



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quarterly Annual Plan Monitoring Returns and Planning Objective Update (Q1 & 2)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning Angharad Lloyd-Probert, Senior Planning Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Health Board agreed an annual plan in March 2023 for the financial year 2023-24. The plan set out the organisation's key priorities and deliverables for the year through 23 Planning Objectives (POs).

Progress against this plan is reported through Board and the Board Committees, with Committees designated responsibility for overseeing specific POs.

Cefndir / Background

The Annual Plan initially projected a planned deficit of £112.9 million. In light of escalating operational pressures, the Health Board's financial forecast has further deteriorated, necessitating immediate and robust intervention.

In response to the deteriorating financial conditions and mounting operational strains, the Executive Team has undertaken a review of the 23 Planning Objectives for 2023/24. These objectives, integral to our Annual Plan, describe both our long-term aspirations and specific, quantifiable actions over the next three years.

The review of the Planning Objectives was taken to the September 2023 Public Board along with the approach being taken to improve the financial forecast.

Asesiad / Assessment

In response to the organisation's financial position an Executive led Core Delivery Group (CDG) has been established to drive in-year delivery of an improved financial forecast. To support the organisation with this, a dedicated Recovery Team has been constituted. This team draws from multiple directorates across the Health Board, to provide a multidisciplinary approach to the challenges at hand.

Given the gravity of the financial forecast, and the need to prioritise activities that will deliver in-year improvements in the financial forecast, an Executive review of Planning Objectives was undertaken. This led to POs, and actions within POs, being designated as for continuation, amendment, or deferral beyond 2023/24.

It should be noted that all Planning Objectives (POs) contribute to the long-term sustainability of the Health Board and broader delivery of the strategy, A Healthier Mid and West Wales. For instance, POs focused on recruitment and career progression directly contribute to reducing agency costs and reducing the fragility of services. The executive discussions therefore sought to balance the in-year requirements with the medium-term. The outcome of this work has been presented to the Board at its September 2023 Public meeting and is attached at Annex 1.

The table below provides an overview of the decisions made regarding the Planning Objectives aligned to SDODC:

Planning Objective	Executive Lead	How does this PO support the recovery of the 2023/24 Annual Plan	Current Status
3a Transforming Urgent and Emergency Care (TUEC) Programme	Director of Operations	Prioritise	Behind
4a Planned Care and Cancer Recovery		Planned Care – Slow Cancer - Prioritise	On-track
4b Develop and deliver a regional diagnostic plan		Slow	On-track
4c Mental Health Recovery Plan		Slow	On-track
5a Estates Strategy	Director of Strategy and Planning	Prioritise	Behind
6a Clinical Services Plan		Slow	On-track
7a Public Health	Director of Public Health	Prioritise	On-track
7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability	Director of Primary Care, Community and Long-Term Care	Pause (work incorporated into the Primary Care strategy development)	Not Applicable
7c Social Model for Health and Wellbeing	Medical Director	Slow	On-track

Work is now underway to profile the impact of slowing the delivery of Planning Objectives in terms of what the Health Board expects to deliver and when. With respect to Planning Objective 7b which has been paused, this Planning Objective will be replaced by the work to be undertaken on the development of a Primary and Community Services Strategy as described to September 2023 Public Board (attached at Annex 2).

Highlight reports for those Planning Objectives not subject to a deep-dive (deep dives for October Committee meeting are 3a Urgent and Emergency Care and 4c Mental Health, and as such have separate papers) or through the Integrated Performance Assurance Report (4a Planned Care and Cancer) in this Committee meeting are included as Annex 3.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the review of Planning Objectives aligned to SDODC
- **RECEIVE ASSURANCE** on the current progress with Planning Objectives

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

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



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Annual Plan 2023/24 – Planning Objectives and Recovery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In light of escalating operational pressures, the Health Board's financial forecast has notably deteriorated. The revised Annual Plan, last amended on 31 May 2023, initially projected a planned deficit of £112.9 million. Subsequent to this submission, there has been a discernible escalation within the in-year expenditure, necessitating immediate and robust managerial and clinical intervention.

Given the gravity of this financial forecast, an exhaustive review has been initiated to scrutinise the feasibility of meeting our Planning Objectives. Concurrently, the Core Delivery Group (CDG) has been mandated to implement substantial management actions aimed at financial rectification. To facilitate this, a dedicated Recovery Team has been constituted. This team assembles a diverse array of expertise, drawing from multiple directorates across the Health Board, to provide a multidisciplinary approach to the challenges at hand.

Furthermore, the Welsh Government has augmented the financial rectification criteria since the Recovery Team's inception. Specifically, an additional 10% reduction, equivalent to £11.3 million, has been imposed on the initially planned deficit of £112.9 million. This amplifies the financial objectives for the Health Board, thereby accentuating the urgency for efficacious corrective measures.

In response to deteriorating financial conditions and mounting operational strains, the Executive team has undertaken a meticulous evaluation of the 23 Planning Objectives for 2023/24 set forth by Hywel Dda University Health Board (HDdUHB). These objectives, integral to our Annual Plan, elucidate both our long-term aspirations and specific, quantifiable targets for the ensuing three-year period.

This document offers the Board an updated perspective, subsequent to this financial assessment. Certain Planning Objectives have been identified for continuation, amendment, or deferral in the 2023/24 timeframe, as dictated by the exigencies of our financial standing.

Similar to the approach adopted by the Core Delivery Group (CDG) and the dedicated Recovery Team, the Executive's review is aimed at reconciling our Planning Objectives with the imperative for immediate and rigorous financial corrective action. This aligns with the Welsh Government's revised financial rectification criteria, which have further intensified the need for swift and effective remedial steps.

Cefndir / Background

The Planning Objectives (POs) articulated in the Health Board's Annual Plan for 2023/24 are intrinsically linked to the recovery work necessitated by financial constraints, as they both strive to operationalise recovery and support the Health Board's long-term strategy, "A Healthier Mid and West Wales." For instance, POs focused on recruitment and career progression directly interface with fiscal challenges tied to variable pay. Scenario analyses further contribute to this interconnection, as they offer quantitative frameworks for understanding the resourcing implications of strategic decisions, such as maintaining staff quality whilst being financially sustainable.

The triage of financial constraints, workforce availability, and Planning Objectives coalesces around overarching Strategic Objectives, substantiating them into actionable pathways. POs related to healthcare service delivery, such as "Transforming Urgent and Emergency Care" and "Mental Health Recovery Plan," are substantively contextualised by the rigorous workforce availability scenarios. These scenarios allow for a nuanced understanding of how staffing configurations can either bolster or undermine service quality and operational efficacy, thereby ensuring alignment with Strategic Objectives like "Safe, sustainable, accessible, and kind care."

A substantial portion of the financial run rate is attributable to fluctuating remuneration structures namely variable pay. To address the prevailing fiscal constraints, a dedicated team has been convened to support the Health Board in formulating various models (scenarios) to assess the repercussions on operational efficacy and service quality, should there be a reduction in variable pay.

For the initial phase, the undertaking necessitated a rigorous evaluation of the implications and risks associated with three distinct workforce availability projections, spanning from 1 September 2023 through to the conclusion of March 2024. This assessment was conducted in accordance with the Essential Services Framework (ESF), which delineates services of vital importance, such as emergency medical care and mental health interventions.

Scenario 1

- Review what level of service can be offered with the current staff numbers, with no further recruitment
- Compare this level to the ESF to spot any gaps or areas where service exceeds the requirements
- Propose potential measures to minimise any gaps in service
- Outline the main risks and issues considering the proposed measures
- Use the WG Quality Driven tool for risk assessment.

Scenario 2

- Follow the same steps as in Scenario 1, but assume that current vacancies can be filled and new registrants will be joining, excluding any further overseas nurses after August 2023.(This was later expanded to September and to include any IENs who had already received their Visas)

Scenario 3

- Repeat the steps but include all additional workforce options like bank staff and overtime, except for agency and locum staff that are paid above NHS rates.

The objective of the aforementioned analysis was to ascertain potential risks and devise strategies for the preservation of essential services amidst diverse staffing configurations. While the scope of Phase 1 did not extend to the formulation of explicit service plans or execution strategies, it does serve as a foundational element for subsequent implementation planning.

Upon reviewing the submitted data, the executive team convened a session to evaluate the findings and determine actionable insights, along with necessary exceptions to consider. During these executive discussions, it became evident that the discontinuation of locum staff at GGH would jeopardise the stability of staffing rotas, consequently rendering the Accident & Emergency department unsustainable.

Additionally, the material prepared for the executive deliberations included a request from the Welsh Government to investigate further measures aimed at mitigating the annual financial deficit of £112.9 million. These additional measures were divided into increments of 10/20/30%, with each successive increase necessitating a greater level of difficult decisions, including the possibility of requiring changes to national policy and legislation.

Annual Plan Recovery - Phase 2

In line with the Board's directive, Phase 2 of our workforce availability planning has been a comprehensive exercise in meticulous analysis and strategic development. Teams were assigned to validate the management actions and assess their impact across the system, with an explicit focus on patient services. Through collaborations with service leads, realistic implementation plans were devised, pinpointing key service areas including Therapies, Radiology, and Mental Health, among others. These plans consider both immediate and long-term impacts, incorporating financial efficiency metrics and workforce well-being into their scope.

To ensure the highest standards of accuracy and validation, teams were required to provide exhaustive data by 18 August 2023, which would be scrutinised for consistency and clarity. A cross-disciplinary review session was held on 22 August 2023 to ensure the quality and viability of all proposed plans. A series of principles guided this phase, including financial sustainability, commitment to patient care, and transparent communication. All of this was underscored by a continual process of performance and impact monitoring to ensure alignment with Board objectives.

To support the development and implementation of these plans, there is a need for refreshed workforce information, updated templates for impact assessments, and mechanisms for performance monitoring. We are also committed to upholding the confidentiality of sensitive documents while fostering transparency through clear communication channels. These are prerequisites for the effective execution of the strategies identified, thereby securing our triple aim of excellent patient care, workforce well-being, and financial stability.

Asesiad / Assessment

Phase 2 was broken down into 2 distinct parts. Part A consisted of the following areas:

Directorate / Service	Management Action	Est. Financial Impact £'m
Therapies	S3 - Cease agency staff above NHS rates	0.2
Radiology	S3 - Cease agency staff above NHS rates. Work required to scope impact of curtailing Everlight usage	0.6
Neonatal	S3 - Cease agency nursing and high cost medical locums	0.7
Maternity and Obs & Gynae	S2 - Cease agency, bank, overtime, locums and additional hours	1.0
Health visiting and school nursing	S2 - Cease agency, bank, overtime, locums and additional hours and pause recruitment in school visiting (S1)	0.1
Learning Disabilities	S2 - Cease agency, bank, overtime, locums and additional hours	0.1
Mental Health - Inpatient Services	S1 - Cease agency, bank, overtime, locums, additional hours and recruitment (with the exception of S136 place of safety). Further work to look at alternative options for S136	0.7
Mental Health - Crisis care	No change - Skills mix review required given period of time vacancies have existed	0.0
Pharmacy and Medicines Management	S2 - Cease agency, bank, overtime, locums and additional hours (except where this would necessitate outsourcing)	0.0

Executive Summary for Phase 2 Part A: Strategic Financial and Operational Revisions

Pursuant to the In-Committee Board consultation convened on 10 August 2023, Phase 2 Part A furnishes a recalibrated fiscal outlook, with a concomitant diminution in projected financial run rate reductions from £3.4 million to £1.5 million. This revision emanates primarily from enhanced due diligence and rigorous risk-benefit analyses, focusing meticulously on qualitative aspects such as patient safety, service quality, and operational performance. Moreover, a detailed scrutiny of the financial Part Year Effect (PYE) until 31 March 2024 has been undertaken, thereby intimating an extension of these fiscal measures when considered on an anticipated 18-month duration, given extant systemic pressures until March 2025.

Sustainable Trajectories

Emphasis has been allocated to scrutinising the repercussions of the proposed fiscal changes on our workforce infrastructure. The meticulous evaluation elucidates the precarious balance between financial prudence and staff well-being, including safeguards against occupational burnout. In particular, the radiology submission exemplifies the interplay of financial efficiency and workforce well-being, as cessation of agency staff above NHS rates could lead to detrimental effects on services, including General X-ray and MRI.

The analysis delineates several salient sectors vulnerable to elevated risk vectors. For instance, the Mental Health sector manifests concerns related to statutory compliance, specifically with the Mental Health Measure and the Mental Health Act. Paediatric services, constrained by staffing inadequacies and dependency on high-cost NHS locums, indicate the level of fragility that manifests in variable pay. These vulnerabilities have engendered a suite of options, each inculcating a balance between financial stringency and unmitigated service delivery.

An imperative facet of this phase has been the comprehensive Equality Impact Assessments (EqIA) to preclude inadvertent demographic disparities. Facilitative drop-in sessions have been strategically orchestrated for each directorate to ensure full compliance and consideration. This is particularly pertinent in the context of Obstetric & Gynaecology

services, where a cessation of overtime could jeopardise out-of-hours emergency services, thus having a cascading effect on diverse patient groups.

In summation, the transition from Phase 1 to Phase 2 Part A represents an exercise in cautious fiscal prudence, underpinned by a meticulous analytical approach. The recalibrated management actions (from Phase 1) and multi-faceted operational strategies invite rigorous monitoring and agile contingency planning. Given the spectrum of inherent risks and complexities, the imperative for a dynamic, realistic, and adaptable implementation roadmap is self-evident. Further investigatory work is paramount for distilling these complexities into an actionable, executable plan of record.

The re-evaluation of our Planning Objectives (POs) is not only a financial imperative but also crucial for fulfilling the annual plan that the Board has approved. By shifting focus and resources towards POs that are directly aligned with our immediate recovery actions and annual goals, we ensure that we remain on course to meet the benchmarks set by the Board. This strategic reallocation of resources, particularly whole-time equivalents (WTEs), is essential for driving and accelerating these critical changes. Moreover, this realignment allows us the capacity to conduct thorough Quality and Equality Impact Assessments (QEIAs) on all affected sectors, ensuring that our decisions are both equitable and uphold the quality of service. By doing so, we achieve a balance between immediate needs and long-term sustainability, all while staying true to the Annual Plan and Board directives. The subsequent PO table will provide further detail on which objectives have been prioritised, slowed, or paused to realise the needed resources for our most pressing priorities.

Our 2023/24 planning objectives		How does this PO support the Recovery of the Annual Plan
1a	Develop an attraction & Recruitment plan	Prioritise
1b	Develop career progression opportunities	Slow
2a	Engage with and listen to our people	slow
2b	Continue to strive to be an employer of choice	Slow
2c	Develop and maintain an overarching workforce, OD and partnerships plan	Slow
3a	Transforming Urgent and Emergency Care programme	Prioritise
3b	Healthcare Acquired Infection Delivery Plan	Prioritise
4a	Planned Care and Cancer Recovery	Planned Care (slow) Cancer (Prioritise)
4b	Regional Diagnostics Plan	slow
4c	Mental Health Recovery Plan	Slow
5a	Estates Strategies	Prioritise
5b	Research and innovation	Business as Usual
5c	Digital Strategy	Slow
6a	Clinical services plan	Slow
6b	Pathways and Value Based Healthcare	Reduced and re-prioritised
6c	Continuous engagement	Paused
7a	Population Health	Prioritise
7b	Integrated Localities	Pause
7c	Social model for Health and Wellbeing	Slow
8a	Decarbonisation & Sustainability	Slow
8b	Local Economic and Social Impact	Pause
8c	Financial Roadmap	Prioritise
8d	Welsh Language and Culture	TBC

Annual Plan Trajectories

This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included additional measures for delayed pathways of care and nurses in post as both measures have a significant impact on our performance in other areas.

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see our IPAR dashboard: [Integrated Performance Assurance Report \(IPAR\) dashboard as at 31 July 2023](#).

Click on a measure of interest below to access further details within this overview report.

Topic	Area for Improvement	Latest actual	Variation	Assurance	Trajectory
Planned care recovery	Return activity back to 2019/20 levels	12 month change: OP +9%, IP +8%, DC +23% *			
	Waits over 52 weeks from referral to treatment	14,108	●	●	□
	Waits over 104 weeks from referral to treatment	2,901	●	●	□
	Waits over 36 weeks for a first outpatient	11,752	●	●	□
	Waits over 52 weeks for first outpatient	3,367	●	●	□
	Delayed follow-up outpatient appointments	15,400	●	●	□
Urgent and emergency care	Ambulance handovers over 1 hour	980	●	●	□
	Ambulance handovers over 4 hours	270	●	●	n/a
	Patients waiting over 12 hours in A&E/MIU	1,680	●	●	□
	Delayed pathways of care	238	n/a	n/a	n/a
Cancer	Single cancer pathway	49%	●	●	□
	Patients waiting over 62 days for cancer treatment	426	n/a	n/a	□
Mental Health	Primary and secondary care CAMHS	92%	●	●	□
	Waits under 26 weeks for psychological therapies	46%	●	●	□
	Waits under 26 weeks for neurodevelopmental assess	20%	●	●	□
Diagnostics	Diagnostic waits over 8 weeks	6,867	●	●	□
Therapies	Therapy waits over 14 weeks	2,896	●	●	□
Primary Care	Primary care referrals into ophthalmology	1,043	●	n/a	□
Infections	Reduce the number of C.Difficile cases	16	●	●	n/a
	Reduce the number of E.Coli cases	33	●	●	n/a
Workforce	Increase number of nurses and midwives in post	2,977	●	n/a	□

* OP = new outpatient IP = inpatient treatment DC = day case treatment

Key

Variation - how are we doing over time

- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

Statistical process control (SPC) charts

- [Why use SPC charts?](#)
- [Anatomy of a SPC chart](#)
- [Rules for special variation within SPC charts](#)
- [Understanding SPC icons](#)

2

The trajectories delineated in our Annual Plan show a degree of fluctuation, as revealed in the Integrated Performance Assurance Report. Encouragingly, Planned Care is showing signs of positive progression, either meeting or coming within 5% of the anticipated trajectory. It is important to consider the unparalleled challenges faced by the Unscheduled Care system when interpreting these trends. Additionally, recent figures indicate that 49% of cases were processed within the single cancer pathway. This resulted in 426 patients commencing their initial definitive treatment after a 62-day period, compared to a projected figure of 311.

Mental Health Trajectories show a mix of results. Primary and secondary CAMHS are notably encouraging: in July 2023, 92% of children and young people were seen within 28 days of referral, and 89% of mental health assessments for ages 0-17 met the same timeframe. Performance is improving and exceeded targets this month. In adults, 45.7% started psychological therapy within 26 weeks. Key drivers include Integrated Psychological Therapy (47.7%), showing positive trends, and Adult Psychology (36.4%) and Learning Disabilities Psychology (34.4%), which require attention. Lastly, in July 2023, 17.5% of children and young people waited under 26 weeks for an Autism Spectrum Disorder assessment, and 33.7% for an Attention Deficit Hyperactivity Disorder assessment.

While there are hurdles to overcome in meeting our therapy trajectories, it is worth noting that Physiotherapy nearly met its target, with 1,011 actual cases against a projected 1,005. Audiology and Dietetics, however, face significant challenges.

In Diagnostics, we have seen varying degrees of improvements. Neurophysiology and Radiology show promising trends, though other areas like Cardiology and Endoscopy are off target. Regarding C. Diff rates, we have observed a steady improvement since January 2023. As of August 2023, the Health Board ranked fourth in Wales, showing progress since the previous year.

Primary Care exceeded its August 2023 trajectory and is on a favourable upward trend from its May 2023 peak.

E. Coli cases have decreased in August 2023, although the community onset of cases remains high at over 90% of cases.

Finally, nursing and midwifery staff numbers for August 2023 have already surpassed the target set for March 2024, in line with our 5-year Nursing Workforce Plan.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE** the actions to deliver the £1.5m run rate reductions
- **APPROVE** the changes to the Planning Objectives for 2023/24

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
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:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Team

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 September 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Project Plan to develop a Primary and Community Services Strategy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Following an extraordinary Board meeting in February 2023 it was agreed that work would be undertaken to develop a Primary Care Strategy. In March 2023, the Board approved the establishment the Clinical Services Plan Programme as a response to the challenges facing a number of fragile services. The programme is based on the Health Board's principles of care that is safe, sustainable, accessible, and kind, and provides part of the response to meet the Targeted Intervention requirements of Welsh Government. Primary Care's identification as a fragile service, means it is one of a suite of pathways that fall under the CSP governance structure and methodology. Both the decisions, for the development of a Primary Care Strategy, and the decision to instigate the CSP demonstrate the importance of primary care for our population health and the challenges it faces both in the immediate future, and in its long-term sustainability. Through discussion with the Executive team at a meeting in June 2023 it was discussed and proposed that due to the scale and breadth of the work required that the strategy should be inclusive of Community services.

The Health Board has already consulted on A Healthier Mid and West Wales Strategy. Currently the Business Case is being developed with a focus on a new urgent and emergency Care hospital. However, the new site is but one part of the vision to deliver a new hospital network. The system wide vision spans the entire Health Board footprint and includes the redevelopment of both Withybush Hospital and Glangwili Hospital alongside the various Integrated Care Centre developments. Primary Care and Community services will provide the foundation for the future model of health and care delivery, and the Primary Care and Community Strategy will play a significant role in helping to shape and articulate the health outcomes we should expect to see for our population.

Primary Care and Community services are dependent upon one another, and as such have been the focus of work taken forward previously in the Integrated Localities programme planning objective, as well as a number of other programmes of work. The latest iteration of the project has been reframed through the growing challenge of service sustainability.

Cefndir / Background

Primary Care Services (General Medical Services, General Dental Services, Community Pharmacy and Optometric services) are commissioned against a set of national requirements that are set in legislation and/or are subject to Regulations. Contracts are negotiated on a national basis, and in more recent years these have been undertaken on a tripartite arrangement with Welsh Government, the NHS and the relevant professional body agreeing a joint mandate which sets the tone and direction for the negotiations. Following completion of the negotiations further work is undertaken, again on a tripartite basis, to support effective contract implementation and commissioning of services against a national standard.

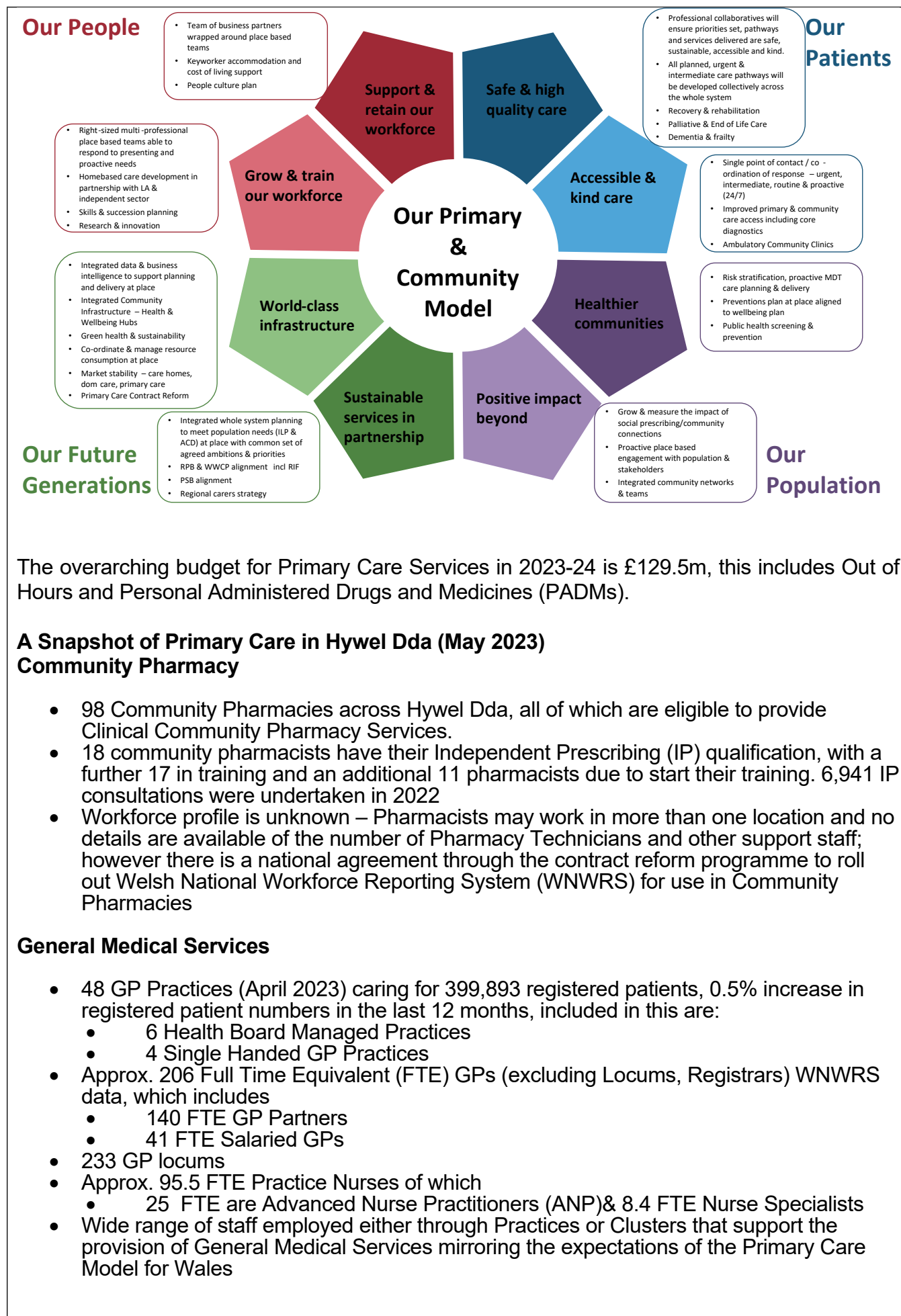
Alongside the contracting framework, the development of Primary Care services is being driven through seven key workstreams led by the Strategic Programme for Primary Care. Of particular note is the progress against the Accelerated Cluster Development (ACD) Programme, the Community Infrastructure Programme, the Urgent Primary Care Programme and the development of the Strategic Workforce Plan for Primary Care, which is being led jointly with Health Education and Improvement Wales (HEIW).

All of the above work underpins the local ambition to develop a robust Primary and Community Services Strategy which will set out Hywel Dda's intent on supporting and developing sustainable Primary Care services, which deliver timely and appropriate care and which align to the vision set out in Transforming Clinical Services (TCS). The development of a Primary and Community Services Strategy will need to use an evidence base for Primary Care systems, recognising that high quality Primary Care systems around the world are associated with improved outcomes, reduced costs, higher patient satisfaction and tackling or reducing inequalities. Through the establishment of the Primary and Community Services Academy (funded by Health Education and Innovation Wales (HEIW)) there is an aspiration to adopt an approach which has four key features in reviewing and assessing the current workforce – of contact, co-ordination, continuity and comprehensive care; all of which will be used to develop and influence training and educational programmes and workforce planning. The Academy has an agreed work programme with HEIW which is part of the agreement on which it was established across each of the seven Health Boards, however the work programme, scope and remit of the Academy has been designed by individual Health Boards.

The Integrated Locality Programme posed a model for Primary and Community services based on four key audiences:

1. Our people
2. Our Patients
3. Our Population
4. Our Future Generations

The parameters of the model outlined below illustrates the key areas of mutual focus both for Primary Care and Community partners, internal to the health board and through our statutory partnerships.



General Dental Services

- 46 General Dental Practices across Hywel Dda, who provided treatment to around 75,221 historic patients and around 17,921 new patients during 2022/23.
- Of the new patients around 10,500 were adults (18yrs+) with around 7,400 being children.
- Contracts with 3 Orthodontic Practices
- Paediatric General Anaesthetic services are commissioned from Parkway Clinic
- There is significant system reform taking place in dentistry; however it appears that Contract reform is not currently viewed as an attractive proposition for new graduates and existing experienced dental workforce.
- The Urgent Dental service mobile unit is managed via the Community Dental service through salaried clinical staff and is open Monday - Friday

Optometry Practices

- 47 community optometry practices across Hywel Dda who provide a range of services including Eye Health Examination Wales (EHEW), Independent Prescribing Optometrist Service (IPOS), Wet AMD as well as General Optometric Services (GOS)
- >25,000 GOS appointments took place in 2022
- >21,000 EHEW appointments took place in 2022
- 10 Optometrists have their Independent Prescribing (IP) qualification and a further 22 are in training
- New Optometry contract will be implemented during 2023/24 which will enhance the delivery of clinical services and optometrists involved in the provision of care.

Community Nursing

- There are 21 Community Nursing teams across the Health Board
- Acute Response Teams (ART) are based in each County
- Respiratory Lead Nurse appointed on a Health Board wide basis
- As at 31 March 2021 there were 359 registered nurses in posts across the three Counties and 205 Health Care Assistants

Community Nursing will form part of the Primary and Community services strategy. The Hywel Dda University Health Board's Community Nursing Annual Report 2021/22 set out their vision, objectives and values:

"Our community nursing vision is to improve the health and well-being of our population by empowering and supporting people to live well and remain in their own communities. Our objectives align to the principles and strategic direction of the Healthier Mid and West Wales Strategy, our local integrated county and locality plans as well as national strategies and include:

- ◆ Prioritising equitable and accessible person-centred care, treatment or support
- ◆ Ensuring a preventative, proactive and population health centred approach
- ◆ Delivering a system wide approach to providing high quality care closer to home
- ◆ Promoting self-care and well-being – 'help to help yourself,' encouraging an approach to care which values reablement and independence
- ◆ Delivering safe, effective and value-based health care
- ◆ Promoting ageing and dying well
- ◆ Ensuring there is a skilled, strong, flexible and sustainable workforce with clear career and development opportunities to meet the changing needs of the population
- ◆ Promoting and embedding Technology Enabled Care into all aspects of community nursing services

The 2022/23 report should be available in the coming months.

Asesiad / Assessment

The development of a Primary and Community Services strategy for Hywel Dda University Health Board needs to articulate the principles and standards which will identify key actions to ensure provision of sustainable Primary Care and Community services across the four contractor professions, whilst aligning to the delivery of the overarching Health Board's strategic vision.

Agreed as being in scope, following a discussion with the Health Board's Executive Team are the following components:

- Primary Care contracted services: General Medical Service, Optometry, Community Pharmacy and General Dental Services
- HDUHB Managed Practices (current and future vision)
- Community provision of services to bring care closer to home, including social prescribing, working with the Third Sector, multi-disciplinary working, Community Resource Teams, outreach service provision e.g. leg ulcer clinics etc
- Health Board wide framework for the design and development of services at Pan Cluster Planning Groups at County level (Integrated Locality Planning)
- The provision of Out of Hours services, 24/7 and Urgent Primary Care
- Community Dental Services

A set of overarching principles for the development of the Strategy have been developed in discussion with the Assistant Director of Primary Care and Director of Primary Care, Community and Long Term Care and considered by the Executives in June 2023 to ensure that:

- Independent contractor status is recognised as the preferred mechanism for the commissioning and delivery of Primary Care services, however there is an acknowledgement that there is the potential that a mixed model of delivery with some level of salaried services required
- There is a need to define the level and range of service provision that can and should be provided within Primary Care and community services which in turn will support the requirements for workforce planning, training and development
- The need to define "the offer" to Contractors that is outside of the contractual scope to support sustainable service provision (including recruitment and retention, estates, training, education and development, professional leadership and mentorship)
- That future estates developments (integrated hubs etc) are developed taking into account sustainable Primary Care service provision
- Determinations on minimum/maximum GP Practice size, future of branch surgeries, mergers when more than one Practice moves into new premises etc
- Alignment to national strategic direction via the Strategic Programme for Primary Care and Health Education and Innovation Wales (HEIW) for key pieces of work e.g. Community Infrastructure Programme and the national Primary Care workforce strategy.

Further work needs to be done in conjunction with County Directors to scope the overarching principles that would apply to Community Services.

Format of the Strategy

It is proposed that the development of the strategy is set out in the following format:

- Individual chapters at Cluster level (based on the current content of the Cluster Integrated Medium Term Plans) including:

- Primary Care contractor provision
 - Community Services provision
 - population health data
 - social model for health
 - health inequalities, etc
- Specific overarching chapters on:
 - **premises**, (considering the “offer” to Primary Care contractors that supports sustainable and energy efficient ways of working, how we align the service need with capital planning requirements etc)
 - **workforce** (including workforce planning and contractor and Cluster level, setting out “principles” for how the Health Board will undertake workforce planning, supporting the development of training, education and development plans and supporting training on a multi professional basis as well as looking to new roles and scopes of practice as well as testing new ways of working e.g. micro teams)
 - **building system capacity** (including community services and multi-professional working; links to workforce and sustainability. The opportunity to consider the development of hybrid roles that can work across a number of service areas that offers professional flexibility and interest whilst supporting the wider system to work together as a whole)
 - **empowering patients and increased directed self-care** (including signposting to the most appropriate service through Care Navigation etc, public facing education videos on access to services, testing new models of care that allow the patient to take responsibility for their own care e.g. Patients Knows Best.
 - **sustainability**, (linking to workforce and premises, sustainable service provision is an issue across the four contractor professions and further work to scope and understand service and system pressures is essential in ensuring equitable and timely access to care)
 - **quality and safety** (robust models of governance underpin each Primary Care contractual framework, and underpins the successful delivery of services)
 - **finance and investment** (understanding how we can deliver the most efficient and cost-effective services to patients, whilst aligning to Value Based Health and Care principles and ensuring that the opportunity for service development and modernisation is at the forefront of the strategy)
 - **digital** (taking the learning through online tools such as E-Consult, Ask My GP etc, as well as providing more digital information for patients on self-care including the potential for self-administration of medication, as well as considering the potential for AI and tele health, the roll out of E-Prescribing in Primary Care and the NHS app) and;
 - **provision of services closer to home** (understanding the model that we need to deliver the best care possible to our patients whilst recognising that not all services can be delivered at an individual Practice basis and therefore the potential for cross GP Practice or contractor working to widen the availability of service provision.

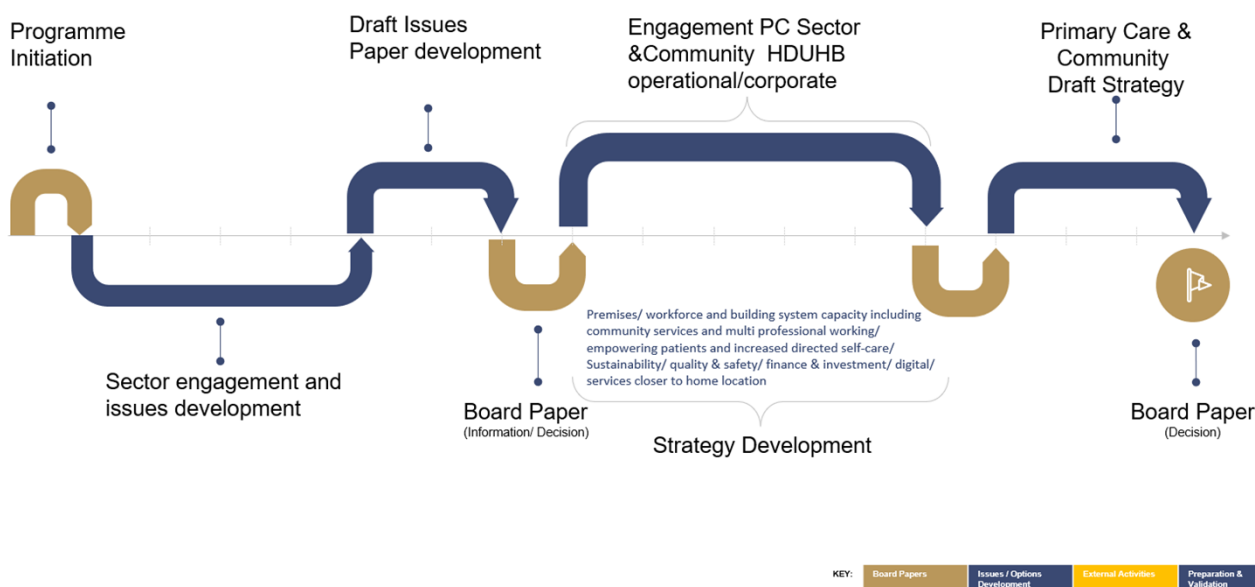
It is proposed that a draft document is developed, following the issues paper development, to inform the stakeholder and patient engagement sessions. It is anticipated that these will be undertaken at Cluster level, and that the focus of the engagement will be on “how we deliver” rather than what we need to provide to ensure that we remain aligned with the Clinical Services Strategy and Transforming Clinical Services.

Support to the programme is being provided by the Health Board’s Transformation Programme Office and, in line with an earlier agreement with the Board, a recent appointment to the Head of

Primary Care Transformation has been made to support the development and drive of the strategy and more latterly in supporting its successful implementation.

Timescale for Delivery

Due to the fact that Primary Care is part of the Clinical Services Plan, the programme mirrors much of the process being used by other pathways. The diagram below provides the milestones required to achieve the strategy. Alongside other CSP pathways, the timeline for delivery is at risk of extending due to a number of factors, most notably the in-year work for the WG recovery planning programme and the resource within health board required to meet the requirements.



Issues Paper

In developing the Issues Paper, a scoping exercise of the data that is currently available, and where there are gaps in available data has been undertaken (*Appendix 1*). A session with the wider Primary Care and Community Services team has been arranged for 19 September 2023 to further explore any issues not already identified, or any data sources which need to be included. A full report will be brought to the November 2023 Board meeting for consideration and sign off, in line with the timescale set out above. Following this, work will be undertaken to engage with key stakeholders, professional representatives and members of the public. It is anticipated that this will be undertaken on a Cluster footprint and that through the work to develop an Issues paper that information will be used to pull together a data set that can be used to inform and shape the discussion.

Argymhelliad / Recommendation

The Board is asked to:

- **AGREE** the scope, as set out in this report, for the Primary and Community Services Strategy
- **NOTE** the timeline for development of the Strategy.
- **NOTE** the requirement for adequate resources to support the development of a Primary and Community Services Strategy which follows the Transforming Clinical Services methodology, to ensure that the proposed timeline is achieved.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7a Population Health 7b Integrated Localities 6a Clinical services plan 2b Employer of choice
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:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Will be scoped as part of the Issues Paper
Ansawdd / Gofal Claf: Quality / Patient Care:	Will be identified through the engagement process
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A

Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Not identified at this stage
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason) • Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)

Area	Available Information	Source
Patient Journey	GMS Access QI data (currently restricted use) GMS Access information PROMS/PREMS (when in use)	Primary Care Information Portal (PCIP) Contractor professionals/service areas Community teams
Workforce	GMS workforce data Key pieces of research on new models of working e.g. Micro Teams Community workforce models	Welsh National Workforce Reporting System (WNWRS) Health Board
Quality including patient experience	GMS national patient questionnaire as part of Access requirements Dental access questionnaire Review of incidents across Primary and Community Services RCGP Continuity of Care toolkit/guidance	PCIP Business Services Authority (BSA) Datix Royal College of General Practitioners
Estates	Five Facet Survey ARCHUS report Improvement Grants Approvals for increase in GMS space utilisation	Health Board commissioned report Welsh Government Health Board Health Board/NHS Wales Shared Services Partnership (SSP)
Published Documents Analysis	Accelerated Cluster Development Transforming Urgent and Emergency Care Community Infrastructure Peer Review of Out of Hours Service Strategic Workforce Plan for Primary Care Ministerial Milestones Contract guidance and associated Regulations/Legislation	Strategic Programme for Primary Care (SPPC) SPPC SPPC 111/Welsh Government Health Education and Innovation Wales (HEIW) Welsh Government



Planning Objective: 4b Regional Diagnostics

Executive Lead: Andrew Carruthers, Director of Operations

Reporting Period: Q2 2023/24

Overall status: On-track

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

Work to date has focused on five main areas:

- Prioritising A Regional Collaboration for Health (ARCH) resources to focus on the Regional Diagnostics Programme
- A Regional Diagnostics workshop focused on Community Diagnostics
- An initiative led by Swansea Bays' Health Care Systems Engineering team, to capture, display and compare a common data set across services in both Health Boards, with an initial focus on Radiology.
- Capturing service reflections on their Strengths and Opportunities
- Producing an engagement document to maximise engagement in the programme

Activities completed in previous reporting period:

- A Strengths Weaknesses Opportunities, Threats (SWOT) analysis template was completed by all services in scope for Regional Diagnostics.
- ARCH attended an Endoscopy Away Day for both Health Board teams on 28 September 2023. Outputs and next steps to be discussed with Workstream chairs (Keith Jones HDdUHB, Craige Wilson SBUHB) in October.
- The role of Chair was hand over from Mark Hackett former CEO to Christine Morrell, Director of Therapies and Health Sciences.
- The Community Diagnostic Workshop agenda was agreed and planning has been underway.
- ARCH resource was allocated to the programme, after discussions on ARCH resource and prioritisation.

Activities planned for next milestone and reporting period:

- Major work underway to retrieve, capture and display a common dataset by using standardised methods and approaches across both Health Boards
- A paper detailing the initial Demand and Capacity data report for Radiology is expected at the Programme Board on 24 October 2023
- Work is underway to formalise the Endoscopy Workstream and review the regional Plan for Endoscopy
- Community Diagnostics Workshop scheduled for 25 October. Agenda is finalised. Primary Care participation encouraged with one GP speaker featured so far
- Outputs to be distilled and communicate during November/December 2023

Any other Comments

Matters for information: Governance structures and workstreams have been put in place

Risks to delivery: Appropriate resources being available; Availability of data

Any other comments: Update on work provided to ARCH Regional Recovery Group on 5 October 2023

Planning Objective: PO5a Estates Strategy

Executive Lead: Lee Davies

Reporting Period: Quarter 2 - July, August, September, 2023

Overall status: **Behind**

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery):

HDdUHB is behind on timeline for completion and submission of a Board approved A Healthier Mid and West Wales (AHMWW) Strategic Outline Case (SOC) by September 2023. Please see below for the delay details relating to the Welsh Government (WG) commissioned clinical model review and the WG Infrastructure Investment Board (IIB):

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

1. Completion of the WG commissioned Clinical Review by August 2023 - Draft report received, formal feedback from WG awaited
2. Completion and submission of Board approved SOC by September 2023 – The final version of the SOC will need to reflect the output from the Clinical Strategy Review and IIB discussions. When the Programme Business Case (PBC) receives WG endorsement, the SOC will be presented to Public Board for approval and onward submission to WG. Programme Group has targeted November 2023 for completion of this activity; however this is dependent upon feedback yet to be received from WG
3. Land consultation for new Urgent and Planned Care Hospital reported to Public Board by September 2023 – Report presented to Board on 14 September 2023 resulted in shortlist of two sites
4. Submission of regional 10-year capital plan to WG by August 2023 - Complete
5. Submission of Full Business Case (FBC) for Cross Hands by January 2024 - on track

Activities completed in previous reporting period:

Activities as noted above, in addition:

1. HDdUHB attended the WG IIB on the 21 September to consider programme timing, the implications of programme delay and the infrastructure options considered by the Health Board

Activities planned for next milestone and reporting period:

1. Clinical Review - formal feedback from WG to be received
- 2 WG Infrastructure Investment Board – formal feedback from WG by 6 October
- 3 Successful conclusion of above to lead to ministerial endorsement of PBC
4. Successful conclusion of above will allow HDdUHB to conclude SOC for the new hospital, and Glangwili and Withybush Hospitals; and to formally consider its approval and submission to WG for their review and subsequent approval. Timing is dependent on any further work emerging from IIB and the timing of the PBC endorsement by WG which must precede consideration of the SOC by our Board.

Any other Comments

Matters for information: All other matters reported via SDODC SBAR updates

Risks to delivery: There is a risk that the programme might be delayed or stopped. This is because of the risk of insufficient capital (or potentially revenue for innovative finance solutions) to support the development and implementation of the programme infrastructure requirements. The impact would be the significant risk to current service provision, location of services, equity of access and the need for unplanned service changes in response to potentially unsustainable service scenarios

Any other comments: N/A

Planning Objective: 6a Clinical Services Plan

Executive Lead: Lee Davies

Reporting Period: September 2023

Overall status: On-track (note: revised issues paper DRAFT date)

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

March 2023 – Clinical Services Plan approved by Board on 27 July 2023 – Establishment of programme governance structure

February 2024 – Issues Paper Draft (previously December 2023) variance is due to risk to delivery below (highlighted initially at SDODC in September 2023, raised at Board on 28 September 2023)

Activities completed (Stroke, Planned Care & Diagnostics) in previous reporting period:

- Activity Data dashboard developed by data science for the clinical services plan, currently been tested with Task and Finish (T&F) groups
- Workforce Data (starters, leavers and current establishment) has been provided, currently been tested with T&F groups
- Incidents data for Orthopaedics received, currently being reviewed by Activity Modelling Subgroup to establish methodology for analysis
- Targeted early engagement with a multidisciplinary team Staff Survey is live and available to complete until 20 October 2023
- Issues paper methodology has been approved by Steering Group
- A review and documentation of all updates to Public Board around temporary changes which are still ongoing and haven't been reversed or made permanent have been captured
- Overarching Planned Care and Diagnostics Project Group established
- Data Protection Impact Assessment (DPIA) completed with Opinion Research Services (ORS)

Activities planned (Stroke, Planned Care & Diagnostics) for next milestone and reporting period:

- Patient experience currently uploading patient surveys to Civica
- Transformation Programme Office (TPO) currently cleansing the patient data to support the surveys
- Confirm Data Sources for **complaints, compliments and claims data** and agree methodology for reporting
- Review PACE as to establish critical path aligned to methodology of the issues paper. Develop risks logs, decision logs and timelines within the PACE system for the Task and Finish Groups.
- Equality Impact Assessments (EQIAs) being developed by T&F Groups
- Stakeholder mapping with services in progress
- Project Initiation Documents (PIDs) to be completed (awaiting stakeholder mapping to be concluded)
- Review and documentation of all risks reported at Board
- Review and documentation of all local and regional work (where applicable) - ARCH and Getting It Right First Time (GIRFT) reports
- Review and documentation of all National work (where applicable) - National Clinical Strategies, Wales Audit Office Reviews
- Review and documentation of Clinical effectiveness - NICE Guidance and other national guidance

Activities completed (Primary Care) in previous reporting period:

- Issues paper data workshop held with Primary Care (PC) senior team
- Board report submitted for consideration on the scope and scale of the project
- Begun the process of defining, identifying and collecting Primary Care data using the care and support planning (CSP) methodology
- Engage with communications and engagement through the AHMWW Workstream for PC project
- Produce a first review of the financial position for PC and present to the senior PC team

Activities planned (Primary Care) for next milestone and reporting period:

- Stakeholder mapping event
- Review the Exec Board feedback and refine the project scope for ratification
- Work with Quality Assurance and Safety team to identify the DATIX data, and scope gaps and alternative information
- Complete the document review of Board decisions using the CSP methodology
- Complete the risk review for PC

Any other Comments

Matters for information:

Risks to delivery: Risk to slippage of the timeline agreed at Board due to work required for annual plan recovery and Reinforced Autoclave Aerated Concrete (RAAC) issue at Withybush Hospital

Planning Objective: 7a Population Health	Executive Lead: Dr. Ardiana Gjini, Executive Director Public Health
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Reporting Period: July – September 2023

Overall status: On-track

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

<p>Activities completed:</p> <ul style="list-style-type: none"> • HDdUHB Eliminating Hepatitis B and C as a Public Health Threat by 2030: Local action plan submitted to Welsh Government and HDdUHB Hepatitis Elimination Steering Group established • Population Health Improvement & Wellbeing Strategic Plan (setting out how the Health Board intends to tackle the leading causes of preventable ill health and early death) scope widened to capture preventative lifestyle medicine approach; and strengthen financial and population health benefits of work stream • HDdUHB Tobacco Control Board structure agreed, to be chaired by Dr Ardiana Gjini, Executive Director of Public Health with Clinical Sub Group, to be Chaired by Professor Keir Lewis, Respiratory Consultant • Revised HDdUHB Smoke free Policy approved by Health and Safety Committee and Smoke free site work stream group continue to lead on Smoke free implementation and review by 2030 • HDdUHB Vaping and Tobacco Multi agency Pathway for Schools developed with partners and in the process of being rolled out across schools • Screening and health coach interventions in primary care for alcohol, smoking, nutrition and physical activity being delivered in 14 GP practices across Hywel Dda with 200 referrals in Q1 and Q2 • An intensified set of activities around improving rates of vaccination of children with preschool booster have taken place during July–September and an accelerated seasonal vaccination programme commenced 11 September including enhanced communications; peer vaccinators • Continued progress with Health Care Public Health workstreams, including Holistic Needs Assessments (HNAs) and Clinical Effectiveness • EQLip Childhood Obesity Quality Improvement programme underway • Providing ongoing support to secondary and primary schools to support the roll out of the WSAEMWB framework (Mental and Emotional Wellbeing) 	<p>Activities planned for next milestone and reporting period:</p> <ul style="list-style-type: none"> • Finalise Population Health Improvement and Wellbeing Strategic Plan to report to Board early 2024 • Establish Complex Needs – Mental Health, Substance Misuse and Housing / Homelessness Virtual multi-disciplinary team with funding obtained from Welsh Government. • Develop and lead the Blue Light Project across public services, utilising the four newly appointed, externally funded, Blue Light Nurses and the existing Alcohol Liaison service to work with change resistant alcohol users and work with Alcohol Change UK to evaluate • Expand the Early Intervention and Prevention Service for children and young people with Adverse Childhood experiences at risk of health harming and risk taking behaviour • Tender for the provision of a Health Improvement and Lifestyle Medicine app to improve population health across six pillars of nutrition, physical activity, misusing harmful substances, emotional wellbeing and stress, social connections and sleep • Population Health Improvement and preventative lifestyle medicine group to align work streams across public health, value based health care and clinical disciplines; and expand health coach and social prescribing offerings to reduce preventable ill health and early death • Further develop the newly established Maternity and Smoking Wellbeing Service and ensure rapid access to NRT across clinical settings for smokers • Early Years needs assessment being undertaken and due for completion by January 2024 • Shortlisted as finalist for Mental Health Awards 2023 for Smoking and Wellbeing Service • Mass Casualties hybrid exercise scheduled for 17 October to test arrangements pan Wales
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Any other Comments

Matters for information: N/A

Risks to delivery: Financial constraints; workforce; potential industrial action, risks of outbreaks due to below target immunisation rates.

Any other comments: N/A

Planning Objective: PO 7c Social model for health and wellbeing (SMfHW)

Executive Lead: Phil Kloer

Reporting Period: June 2023 – September 2023

Overall status: On-track

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

Triangulation report produced for the systematic review of the academic literature, thematic analysis of the Conversations with a Purpose and the post-Covid public engagement activity:

- Update about work to date and proposed work packages based on i) Our people ii) Our partners and iii) Our communities presented at Board seminar on 22 June 2023.
- Ongoing support provided for place-based community activity, such as Moondance Cancer Initiative (MCI) to be delivered in Ysgol Pen Rhos, Tyisha, Llanelli.
- A proposed approach (and associated action plan) to progress the shift towards a social model for health and wellbeing development. This is based on i) an approach to encourage and enable social innovation and ii) a focus on initially implementing a social model for health and wellbeing approach in Workforce and Organisational Development (W&OD) and County teams' activity.

Activities completed in previous reporting period:

- SBAR for Executive Team produced summarising decision-making process to identify at least one community in each Local Authority for the initial focus of place-based community activity
- Ongoing support provided for place-based community activity, such as In collaboration with University of Wales Trinity St David's (UWTSD), Wellbeing Walks around the UWTSD campus in Lampeter have been organised-starting 25 October 2023.

Activities planned for next milestone and reporting period:

- Support Aberystwyth University to publish an article about the social model for health and wellbeing literature review in a peer-reviewed journal
- Explore the possibility of a formal partnership agreement with UWTSD, such as embedding community activity in modules of selected undergraduate degree courses
- Continue to explore the feasibility of establishing an approach for social innovation
- Progress and monitor actions in action plan produced for the proposed approach to shift towards a social model for health and wellbeing.

Any other Comments

Matters for information:

It had been proposed that it would be prudent to initially engage with senior clinical leaders in the areas identified in the Clinical Services Plan (CSP). However, during the SMfHW Steering Group meeting on 22 September 2023, it was agreed that it might be more beneficial to engage with Health Board staff already interested in or delivering services through the SMfHW lens - acknowledging that some may be CSP clinical staff as well.

Risks to delivery:

1. Programme and project management support for the SMfHW Planning Objective has been (temporarily) reduced because of the financial and operational challenges that the Health Board is facing - staff have been assigned to different areas of work. This is reflected in the action plan to progress activity.
2. It can be difficult to evaluate and demonstrate the impact of, for example, social innovation or community activity.