	See annex at end	Routine monitoring via current performance reports and established reporting systems.
Cancer					

<ul style="list-style-type: none"> Implementation of FIT within primary care, predicts 30% release in outpatient capacity, will reduce demand on endoscopy by 40% and shortens the pathway by 6 weeks within Gastro-Intestinal (GI). Implementation of accelerated imaging within Lower GI will improve straight to test compliance and will shorten the pathway by 10 weeks. Full implementation of the planned LGI improvement plan will meet NoP guidance. Increased capacity within GA diagnostics from 69 procedures to 100 procedures per week within urology will reduce backlog of patients waiting to enable ongoing sustainability. 7 day working model within hysteroscopy to meet demand on Post Menopausal Bleeding (PMB) pathway and facilitate reestablishment of the one stop model Continue to work on National Optimised Pathway in all tumour sites. Implementation of all Patient Reported Experience Measures (PREMs) across all tumour sites Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. <p>Regional</p> <ul style="list-style-type: none"> Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward the agreed South West Wales Cancer Centre (SWWCC) Strategic Programme Case (SPC), including developing the 2nd CT SIM capital and revenue business case options appraisal for 5th LINAC and outpatient delivery model Refresh Regional Gynaecology Model with SBUHB to inform business case 	GM, Cancer Services	Q1	<ul style="list-style-type: none"> Aim 70% performance target on SCP by March 2024 To ensure that the NOPs are implemented for each tumour/tumour sub-sites Improved patient experience 	<ul style="list-style-type: none"> Single Cancer Pathway (SCP) performance at 60% Patients waiting in excess of 62 days =341(including tertiary backlog) Patients waiting in excess of 104 days = 120 Implementation of the PREM across all tumour sites. 	Routine monitoring via current performance reports and established reporting systems.
<ul style="list-style-type: none"> Urology Improvement Group to be established June 2023 (supported by Improvement Cymru and Wales Cancer Network Refresh demand and capacity within Urology diagnostics. Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. Monitor compliance of implemented improvement plan within lower GI Review outcomes from PREM analysis and work with value based healthcare team to agree recommendations <p>Regional</p>	GM, Cancer Services	Q2	As above	<ul style="list-style-type: none"> SCP performance at 67% Patients waiting in excess of 62 days =311(inc tertiary backlog) Patients waiting in excess of 104 days = 110 	Routine monitoring via current performance reports and established reporting systems.

<ul style="list-style-type: none"> Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1. Regional Health Board scrutiny process for Regional Gynaecology Model 					
<ul style="list-style-type: none"> Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. Continue actions from quarters 1 and 2 Regional <ul style="list-style-type: none"> Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1. 					
<ul style="list-style-type: none"> Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. Continue actions from quarters 1, 2 and 3. Regional <ul style="list-style-type: none"> Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1. CT SIM capital and revenue business case submission to WG. Implementation of Regional Gynaecology Model 					
<ul style="list-style-type: none"> SCP performance at 68% Patients waiting in excess of 62 days =251(including tertiary backlog) Patients waiting in excess of 104 days = 80 					
<ul style="list-style-type: none"> SCP performance at 70% Patients waiting in excess of 62 days =236(including tertiary backlog) Patients waiting in excess of 104 days = 50 					
RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Planned Care				
	1657 - Risk to delivery of Ministerial Priorities in relation to delivery of planned care recovery ambitions through 2023/24	4	5	20	<p>See page 36 corporate risk register: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/ for full list of mitigations but includes:</p> <ul style="list-style-type: none"> Comprehensive daily management systems in place to manage planned care risks on daily basis including multiple daily multi-site calls in times of escalation. Prioritised review of patients based on an agreed risk stratification model. Provision of dedicated elective beds on 3 sites. The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. Delivery plans in place supported by daily, weekly and monthly monitoring arrangements.

					<ul style="list-style-type: none"> • Escalation plans for acute and community hospitals (within limits of staffing availability). • Outpatient transformation programme in place with a continuing focus on alternatives to face to face delivery of outpatient care to enable increases in care volumes delivered. • Robust sickness absence management arrangements in place. • Comprehensive programme of outsourcing of planned care volumes in place utilising capacity available via independent sector providers. • Weekly review of outsourcing volumes and further opportunities progressed jointly by Planned Care and Commissioning teams. • Elective care delivery plan developed for inclusion within Annual Delivery Plan. • Additional Planned Care Recovery proposals submitted to WG May 2023.
	<p>1350 - There is a risk of the UHB not being able to meet the 75% target for waiting times in the ministerial measures for 2022/26 for the Single Cancer Pathway (SCP). This is caused by capacity challenges within the first 28 days of the pathway in first Outpatients Assessment and diagnostics, particularly in the large volume tumour sites, lower GI and urology. This is compounded by a backlog of patients waiting in excess of 62 days due to the impact of COVID-- 19.</p>	3	4	12	<p>See page 66 corporate risk register: hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-4-3-corporate-risk-register-pdf/ for full list of mitigations but includes:</p> <ul style="list-style-type: none"> • Virtual appointments are being undertaken via digital solutions e.g. Attend Anywhere. Weekly Cancer Watchtower meetings where services managers are in attendance. The function of this group is to monitor and address service demand, capacity and risk issues. • Monthly performance meetings with Welsh Government. • Trajectory performance plans are currently being developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. • Cancer Pathway Review Panel has been implemented to identify any risk for those patients who have not received their treatment within 146 days. • Process in place that improves time for patients to first outpatient appointment to improve the 28 day performance target (all patients to be informed...etc). • Deep dive pathway review for poorest performing tumour sites - urology, lower GI, gynaecology. • Continue to escalate concerns regarding tertiary centre capacity and associated delays.

LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
		1350, 1657	3a Urgent and Emergency Care		
			4b Regional Diagnostics		
			6a Clinical Services Plan		

Trajectories

Planned Care

Q1:

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (stage 1)	10,727	2,813	0
Treatment (Stage 4)	Total 36 RTT breach position is 27,053 based on 10,727 at Stage 1 (already submitted), 3,284 at Stage 2/3 (12% of total) and 13,042 at Stage 4.	12,949 is total RTT but 8,374 at Stage 4 because 1,762 are at Stage 2/3 & 2,813 are at Stage 1	2,609 is total RTT but 2,300 at Stage 4 with 300 at Stage 2/3 & Zero at Stage 1

Q2:

Without WG recovery funding

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (Stage 1)	11,627	4,013	716 (based on RTT Growth & 10% ROTT)
Treatment (Stage 4)	Total 36 RTT breach position is 28,799 based on 11,627 at Stage 1 (already submitted), 3,496 at Stage 2/3 (12% of total) and 13,676 at Stage 4.	Total 52 RTT breach position is 14,695 based on 4,013 at Stage 1 (already submitted), 1,763 at Stage 2/3 (12% of total) and 8,919 at Stage 4.	Total 104 RTT breach position is 3,444 based on 716 growth at Stage 1 (estimated), 413 at Stage 2/3 (12% of total) and 2,315 at Stage 4.

With WG recovery funding

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (Stage 1)	Quarterly trajectories TBC subject to timing and receipt of additional WG Recovery funding and impact on commissioning timescales for external capacity		
Treatment (Stage 4)			

Q3:

Without WG recovery funding

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (Stage 1)	12,572	5,400	1,431 (based on RTT growth & 10% ROTT)
Treatment (Stage 4)	Total 36 RTT breach position is 30,545 based on 12,527 at Stage 1 (already submitted), 3,708 at Stage 2/3 (12% of total) and 14,310 at Stage 4.	Total 52 RTT breach position is 16,441 based on 5,400 at Stage 1 (already submitted), 1,973 at Stage 2/3 (12% of total) and 9,068 at Stage 4.	Total 104 RTT breach position is 4,239 based on 1,431 growth at Stage 1 (estimated), 509 at Stage 2/3 (12% of total) and 2,299 at Stage 4.

With WG recovery funding

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (Stage 1)	Quarterly trajectories TBC subject to timing and receipt of additional WG Recovery funding and impact on commissioning timescales for external capacity		
Treatment (Stage 4)			

Q4:

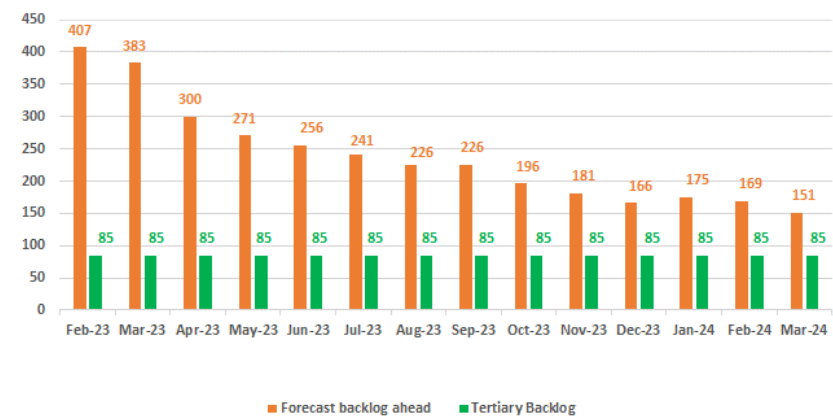
Without WG recovery funding

	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (stage 1)	13,387	6,532	2,147 (based on RTT growth & 10% ROTT)
Treatment (Stage 4)	Total 36 RTT breach position is 32,292 based on 13,387 at Stage 1 (already submitted), 3,920 at Stage 2/3 (12% of total) and 14,985 at Stage 4. The 14,985 has also been submitted as part of Annual Plan	12,513	Total 104 RTT breach position is 5,034 based on 2,147 growth at Stage 1 (estimated), 604 at Stage 2/3 (12% of total) and 2,283 at Stage 4.

With WG recovery funding

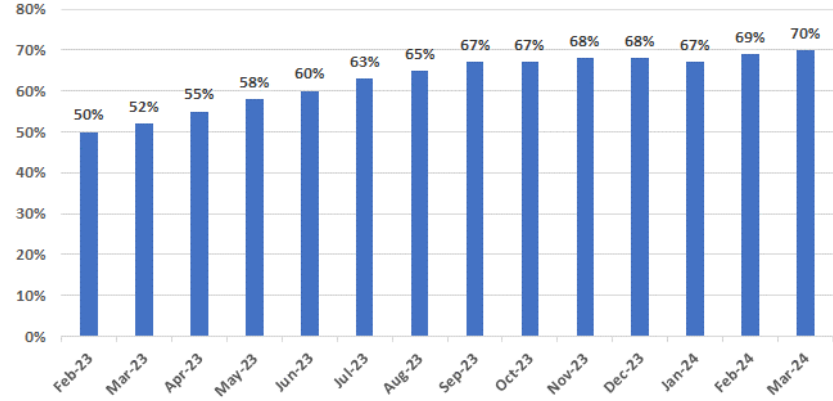
	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
New Outpatients (stage 1)	6,855	0	0
Treatment (Stage 4)	11,846	9,374	1,895

Forcast Backlog Ahead



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per mont	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	407	383	300	271	256	241	226	226	196	181	166	175	169	151
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%

Predicted performance



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	407	383	300	271	256	241	226	226	196	181	166	175	169	151
Tertiary	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%

PLANNING OBJECTIVE 4b Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024.

PROJECT SCOPE (An outline of the project setting out its purpose)

Diagnostic interventions are an integral aspect across all specialities and medical areas - the importance of timely diagnostics across all pathways is fundamental to achieving a range of planned and urgent & emergency care objectives, including the Single Cancer pathway, Referral to Treatment, Direct Access Diagnostic and emergency pathway ministerial priorities. Whereas the HB performed comparatively well in the pre-pandemic period across the range of diagnostic services in respect of the 8-week diagnostic and RTT targets, capacity to meet these and increasing demands from cancer and emergency pathways has historically fallen significantly short of the level required. This imbalance between available capacity and demand has significantly increased as a consequence of the pandemic. Significant workforce fragility exists at present within a number of key diagnostic interventions.

As part of the overall Ministerial priorities for 2023/24, WG has challenged health boards to plan and develop regional diagnostic hubs as a means of increasing capacity and reducing secondary care waiting times and to meet the waiting time ambition in Spring 2024. The Health Board's Annual Plan for 2023/24 includes the delivery assumptions and anticipated performance trajectories across each direct access diagnostic pathway through to March 2024, along with RTT, single cancer pathway and urgent & emergency care performance trajectories which reflect the level of assumed diagnostic capacity and support available during the year ahead. With the assumed prioritisation of diagnostic capacity for cancer and urgent & emergency care pathways, delivery assumptions for RTT and direct access pathways within the Annual Plan reflect the capacity shortfall which exists (within available resourced levels) to enable achievement of the respective ministerial priority targets for these pathways. Further proposals to help resource solutions to address these capacity gaps (via a combination of internally and externally commissioned supplementary capacity) have been submitted to WG in May 2023 for consideration as part of the WG retained additional Recovery Fund to be allocated to health boards. The outcome of these proposals is awaited.

The HB's delivery plan for Endoscopy for 2023/24 (and beyond) reflects the principles of the joint regional development plan agreed by both health boards which centres on the increasing development of a regional workforce in future years. As an alternative to the development of a regional diagnostic endoscopy hub for the South West Wales region, the regional endoscopy plan is based on efforts to address workforce shortages in the short and longer term in order to support full utilisation of physical capacity at both health boards.

Delivery plans for Cardiology reflect in part the level of capacity for CT Coronary Angiography commissioned from SBUHB as the only substantive substantive CT Coronary Angiography capacity within the Health Board is at Bronglais which provides a capacity of approx. 150 per year.

Radiology delivery plans for 2023/24 are largely reflective of local health board capacity which is significantly limited by workforce challenges at each site. Reporting capacity (at both health boards) continues to be supplemented by external capacity via a private provider.

Beyond the operational actions reflected in delivery plans for each diagnostic service for 2023/24, both HDUHB and SBUHB have agreed via the joint CEO chaired ARCH Regional Recovery Group to establish a Regional Diagnostics Board, the terms of reference for which are reflected below:

The role of the ARCH Regional Diagnostics Board will be:

- setting the direction for the programme, support the SRO in decision-making and overseeing progress
- provide leadership for regional service change or service reconfigurations across diagnostic disciplines as identified and agreed by partner organisations
- approving how the programme vision is to be achieved and the means of achieving it
- prioritise the workstreams included within the ARCH Regional Diagnostics Board's portfolio

- identify and agree any further workstreams to be included in the ARCH Regional Diagnostics Board's portfolio
- manage high-level interdependencies and risks associated with the ARCH Regional Diagnostics Board's portfolio taking account of the wider ARCH and Health Board programmes of work
- ensure ARCH Regional Diagnostics Board's workstreams deliver against their outcomes and timescales by providing oversight of the Regional Diagnostics Work Groups
- ensure that the all the ARCH Regional Diagnostics Board's workstreams are aligned with Health Board clinical strategies and are aligned to the Strategic Direction of Welsh Government and other partners (Health Boards, Universities, Mid and West Wales Collaborative & all NHS Wales Collaborative)
- identify and utilise appropriate individuals and existing forums and or reference groups in support of the ARCH Regional Diagnostics Board's work, encouraging collaboration and minimising duplication amongst relevant initiatives
- ensuring the required resources are made available to the work groups to enable them to perform their function
- overseeing quality assurance for the programme
- provide delegated authority to ensure the programme meets its objectives
- remain cognisant of and respond to the changing requirements within the wider environment of the health service

PROJECT GOVERNANCE Responsible Officers: Executive Lead: Director of Operations Strategic Lead: Director of Secondary Care Delivery Lead(s): Operational leads for each diagnostic service.	Programme oversight through: ARCH Regional Recovery Group Governance through: Operational Planning & Delivery Programme Group Delivery through: Regional Diagnostics Board
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, VERIFIED
Delivery of the operational actions in respect of each diagnostic service as reflected in the Annual Plan for 2023/24	Diagnostic service leads	Q4	<ul style="list-style-type: none"> • Reduction in overall waiting times for diagnostics • Reduction in overall waiting times for reports • Improved patient experience 	See annex at end	Established data reporting mechanisms.

<p>Establish a <u>Regional Diagnostic Board</u> (May) that will report to the ARCH Regional Recovery Group and then to subsequent management boards (or equivalent) in each health board.</p> <ul style="list-style-type: none"> - Chair - Executive Leadership from each Health Board - DCOOs - Clinical directors, service managers for Radiology, Endoscopy, Pathology, Cardiology - ARCH PMO 						Director Secondary Care (HB lead)	Q1	Establishment of RDB.	n/a	Reports via ARCH Regional Recovery Group
<p>A <u>comprehensive regional demand and capacity analysis</u> will be completed across all disciplines, including establishing and mapping workforce issues, with a view to identifying and understanding gaps in the systems.</p> <ul style="list-style-type: none"> - Activity (as per scope) - Resource <ul style="list-style-type: none"> - Staff - Location - Equipment - Cost - Performance <ul style="list-style-type: none"> - National targets - Time to treatment/test - Number of activity occurring in a period 						Director Secondary Care (HB lead)	Q2	Comprehensive D&C analysis	n/a	Reports via ARCH Regional Recovery Group
<p>A <u>Regional Diagnostics Workshop</u> will be held when D&C work complete, to develop a Regional Diagnostics Model, explore all options available and plan a process for monitoring and escalation, for example:</p> <ul style="list-style-type: none"> - Approach - Maximise current assets - Utilising full capacity wherever that may be - Review progress and plan after 12 months 						Director Secondary Care (HB lead)	Q2	Draft Regional Diagnostics Model	n/a	Reports via ARCH Regional Recovery Group
<p><u>Develop a Business Case</u> for both Health Boards Executive Boards agreement outlining any potential financial ask and next steps. This will include any requests for funding that could be sought for regionally led and managed programme resource for programme delivery from central funding.</p>						Director Secondary Care (HB lead)	Q3	Draft Business Case	n/a	Reports via ARCH Regional Recovery Group
RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS				
	Unplanned loss of capacity e.g. further industrial action		4	4	16	Outside HB control.				
	Inability to recruit staff to funded establishment		5	4	20	Workforce development plans in place for each service				
	Staff sickness i.e. Repetitive strain Injury with Sonographers		5	4	20	Issue being managed with support of Health & Safety team.				

	Inability to train the sonographers within HDdUHB		4	4	16	Ultrasound Control Group established to plan workforce development.		
	Increased patient demand from cancer, RTT, UEC, direct access pathways		3	4	12	To be closely monitored via Cancer / RTT / UEC Watchtower meetings		
	Capacity and data systems availability within the HB to support timely progress with required level of data analysis to support development of a regional D&C assessment		5	4	20	Planning discussions underway with SBUHB and HDUHB VBH team.		
	Aged equipment remaining across the Health Board, which is overdue for renewal and a lack of designated diagnostic equipment replacement funding from 23/24 financial year		5	4	20	Highest priorities identified via DCP (Anticipated capital availability likely to be below level required).		
LINKS TO	BOARD ASSURANCE FRAMEWORK		HB RISK REGISTER		OTHER PLANNING OBJECTIVES		MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
					3a Urgent and Emergency Care		Both	
					4a Planned Care and Cancer Recovery		Both	
					6a Clinical Services Plan		Local	

Trajectories:

Measure	Target	Baseline (March 2023)	Q1	Q2	Q3	Q4
Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	1,442	1,123	764	563	1,702
Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	2,302	1,942	1,582	1,642	85
Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	142	160	150	125	5
Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	31	30	10	5	1,488
Number of patients waiting over 8 weeks for a specified diagnostic - radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	2,493	2,688	2,038	1,838	417

PLANNING OBJECTIVE 4c Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues

PROJECT SCOPE (An outline of the project setting out its purpose)

111 Press 2:

- 111 Option 2 (All age Mental Health Single Point Of Contact) - Hywel Dda was the first Health Board in Wales to implement 111 Option 2 in June 2022. From November 2022, the service has been operational 24/7, providing an all age open access service to Hywel Dda residents. Additionally, a 24/7 professional line provides advice on assessment and triage to a range such as GP's, Police, WAST, 111, A&E, Local Authority, Third Sector and other health professionals.

Waiting times:

- Recover waiting time performance to performance framework standards for SCAMHS assessment and intervention
- Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention

Wider directorate portfolio of work:

- Please see supplementary slide at the end of the Plan on a Page

<p>PROJECT GOVERNANCE</p> <p>Responsible Officers:</p> <p>Executive Lead: Director of Operations</p> <p>Strategic Lead: Director Mental Health & Learning Disabilities (MH/LD) Services</p> <p>Delivery Lead: Assistant Director MH/LD Adults; Assistant Director MH/LD CAMHS</p>	<p>Programme oversight through:</p> <p>Transforming Mental Health work plan</p> <p>Governance through:</p> <p>Local Mental Health Partnership Board Regional Mental Health Crisis Care Concordat Group MH&LD Business Planning & Performance Assurance Group MH&LD Quality, Safety & Experience Group</p> <p>Delivery through:</p> <p>Adult Mental Health workforce Older Adult Mental Health workforce S-CAMHS workforce Service Transformation & Partnerships Team</p> <p>Contribution will also be sourced from colleagues within Workforce & OD, Finance colleagues, Senior leaders, IT Services and TU representatives where appropriate.</p>
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Mental Health 111					
Q1: Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.	HoS Adult MH	Q1	<ul style="list-style-type: none"> • Reduction in callers distress level • maintain low call waiting times 	Number of calls per month: <ul style="list-style-type: none"> • By end of Q1: 1390 • By end of Q2: 1540 	111 Option 2 data is reported weekly and is shared with relevant Heads of Service. WG and the NCCU also have

Q2: Establish monitoring processes to capture national minimum data set and local targets	HoS Adult MH	Q2	<ul style="list-style-type: none">reduction in Mental Health presentations on A&E, Police, WAST etc,	<ul style="list-style-type: none">By end of Q3: 1690By end of Q4: 1855	it as it is automatic from the Adastra System. We also provide an update to Board monthly through our Operational Update.
Q3: Review demand and capacity against call volumes/length/presenting issue following national advertisement campaign.	HoS Adult MH	Q3			
Q4: Finalise national and local reporting requirements/timelines – on all age open access line and professional line.	HoS Adult MH	Q4			
Specialist Child & Adolescent Mental Health Service (SCAMHS)					
Q1: Undertake demand and capacity review against service need. Report monthly through Heads of Service meeting. Continue to review training needs against workforce skill mix.	Asst Dir MH/LD	Q1	In 2022/23 SCAMHS agreed a month by month trajectory to improve performance to meet the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure: <ul style="list-style-type: none">Compliance with the Measure,Reduced wait times for assessment,Reduced wait times for treatment.	Number of Referrals to Specialist Child and Adolescent Mental Health (SCAMHS) per month: <ul style="list-style-type: none">By end of Q1: 233By end of Q2: 216By end of Q3: 168By end of Q4: 252	Weekly/Monthly oversight through Dashboard Data
Q2: Work collaboratively with RPB colleagues to seek sustainable funding for Kooth on-line counselling platform. Ensure staff have adequate digital resources to efficiently and effectively manage service demand.	Asst Dir MH/LD	Q2			
Q3: In line with the ‘No Wrong Door’ approach SCAMHS will work with multi-agency referral panels to agree community interventions to reduce the demand on secondary care services and mitigate against waiting lists. Clarify how the SCAMHS Primary Mental Health Service structure aligns with the Measure	Asst Dir MH/LD	Q3			
Q4: Continue quarterly meetings with Delivery Unit colleagues. Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.	Asst Dir MH/LD	Q4			
Local Primary Mental Health Support Service (LPMHSS)					
Q1: Introduce text messaging service for appointment reminders to mitigate DNAs and increase attendance.	Asst Dir MH/LD	Q1	In 2022/23 LPMHSS agreed a month by month trajectory to improve performance to meet	Number of LPMHSS assessments	Weekly/Monthly oversight through Dashboard Data

Q2: Implement 'test the concept' approaches to provide additional community support e.g. family support workers		Asst Dir MH/LD	Q2	the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure. <ul style="list-style-type: none"> Compliance with the Measure, Reduced wait times for assessment, Reduced wait times for treatment. 	undertaken within 28 days (18+) per month: <ul style="list-style-type: none"> By end of Q1: 162 By end of Q2: 195 By end of Q3: 135 By end of Q4: 180 Number of LPMHSS interventions commenced within 28 days (18+) per month: <ul style="list-style-type: none"> By end of Q1: 101 By end of Q2 131 By end of Q3: 127 By end of Q4: 140 	
Q3: Introduce additional evidence based group interventions as appropriately identified through the review, utilising community venues to increase uptake.		Asst Dir MH/LD	Q3			
Q4: Service reporting on maintained trajectories to move to business as usual.		Asst Dir MH/LD	Q4			
RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	MH&LD Service being unable to manage increasing demand, meet service users' expectations and deliver against key targets. This is caused by sub-optimal staffing levels across professional groups (particularly consultants, registered nurses, and psychologists, mental health officer status) and an increasing number of referrals to primary and secondary care mental health and learning disabilities services which is set to continue year on year. Including the challenges of an aging workforce.		3	4	12	Implement new service models across services. Work streams in place for Pathways and Access Design, Workforce and Cultural Change, Transport and Estates and Infrastructure. A number of grow your own initiatives, advanced practitioner training opportunities and succession planning are in place across services.
	There is a risk that the workforce will resist the change management process and new ways of working.		2	4	8	Ensure effective staff engagement from the outset. Hold regular staff briefing sessions.
	There is a risk that MH&LD services estate is not fit for purpose to deliver a safe and high quality service. This is caused by a lack of suitable estate for staff accommodation and environments in which to delivery therapeutic interventions. Repurposing of community buildings will require adaptations and building improvements to meet need and legislative requirements.		2	4	8	Accommodation Strategy Group to consider capital bid process alongside additional revenue funding allocation for 2020/21. Following COVID-19 pandemic Estates solutions and digital platforms are being piloted to try to ease the pressures to enable increased face to face contact with individuals requiring interventions.
LINKS	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER		OTHER PLANNING OBJECTIVES		MINISTERIAL &/OR LOCAL PRIORITY
						OTHER, EG, AHMWW

			3a: Transforming Urgent and Emergency Care Programme	Ministerial Priority: Mental Health and CAMHS	

Wider Mental Health and LD Portfolio of work

Adult Mental Health (AMH)

- Develop and implement a robust co-occurring Mental Health and Substance Misuse Framework and Pathways
- Embed and review co-occurring Nurse roles within high demand co-occurring areas
- Review operational processes and impact of 111 Option 2 to broaden scope with partnership agencies
- Review demand and capacity of Community Mental Health Centres (CMHC's) and Community Mental Health Teams (CMHT's) to ensure appropriate staff numbers in respective areas
- Develop and implement Service Specification for new ways of working across CMHC's and CMHT's (inclusive of Crisis Resolution and Home Treatment Teams)

Learning Disabilities (LD)

- Develop Service Specification for the new LD service model
- Co-production of the new service model for inpatient care and enhanced community services
- Undertake an OCP for staff working in new ways to support the model

Inpatient Mental Health Beds

- Develop and implement Service Specification for acute wards
- Develop the assessment and treatment pathways for inpatient care

Specialist Children and Adolescent Mental Health Services (SCAMHS)

- Establish 24/7 Children and Young People (CYP) Alternative to hospital/Discharge Lounge in Carmarthen, linked to Crisis Assessment Treatment Teams
- Develop 2 X Youth Worker led CYP Sanctuaries in Pembrokeshire and Ceredigion
- Achieve and implement the Royal College of Psychiatrist (RCP) Standards for Perinatal Mental Health
- Further strengthen the workforce and the capacity within the restructured S-CAMHS Crisis & Assessment Teams to meet the increased acuity and demand
- Attain accreditation with RCP standards for early intervention in psychosis (EIP)
- Implement all new service developments following Welsh Government funding i.e. ED service

Commissioning and Substance Misuse

- Develop commissioning principles to define the commissioning role and operational roles based on the recommendations of the NCCU review

IPTS (Integrated Psychological Therapy Services)

- Monitor the demand and capacity of the service to reduce waiting lists and maximise capacity by monitoring and implementing performance improvements such as job Planning, caseload reviews, waiting list reviews
- Implement a new work stream of Psychological Wellbeing Practitioners to further improve links between GP clusters, LPMHSS and other Mental Health services
- Work in partnership with Primary Care and internal services to improve efficiencies in referral processes
- Continue to embed and integrate LPMHSS and IPTS services to dilute treatment by offering group therapy in LPMHSS to reduce the flow through to IPTS, creating a seamless service delivery

Older Adult Mental Health (OAMH)

- Review clinical pathways for older adults experiencing mental health crisis in later life to assure equality of service with working age adults
- Explore alternative pathways (holistic multi-agency and multidisciplinary) for people and their carers living with dementia and acute-frailty distress.
- Improve psychological assessment, treatment, and clinical risk management pathways for people experiencing functional mental ill health conditions associated with and manifesting in later life.
- Agree a holistic clinical pathway for people living with dementia whilst experiencing acute-frailty distress during inpatient episodes of care.
- Integrate the Dementia Wellbeing Teams into a single Dementia Wellbeing Service networked across the region to simplify access, assessment and intervention for people living with dementia, unpaid and paid carers/professionals alike.
- Improve access to psychological therapies for people experiencing functional mental health needs in later life.

Autism spectrum disorder (ASD)

- Work collaboratively with Welsh Government to implement the recommendations of the Welsh Government Neurodevelopmental review

<ul style="list-style-type: none"> • Pilot revised joint funding request process and role out based on findings • Undertake the Regional progression Project, with the aim of achieving financial savings target of 1.2 million. • Engage with Regional partners and health teams to develop new service models. • Develop additional services and implement pathways to meet the needs of those with complex needs where substance misuse is a factor, alongside regional partners • Further develop and embed the new prescribing model to ensure that clinical governance, pathways, processes and estate are in place to support the new staffing structure • Improve and implement arrangements for service user feedback, individual outcomes monitoring and reporting. 	<ul style="list-style-type: none"> • In line with the anticipated recommendations of the review develop ways to deliver timely multi-disciplinary assessments and interventions across the age range • Secure additional funding to increase workforce to meet demand capacity imbalance from Welsh Government Neurodivergence Improvement Funding • Work with procured private providers to deliver timelier assessments to reduce excessive waiting times • Work with the Delivery Unit to agree realistic trajectories to meet national targets <p><u>IT Infrastructure</u></p> <ul style="list-style-type: none"> • Transition of systems to WPAS to provide Accurate and real-time activity data supported by Health Board IT infrastructure and quality processes
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PLANNING OBJECTIVE 5a - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation.

To include:

- i. Progressing AHMWW to Outline Business Case stage (Q4) following PBC endorsement and SOC approval
- ii. A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)
- iii. A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board

PROJECT SCOPE (An outline of the project setting out its purpose)

The PO aims 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 decade.

- All Business cases associated with the delivery of A Healthier Mid and West Wales, including community facilities, the repurposed Glangwili and Withybush, improvements to Prince Philip and Bronglais, and the new Urgent and Planned Care Hospital
- Regional capital plans as delegated to the RPB
- Strategic plans for all Health Board estate, both freehold and leased, including purchase of new buildings and new / changes to lease agreements
- Agile working and associated factors, such as desk-booking, building design, toolkit etc

PROJECT GOVERNANCE

Responsible Officers:

Executive Lead: Executive Director of Strategy and Planning

Strategic Lead: Assistant Director of Strategy & Planning [i], Head of Capital Planning [ii], Head of Property Performance [iii], Medicines Management Clinical Lead [iv], Communications Director [v]

Delivery Lead: Principal Programme Manager Transformation [iii]

Programme oversight through: AHMWW Programme Group

Governance through: SDODC

Delivery through: AHMMW Programme Team (i), Regional Capital Group (ii), Agile Working group (iii)

KEY DELIVERABLES*

MEASURES*

KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Completion of the WG commissioned Clinical Review	Medicines Management Clinical Lead	Aug 23	<ul style="list-style-type: none"> • Key Improvement Measure 1: WG endorsement of PBC (i) • Key Improvement Measure 2: Submission of 10 year capital plan to WG (ii) • Key Improvement Measure 3: Agile toolkit in place 		
Completion and submission of Board approved SOC	Assistant Director of Strategy & Planning	Sep 23			
Land consultation for new Urgent and Planned Care Hospital reported to Public Board	Communications Director	Sep 23			

Submission of regional 10-year capital plan to WG		Head of Capital Planning	Aug 23	<ul style="list-style-type: none">• Key Improvement Measure 4: Board approved property strategy in place• Key Improvement Measure 5: Submission of Cross Hands FBC to WG			
Agile Toolkit launched		Head of Property Performance					
Board sign-off of Property Strategy		Head of Property Performance	Jul 23				
Submission of FBC for Cross Hands		Head of Capital Planning	Jan 24				
RISKS	RISK DESCRIPTION			LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	(26) There is a risk to deliverability of the programme. This is due to the availability of WG capital. The impact is risk to programme timelines			4	4	16	Maintaining close dialogue with WG and making the case for change.
	(9) There is a risk of not having sufficient workforce nor a workforce with the right skills, this is because of the potential mis-alignment of the health and care strategy with the workforce training and education cycles. The impact would be a lack of assurance that we can deliver a sustainable workforce.			4	4	16	10-year workforce plan in place. 1a Recruitment plan
	(14) There is a risk that the new urgent and planned care hospital might be insufficiently accessible to patients and staff. This is because of the limited transport infrastructure in the identified zone between Narberth and St Clears. The impact would be the lack of staff, public and planning support for the new hospital development.			4	4	16	Transport strategy being developed.
	(2) There is a risk that existing staff are resistant to change, this is caused by finding it challenging to adapt to ways of working to fit the new clinical model and potential relocations. This will have an impact on staff morale.			3	4	12	Range of staff engagement sessions. 6c Continuous Engagement
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY		OTHER, EG, AHMWW	
	Patient experience		6a Clinical Services Plan	Local priority		AHMWW	
	Patient safety incidents		6c Continuous Engagement				
	Compliance on breakeven duty		5c Digital strategy				

PLANNING OBJECTIVE 6a Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board.

PROJECT SCOPE

To provide a set of plans for key clinical services to address critical sustainability risks up to the new hospital network.

- Urgent and Emergency Paediatrics
- Critical care
- Stroke
- Emergency General Surgery
- Planned care (Orthopaedics, Ophthalmology, Dermatology, Urology, Endoscopy, Outpatients)
- Diagnostics (Radiology)
- Primary care

PROJECT GOVERNANCE

Executive Lead: Executive Director of Strategy and Planning (overall programme)
 Director of Operations (Critical care, EGS, Planned Care, Diagnostics)
 Director of Primary Care, Community and Long Term Care (Primary care)
 Executive Director of Therapies & Health Science (Stroke)
 Medical Director / Deputy CEO (Paediatrics)

Programme oversight through: Clinical Services Steering Group
Governance through: SDOD
Delivery through: Service-specific project groups

KEY DELIVERABLES*

KEY ACTIONS*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Establish programme governance	Relevant Exec Leads	Jun 23			
Project governance, scope to be agreed for Primary Care	Director of Primary Care, Community and Long Term Care	TBC			
Project governance and scope to be agreed for remaining Clinical Service Plan Pathways and Working Groups.	Relevant Exec Leads	Jul 23			
Undertake public consultation on Urgent and Emergency Paediatrics service model and report to Public Board	Communications Director	Nov 23			

Issues paper(s) to be developed and presented to Public Board		Head of Engagement and Transformation				
Scope of projects to be finalised and agreed by Board following issues paper		Head of Engagement and Transformation				
Options paper(s) to be developed and presented to Public Board		Head of Engagement and Transformation				
RISKS	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	There is a risk of insufficient programme resource (operational and project management) to progress all the projects in the desired timeframe		4	4	16	Resource requirements have been calculated for bid to WG under TI
	There is a risk of public and political opposition to the programme if the plans are perceived as		4	4	16	Process follows the guidance from TCI and based on proven experience
	Capital and revenue implications of the projects are unknown at this stage and there is a risk they may not be affordable		3	4	12	Plans need to be developed in recognition of the constraints.
	There is a risk of insufficient workforce to deliver the preferred solutions		3	4	12	Plans need to be developed in recognition of the constraints.
	Not all pathways project groups are starting from the same position. There is a risk that alignment to a specific date may delay progress in delivery of the Programme.		4	4	16	Plans need to be developed in recognition of the constraints.
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY
	Engaging our population	1657 – Risk to delivery of Ministerial Priorities in relation to delivery of planned care recovery ambitions through 2023/24			4a Planned care and cancer recovery	AHMWW
	Voices of patients	1531 - Inability to safely support the Consultant on-call rota at Withybush General Hospital (WGH) and Glangwili General Hospital (GGH)			4b Regional diagnostic plan	Targeted Intervention
	Safe, sustainable, accessible and kind				6c Continuous engagement	

PLANNING OBJECTIVE 7a – Population Health					
PROJECT SCOPE (An outline of the project setting out its purpose) <ul style="list-style-type: none"> Develop and Implement public health plans which empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course Provide robust health protection and vaccination services for the community Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches 					
PROJECT GOVERNANCE Responsible Officers: Executive Lead: Director of Public Strategic Lead Assistant Director of Public Health Delivery Lead: Consultants, Principals and Area Leads			Programme oversight through: Public Health Senior Leadership Team Governance through: Public Health QSEC (Q&S issues escalated to QSEC) & SDODC Delivery through: tbc with new DPH, delivery through PH structures		
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
HEALTH IMPROVEMENT Develop and implement, in partnership, a comprehensive and strategic plan to improve population health and wellbeing and tackle the leading causes of preventable ill health and early death. The overarching plan will include specific action plans to address Tobacco control, the statutory Alcohol Harm Reduction and Drug misuse plan, emotional wellbeing, suicide and self-harm, physical activity and nutrition, health and housing and gambling.	Head of Health Improvement	<ul style="list-style-type: none"> Plans: 2023 Implementation: 2024 Evaluation: 2025 	<ul style="list-style-type: none"> Develop by end of March 2023 a comprehensive Hywel Dda Health Improvement & Wellbeing Plan to be tabled at the Board in May 2023 By May 2023, establish Tobacco Control Board (chaired by respiratory consultant) and sub-groups to lead on implementation of the detailed tobacco control element of the plan and achieve Smoke free ambition of 5% smoking prevalence by 2030. This will include implementation of action plans for the following areas: P1: Tackling health inequalities associated with smoking through targeting priority groups P2: Preventing the uptake of smoking especially in children and young people P3. Making Smoke free the norm through implementation of legislation 	<ul style="list-style-type: none"> The health improvement strategy is on track, plans have been to SDODC and approved. Delay in going to board due to public consultation. Now due at board September 2023. Smoking cessation plans are on track. APB subgroups have been established Updates on plans will be quarterly throughout 2023-24, with evaluation due in 2025. 	TBC

			<p>and policy locally P4. Supporting more smokers to quit through continued delivery and development of evidence based, innovative smoking cessation services</p> <ul style="list-style-type: none"> • Work with the Area Planning Board and key partners throughout 2023/25 to implement key aspects of the statutory alcohol harm reduction and drug misuse section of the plan via the Implementation Groups and plans for each of: <ul style="list-style-type: none"> ○ Prevention and Early Intervention ○ Harm Reduction ○ Treatment and Recovery ○ Crime Reduction and Availability ○ Complex Needs –Substance Misuse, Mental Health and Housing ○ Strategic Planning and Partnership • By May 2023, ensure the overarching plan includes detailed action plans in consultation with partners on the public health input into emotional wellbeing, suicide and self-harm, physical activity and nutrition, health and housing and gambling. • By May 2023, ensure the plan includes detailed actions for: research of specific projects, demonstration of impact and outcomes achieved by the plan and how the plan will align with value based health care. 		
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			<ul style="list-style-type: none"> By March 2025, evaluate implementation and refresh plans in line with findings 		
<p>HEALTHY WEIGHT</p> <p>Implement the University Health Board's Healthy Weight Healthy Wales plans, including an evaluation of the learning and, in light of this learning, refreshed plans for the next planning cycle.</p>	<p>Regional lead for Healthy Weight Healthy Wales Whole Systems Approach and Weight Management Clinical Pathway Lead</p>		<ul style="list-style-type: none"> By September 2023, working with Swansea Bay UHB and PSB partners, develop a whole system map at a strategic level to understand work going on across the West Wales region around the healthy weight agenda and begin the process of identifying priority areas for action. Work towards development of a fully staffed Level 3 MDT service that meets the standards of the All-Wales Weight Management pathway for adults (date tbc) Improve access to weight management support and interventions for adults in Hywel Dda (date tbc) Develop a costed model for the expansion of services at Level 2 of the pathway for adults (date tbc) Develop an agreed model of delivery for healthy weight provision for children and families at level 2 and 3, in line with the new Children, Young People and Families pathway (date tbc) 	<ul style="list-style-type: none"> Regional work on the whole system approach is on track Work around level 2 and 3 services is underway, reporting timescales to be established with the new DPH. 	TBC
<p>OPTIMISING HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE</p> <ul style="list-style-type: none"> Continued implementation of the HEALTHY SCHOOLS AND PRE-SCHOOLS SCHEME across Hywel Dda to ensure: Ongoing support for health improvement initiatives that raise awareness of risk-taking behaviour and increase 	<p>Principal in Public Health</p>		<p>By March 2024, ensure:</p> <ul style="list-style-type: none"> Nominated schools achieve NQA accreditation as well as continue to embed health and wellbeing in to the day to day life of settings. Continued close working with Director of Education and Heads of Service in the LEA through attendance at strategic meetings and supporting the LEA education and health agenda 		

<p>knowledge and awareness of health improvement programmes (e.g. E-cigarette use in schools, Smoke Free Policies, Moondance Schools Programme (Bowel Cancer Screening), role out of Play Training in partnership with Ceredigion Actif, raise awareness of childhood imms programme)</p> <ul style="list-style-type: none"> • Ongoing support for all primary schools to complete the mental and emotional health and well-being self-evaluation tool and statutory guidance on embedding a whole school approach to mental and emotional health and well-being • Ongoing support schools with the Health and Wellbeing Area of Learning and Experience and Relationships and Sexuality Education elements of the Curriculum for Wales and ensure schools adopt a 'whole school approach' to this work • Promotion of the School Health Research Network for schools to obtain their bespoke report about their students/learners' health behaviours • Roll out of the food security pilot to pre-school setting 			<ul style="list-style-type: none"> ○ Health behaviours are embedded into the daily life and value system of the schools (25 (40%) schools in Pembs achieve the NQA, 44 Schools and 30 pre-school settings in Ceredigion) ○ Schools can demonstrate a whole school approach to health and wellbeing. ○ Maintaining strategic profile of Health Promoting Schools with the DoE & Heads of Service in PCC will ensure schools prioritise their involvement in the Scheme at a time of great pressure and challenge ○ Increased knowledge and awareness of the impact of health harming behaviours in children and families. ○ Improved confidence of staff through professional learning ○ Health and well-being is embedded throughout the school in the policies, staff, ethos, environment, wider school community and not just the curriculum ○ Ensure children's rights and learner voice is at the heart of everything the school does ○ Schools use data to inform the curriculum and meet the needs of their learners ○ Schools develop evidence-based practice 		
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using a place-based approach.			<ul style="list-style-type: none"> ○ To provide evidence of the effectiveness of health interventions and health-related activities over time 		
<p>Contribute effectively to the EARLY YEAR'S agenda in Hywel Dda, including ensuring public health input into the Regional Children and Young Peoples Board and provide ongoing support to statutory programmes as well as all Pathfinders Programmes to ensure service integration and transformation.</p> <ul style="list-style-type: none"> • Establish a 'early years' leadership group within the University Health Board, ensuring continued effective public health input into school nursing and health visiting workplans. • Working with PSB and RPB colleagues to strengthen the role of population health programmes, including childhood vaccination and healthy eating in our partnership working across Hywel Dda 	Senior Public Health Practitioner (Prevention and Early Years)		<p>By March 2024, ensure:</p> <ul style="list-style-type: none"> • Health Board Early Years Leadership Group is established • Develop and Early Year Outcomes Framework and Data Dashboard to support ongoing monitoring and evaluation. • Undertake a CYP Needs Assessment • Development, Implementation, and evaluation of a Continuous engagement framework. • Social Prescribing Pilot for young People (linked to existing Social Prescribing workplan) • Evidence that the population priorities are embedded in wellbeing plans 	All actions to be completed by March 2024, quarterly reporting through current early years reporting structures.	
<p>Implement the Welsh Government Framework for a WHOLE SCHOOLS APPROACH TO EMOTIONAL AND MENTAL WELLBEING through:</p> <ul style="list-style-type: none"> • Establishing county level advisory groups to co-ordinated provision of support to schools to 	Whole School Approach to Mental and Emotional Wellbeing Lead		<p>By March 2025, ensure that every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health & Emotional Wellbeing and can demonstrate that:</p> <ul style="list-style-type: none"> • Schools can demonstrate that they are implementing the framework and wellbeing is improving. 		

<p>undertake self-assessments and identify priority areas for action.</p> <ul style="list-style-type: none"> • Provide support to individual and clusters of schools to develop key actions arising from the assessments and work with partners to support schools to address needs. • Ensure alignment to mental health and wellbeing services for children and young people as well as the Welsh Network of Healthy Schools Schemes. • Participate in the National Implementation Leads Network to share resources and best practice. • Provide regular updates to the Regional Children and Young Peoples Board as part of local scrutiny and governance. 			<ul style="list-style-type: none"> • There is service and policy alignment across statutory and community sectors to ensure whole education approach. • The voice of the child and other key stakeholders (e.g., Teachers) are being listened to and acted upon. • The wellbeing needs of children and young people are being met. • The education workforce is supported/empowered to identify, prevent, and act on wellbeing issues. 		
<p>WFGA/ PARTNERSHIPS</p> <ul style="list-style-type: none"> • Work closely with Public Service Boards and partners to implement agreed wellbeing plans across the University Health Board. • Provide public health expertise to the development of the Regional Continuous Engagement Steering Group priorities and Action Plan. • Provide public health expertise to the development of the Regional Preventions 	<p>Head of Health Improvement</p> <p>Carers focussed action: Assistant Director for Strategic Partnerships, Diversity and Inclusion</p>		<p>Hywel Dda Health Improvement and Wellbeing Plan to be developed for May 2023 Board, through engagement with Area Planning Board and consultation with all partnerships, including PSBs, RPBs, Local Crime Justice Boards, Regional Safeguarding Boards and Serious Violence Organised Crime (SVOC) and Contest Board</p> <ul style="list-style-type: none"> • By June 2023, support improved regional collaboration and coproduction of a continuous engagement approach across Hywel Dda 		

Board priorities and Action Plan.			<ul style="list-style-type: none"> • Embed continuous engagement within action plans and partnership working across the LPHT. • By June 2023, support production of primary prevention focused action plan to be delivered by the Regional Preventions Board that adds value to all three PSB action plans in taking forward the WBFGA national outcomes • Further develop actions by 31stDecember 2023 to enable the early identification of unpaid carers and support that helps them to address their own health and wellbeing needs. 		
<p>HEALTH INEQUALITIES</p> <p>Arrange a facilitated discussion at board aimed at agreeing our approach to reducing health inequalities, develop plans for, and implement the agreed approach</p>	Deputy Director of Public Health (to June 2023, in discussion with new DPH re handover arrangements)		<ul style="list-style-type: none"> • Working closely with the Community Development Outreach Team, increase direct engagement between the Health Board, and other trusted intermediaries, ethnic minority communities and vulnerable groups, individuals, families and communities. • Implement actions by 31stMarch 2024 that tackle barriers to accessing health services, promoting healthy lifestyle choices and reduce inequalities in health experienced by diverse communities and vulnerable groups. • Develop an options appraisal for Board (due for discussion in April 2023) setting out potential evidence-based approaches to reducing health inequalities across the area. This includes options of taking a population-level approach or a more targeted one (e.g. focusing on areas of highest socioeconomic deprivation, life course approach, Marmot principles etc) 	<p>Discussion at Board Seminar April 2023 led to a number of actions for the public health team to take forward.</p> <p>The equity advisory group has been established earlier than anticipated and is up and running, with Llyr Lloyd as chair.</p> <p>This agenda is linked with our cost of living crisis work, being run jointly with workforce colleagues, and with our health improvement agenda, the social model of health work and our university partnerships.</p> <p>Progress on this area of work should be monitored quarterly. A new lead will be</p>	

			<ul style="list-style-type: none"> By March 2024, further develop the Equity Advisory Group, which aims to provide a platform for all concerns of inequity on access and delivery of Health Board healthcare services 	sought in discussion with the new DPH.	
<p>SCREENING</p> <p>Work with Public Health Wales to implement the all-Wales plans for reducing inequalities in screening</p>	Public Health Practitioner		<p>Phase 1 –2023/24</p> <ul style="list-style-type: none"> An overall increase in screening rates across the three cancer screening programmes 2019/20 to 2023/24 A reduction in the difference between screening uptake in the most and least deprived areas in Hywel Dda Identified barriers for targeted interventions to address low uptake in those groups experiencing inequity e.g. underserved groups, those with protected characteristics. Phase2-2023/24 & 2024/25 A community network of trusted voices within communities where uptake is low, or barriers are known to be in place, acting as community champions to screening. 	<p>On track, screening progress reported at April 2023 SDODC</p> <p>Quarterly reporting suggested.</p>	
<p>HEALTH PROTECTION</p> <p>Develop and implement a sustainable health protection system, including plans specifically around our COVID and TB response.</p>	Consultant in Public Health and Health Protection Manager		<ul style="list-style-type: none"> Consolidate current TTP model and future development of a multi-agency health protection system across Hywel Dda region in line with the Review of Health Protection undertaken by Public Health Wales –March 2024 Working across the Health Board take forward the agreed actions from the Llwynhendy TB Outbreak External Review –March 2024 Develop Hywel Dda plan to support Welsh Government Elimination of Hep B and C. Working across the Health Board, seek to action the 12 action points as per Welsh Health 	<p>Joint Executive leadership around Llwynhendy and Elimination of Hepatitis B & C</p> <p>Llwynhendy update at QSEC June 2023</p> <p>Hep B and C action plan through PH QSEC and Executives in June 2023</p> <p>Regional health protection system development, quarterly reporting through QSEC</p>	

			Circular.Hywel Dda delivery plan due June 2023		
<p>HEALTHCARE PUBLIC HEALTH</p> <ul style="list-style-type: none"> As part of 'A Regional Collaboration for Health' (ARCH), produce a substantive Health Needs Assessment to provide clarity on the current state of health and wellbeing amongst the population of Hywel Dda and Swansea Bay UHBs. Provide public health leadership for a Health Impact Assessment to evidence a benefits and impacts baseline for the Outline Business Case for the Swansea Bay City Deal Campuses Project, drawing on the expertise of the HIA for Pentre Awel, in accordance with the Public Health (Wales) Act 2017. Support the Health Needs Assessment and Evaluation of the NHS Delivery Plans utilising the Health Care Public Health approach. Provide Public Health Leadership and Support to the Transformation Projects, e.g. Cardiology, Atrial Fibrillation, National Exercise Referral Scheme, and the Clinical Pathways Interface Steering Group 	Consultant in Public Health		<p>By March 2024, publish the ARCH Health Needs Assessment.</p> <ul style="list-style-type: none"> By March 2024, publish the Health Impact Assessment. Produce Annual Reports on delivery progress as appropriate including to the Network Board. Develop updated Policy on Procedures of Limited Clinical Effectiveness/INNU through collaborative work with VBHC Lead/HTW by March 2024 Sexual Health Services Needs Assessment and Sexual Health Services Strategy to be completed by March 2024. 	<p>Joint Executive leadership around aspects of this agenda. Healthcare public health progress has previously been reported in response to an ask rather than through regular governance/reporting structures.</p> <p>Suggest quarterly reporting through SDODC or PH QSEC.</p> <p>The Clinical effectiveness and INNU policy work will report through the Medical Director and Director of Finance Leadership.</p>	

<ul style="list-style-type: none"> • Review and effectively monitor the Policy on Procedures of Limited Clinical Effectiveness/INNU at a local and national level to ensure a Value Based Healthcare Approach. • Provide Public Health support to the Individual Patient Funding Request Panel, IPFR QA Panel, OWMAG and WHSSC Prioritisation Panel to deliver an effective, consistent, high quality Value Based Healthcare Approach. • Provide Public Health Leadership and Support for Health Needs Assessments and Service Reviews e.g. Sexual Health Services Needs Assessment and Strategy. 					
<p>SOCIAL AND GREEN SOLUTIONS</p> <p>Adopt a whole systems approach to improving population health through ‘Social and Green Solutions for Health [and Wellbeing]’, as part of the wider social model of health</p>	Senior Public Health Practitioner & Principals in Public Health		<ul style="list-style-type: none"> • Develop and implement an action plan for the continued development of the Social Prescribing Service, including the roll out of Elemental within GP surgeries across the region by March [2024/2025]. • Establish a robust suite of measures and reporting mechanisms for Hywel Dda Social Prescribing Service underpinned by Value Based Healthcare principles by [October 2023] • Lead the regional implementation of the National Social Prescribing Framework across the University Health Board following launch by Welsh Government. 		

			<ul style="list-style-type: none"> • Commission training and workforce development opportunities as identified in the Hywel Dda principles of social prescribing by [September 2023/March 2024]. • Facilitate the development of professional practice across the Hywel Dda region through the West Wales social prescribing Community of Practice • Develop the role that 'green' and 'blue' assets play in the promotion of population health and wellbeing. 		
<p>Improve current childhood immunisation uptake. Focus on:</p> <ul style="list-style-type: none"> • 3 doses of 6in1 by age 1 • 2 doses MMR by age 5 	Senior Nurse for Vaccination and Immunisation and Senior Public Health Practitioner		<ul style="list-style-type: none"> • Strengthen the message around the importance of vaccines in preventing morbidity and mortality from vaccine preventable diseases • Improve acceptability of vaccines in light of anecdotal reports of 'vaccine fatigue' • Improve accessibility to 'baby clinics' for those who are underserved in our communities, adapting clinics to meet the needs of those attending or offering alternative venues including domiciliary vaccination service for those unable to access routine services 		
Improve shingles uptake in Hywel Dda	Senior Nurse for Vaccination and Immunisation and Senior Public Health Practitioner		<ul style="list-style-type: none"> • Work in collaboration with GP colleagues who deliver the Shingles vaccine programme, providing detailed GP uptake levels, allowing targeting of areas with low uptake and providing support in planning extra clinics. • Strengthen the message around the importance of shingles vaccine in preventing morbidity from shingles and Post-herpetic neuralgia (PHN), by engagement with community services, 		

			<p>3rdsector providers eg local 'Age UK' groups, community groups e.g. Evergreen clubs</p> <ul style="list-style-type: none"> Using the approach above can also be used to improve uptake in our other routine and selective adult vaccination programmes i.e. pneumococcal vaccination programme and seasonal flu vaccine programme 		
Increase uptake of flu vaccine in 2 and 3 year olds	Senior Nurse Vaccination and Immunisation and Head of Nursing		<ul style="list-style-type: none"> Discussion with, and advice to, primary care colleagues around the importance of delivering Live, attenuated influenza vaccine (LAIV) early during flu season 2023/24 in protecting infants, and the protection this also provides for the rest of the population with children being considered 'super-spreaders' of winter respiratory viruses Early proactive discussion with primary care colleagues, Local Authority partners and early years providers, around changing means of delivery of LAIV in 2023/24 e.g. immunising 3 year olds in pre-school settings Improve acceptability of LAIV for parents of 2 and 3 year olds, re-iterating the messages around the risk of hospitalisation of children under 5 from flu, and their role in protecting more vulnerable family, friends and communities Improved access to appropriately timed clinics and use of community venues 		
Increase our domiciliary offer to improve equity of access to vaccines for 'hard to reach' individuals and communities	Senior Nurse Vaccination and Immunisation and Senior		<ul style="list-style-type: none"> Advise primary care colleagues and other services e.g. health visiting and school nursing services, of the role and availability of the Community Nurse 		

		Public Health Practitioner			<p>Immunising Team in delivering domiciliary vaccinations.</p> <ul style="list-style-type: none"> Maintain a database of domiciliary vaccinations delivered, to continue to evidence the need for the service 		
	Ensure a robust vaccination service for pandemic and incident response, including Covid-19, TB and hepatitis vaccination where required	Senior Nurse Vaccination and Immunisation and Head of Nursing			<ul style="list-style-type: none"> Development of clear plans for delivery of the 2023 Spring Booster Covid-19 vaccination programme and ensure a robust system is in place for any future covid-19 vaccination requirements. Vaccination plans as part of incident and outbreak response to be built into management plans where required 		
RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS		
	Finance for Health Protection service is limited and non-recurring	High	High	TBC	Skilling up of health protection and vaccination based staff to cover a number of roles within the health protection space. Including, but not limited to hepatitis and TB testing and vaccination. Sharing of resource with LA colleagues so that risk does not sit completely with the health board.		
	Finance for Vaccination services is limited and non-recurring	High	High	TBC	Skilling up of health protection and vaccination based staff to cover a number of roles within the health protection space. Including, but not limited to hepatitis and TB testing and vaccination.		
	Prevention and Early Years funding is recurring, but not guaranteed past 2024-25. There are permanent posts and workstreams against this funding.	Low-Medium	High	TBC	New posts and funding uses of this money will be fixed term in nature to limit risk should the funding stream be limited following 2024-25.		
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER			OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW

PLANNING OBJECTIVE 7b Primary Care Strategy - Transforming Integrated Primary & Community Care					
PROJECT SCOPE: The production of a Primary Care and Community strategy that articulates the principles and standards that will identify key actions to support the provision of sustainable Primary Care and Community services across the four contractor professions aligning to the delivery of Hywel Dda's overall strategic vision.					
Within scope: <ul style="list-style-type: none"> Primary Care contracted services: General Medical Services, Optometry, Community Pharmacy and General Dental Services HDUHB Managed Practices (current and future vision) Community provision of services to bring care closer to home Health Board wide framework for the design and development of services at Pan Cluster Planning Groups at County level 					
PROJECT GOVERNANCE Responsible Officers: Executive Lead: Director of Primary Care, Community & Long-Term Care Strategic Lead: Assistant Director Primary Care Delivery Lead:			Programme oversight through: SDODC Governance through: PC SMT Delivery through: TBC		
KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Project initiation. Design and deliver a PID with outline project plan	Assistant Director of Primary Care	Q2 2023		Q2 2023	
Sector engagement and issues development focussing on: <ol style="list-style-type: none"> workforce and building system capacity including community services and multi professional working patient empowerment and increased directed self-care Sustainability premises quality and safety finance and investment digital services closer to home 	Assistant Director of Primary Care	Q3 2023	A draft issues paper that articulates the current state of services, at Cluster level including Primary Care contractor provision, population health data, social model for health, health inequalities etc	Q3 2023	<ul style="list-style-type: none"> Patient Journey (Demand and capacity (when data is contractually available), PROMS and PREMS, QAIF Access information) Workforce (Welsh National Workforce Reporting System <i>GMS only</i>, HEIW, Primary & Community Services Academy) Quality (Patient Experience, Clinical Guidelines, Incidents)

					<ul style="list-style-type: none">• Early Targeted Engagement (Contractor professions, Professional bodies, Patients)• Interdependent Workstreams (Welsh Government, Strategic Programme for Primary Care, HEIW)• Finance• Estates (Five Facet Survey, Improvement Grants)• Published Document Analysis
Engagement programme with the Primary Care Sector & HDUHB operational/corporate stakeholders to gain insight and feedback on the issues, and opportunities 1. workforce and building system capacity including community services and multi professional working 2. patient empowerment and increased directed self-care 3. Sustainability 4. premises 5. quality and safety 6. finance and investment 7. digital 8. services closer to home	Assistant Director of Primary Care	Q2 2024	A Primary Care and Community Strategy in draft.	Q2 2024	TBC
Engage, review and revise a Primary Care and Community Strategy	Assistant Director of Primary Care	Q3 2024	A ratified A Primary Care and Community Strategy for the Hywel Dda region.	Q3 2024	TBC
RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Failure to deliver the scale and/or timeline of the work programme due to operational pressures and limited corporate support	3	3	9	Defined corporate support Clear work programme Clear responsibilities for task & finish groups

	Failure to deliver due to buy in from system partners due to lack of ownership, resource and/or trust	3	3	9	Use current governance and communication routes, to enable the best possible engagement	
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER		OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
				2c	TUEC	AHMWW
				3a	SPPC	
				4b 4c		
				5a		
				6a 6b		
				7a 7c		

PLANNING OBJECTIVE 7c Social Model for Health and Wellbeing (SMfHW)

PROJECT SCOPE The programme of work focuses on the domain: Our Communities - Our population is healthy and we have a positive impact on the determinants of health. It feeds into the strategic goal 8: Positive impact beyond health - As an organisation we have a positive impact beyond health.

The project continues the workplan to 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.

PROJECT GOVERNANCE Responsible Officers: Executive Lead: Medical Director / Deputy CEO Strategic Lead: Director Research, Innovation and Value Delivery Lead: TBC	Programme oversight through: SDODC Governance through: TBC Delivery through: Social Model for Health and Wellbeing Steering Group
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KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS:	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Defined projects that focus on formalising steps to operationalise the move to a SMfHW in the three identified groups of 1) Our Workforce 2) our Partnerships 3) our communities	SMfHW Steering Group	September 2023	Board seminar to test and agree specific next steps per identified group. Projects must: 1) Be SMART 2) Have defined resource requirements 3) Have high level Project Plans	Board Seminar – Q2 Board Report to agree final project plan - by Q3	Minutes and Actions
Embed SMfHW into other major Health Board programme of work	SMfHW Steering Group	July 2023	<ul style="list-style-type: none"> Formalised links between PO 7c and New Hospital Network business case development Formalised link between PO 7c and the Digital programme 	By Q3	Terms of Reference – amendments
Embed the concept of whole system approach to Food for wellbeing in to HB BAU	Food Systems Action Group (FSAG) & SMfHW Steering Group	July 2023	<ul style="list-style-type: none"> ToR for the Food Systems Action Group (FSAG) that recognise the scope of food related interest within the HB. Develop a work plan that aligns whole system priorities and plan for 23/24 of <ol style="list-style-type: none"> the regional HWHW programme, Healthier Schools programme, PSB-specific food projects, 	By Q2	Minutes and Actions – FSAG and regional/national

			4. HB food Procurement projects site specific plans i.e the One Health strategy plan		
Communication – E-Document to provide progress updates	Transformation Programme Office (TPO)	August 2023	Monthly E-Document to provide one way communication of progress to SMfHW stakeholders.	Monthly document issued at the beginning of each month to specified list of contacts. Library of archive documents to be made available alongside Engagement platform deliverable by April 2024.	Data Analytics available through Microsoft Office 365 will be collected for each version of E-Document. Target view percentages to be set.
Communication - Engagement platform	Digital Communications & Transformation Programme Office (TPO)	February 2024	Online platform to interact with staff and citizens on the work being carried out within the chosen communities.	Suitable platform to be identified over the next two quarters of 2023 with go live date set for first quarter of 2024. Ongoing piece of work beyond SMfHW objectives.	Targets will be set on frequency of engagement posts and monitor site hits and engagement levels per post.
SMfHW Online Presence– Internal & External	Transformation Programme Office (TPO) Communication & Engagement Team	April 2024	Centralised online resource to collate all SMfHW communication deliverables, providing: <ul style="list-style-type: none"> - External – link to repository of E-document progress updates - Internal – link to platform to capture detailed documentation and staff targeted communication - Engagement – link to Engagement platform 	Work ongoing over next 12 months with regards to progress updates and engagement will be collated into one centralised platform to satisfy this deliverable. Centralised platform will direct	Site hits will be measured at regular intervals to monitor engagement levels.

				users to targeted areas based on the category they fall into (Staff, Partner, Public)	
Agree at least one community in each Local Authority for initial place-based activity.	“Creating change together” county level groups	April 2023	At least one community in each Local Authority will be identified for initial place-based activity.	Additional communities for place-based activity may be proposed / identified through discussion with partners. For example, Glanymor ward in Llanelli may be another community in which place-based activity could take place.	Welsh Index of Multiple Deprivation (WIMD) data were used to help inform the decision-making process. Data about contacts with secondary care services by people registered at postcodes in the selected communities have been obtained- baseline. ONS Census 2021 data about the prevalence of households deprived in the health and disability dimension in the selected communities have been obtained.
Produce a “For information” SBAR for Executive Team summarising decision-making process to identify at least one community in each Local Authority for place-based activity.	Transformation Programme Office (TPO)	April 2023	A “For information” SBAR summarising decision-making process to identify at least one community in each Local Authority will be produced and submitted.	The SBAR may help to inform the decision-making process to identify communities for future place-based activity.	Various data were presented in the SBAR, including Welsh Index of Multiple Deprivation (WIMD) data.
Carry out or support direct engagement with community members to map assets and determine priority areas of need and appetite for involvement.	“Creating change together” county level groups / partners / Health Board	April 2024	Direct engagement with at least one community in each Local Authority will be undertaken or supported. The engagement will be evaluated using established engagement evaluation approaches / tools / measures.	May – Aug 2023: Carry out or support direct engagement with community members in Tyisha and Crymych.	Engagement activity will be evaluated using established engagement evaluation approaches / tools / measures. Qualitative feedback from facilitators leading or

				Additional engagement activity, including in Lampeter, may take place from Sep 2023 to Apr 2024.	supporting engagement activity will be sought.
Produce a “For information” SBAR for Executive Team summarising direct engagement activity with community members.	Transformation Programme Office (TPO)	October 2023	A “For information” SBAR summarising direct engagement activity with community members will be produced and submitted.	The SBAR may help to inform future community engagement activity.	The SBAR will include data from the evaluation of the engagement activity.
Seek / obtain / contribute to a list of “community leaders” in each community identified for place-based activity.	Transformation Programme Office / Engagement Team / partners	December 2023	A list of “community leaders” in each community identified for place-based activity will be obtained / produced.	May – December 2023: Discussions will take place with partners undertaking place-based activity about community leaders already identified.	This may involve sharing / collection / storage / use of personal and identifiable data. Appropriate information governance arrangements need to be in place.
Explore the potential and feasibility of supporting the implementation of a Moondance Cancer Initiative (MCI) project in schools in the Health Board area.	“Creating change together” county level groups / partners / Health Board	April 2024	Discussions will take place with at least one school in the Health Board area to determine the potential, feasibility and practicalities of supporting the implementation of a Moondance Cancer Initiative (MCI) project, e.g. about bowel screening.	May – Sep 2023: Initial scoping will take place to establish how the Moondance Cancer Initiative has been implemented elsewhere. Oct 2023- Apr 2024: If a project is considered feasible, support will be provided to plan and implement it.	If the project focuses on bowel cancer, as an example, data about the number of requests for and return of bowel cancer screening kits could be sought. Additional data about, for example, awareness and understanding of bowel cancer pre and post
RISKS	RISK DESCRIPTION	LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS
	Scope of programme requires more staffing resource than is currently available, this is particularly acute in the previous PO4U projects.	3	5	15	The development of the project plans require resource ask to be clear and agreed.

	Project objectives are developed in parallel with other HDUHB programmes which may lead to missed opportunities, mixed messages to internal/external partners and poor use of resources (workforce and capital)		3	5	15	Alignment of ToR and governance with HB wide programmes of work to ensure connections both formal and informal are recognised and strengthened	
	Poor engagement in the programme of work by internal stakeholders, due to resource constraints, lack of perceived relevance and/or trust.		3	3	9	Our Workforce project plans to address engagement trust and co-design. Delivery of comms and engagement projects (above)	
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES			MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW
			2b 2c			TUEC	AHMWW
			3a			SPPC	
			4c				
			5a 5b 5c				
			6a 6b 6c				
			7a 7b				
			8b 8c				

Planning Objective:

Executive Lead:

Reporting Period:

Overall status: Complete / Ahead / On-track / Behind
Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):

Activities completed in previous reporting period

- 1
- 2
- 3

Activities planned for next milestone and reporting period

- 1
- 2
- 3

Any other Comments
Matters for information:

Risks to delivery:

Any other comments:

- Name and reference of Planning Objective
 - Executive Lead
 - Reporting Officer
 - Period of reporting

What is the aim of the Planning Objective?

The types of information covered should include:

- What are the aims and outcomes? (link to the Planning Objective scope)
- What is the intended impact of the Planning Objective?
- What are the drivers for the Planning Objective / what are the underlying principles of the Planning Objective?
- How does this Planning Objective link to Ministerial or Local priorities?

What have been the key achievements so far?

The types of information covered should include:

- Where are you against your proposed trajectory / milestones? Is the Planning Objective Complete/Ahead/On-track behind?
- What difference has the Planning Objective made?
- What have you learnt so far?

What needs to be done next?

The types of information covered should include:

- What are your next steps in delivering the Planning Objective?
- If your Planning Objective is behind in its delivery against your proposed trajectory / milestones, what are the barriers, how will you bring it back in-line? Are there any mitigations?
- Is there anything different that needs to be considered moving forward?
- What are the risks in the delivery/completion of your Planning Objective?
- Are there any (e.g.) financial or workforce considerations?
- Are there any change management issues or considerations

What are your take home messages for the Committee?

The types of information covered should include:

- What are the key messages that the Committee needs to know?
- What are you asking for from the Committee?