

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 December 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategic Development and Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Daniel Warm, Head of Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation, i.e., the horizon that the Health Board (HB) is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this paper is to provide the Strategic Development and Operational Delivery Committee (SDODC) with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the following Directors that are aligned to this Committee, for onward assurance to the Board:

- Director of Therapies and Health Science
- Director of Operations
- Director of Finance
- Director of Primary Care, Community and Long Term Care
- Director of Strategic Development and Operational Planning
- Medical Director
- Chief Executive Officer, and the
- Director of Public Health

**Cefndir / Background**

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to the SDODC.

There are 27 Planning Objectives in total and 6 Gold Command Instructions which are attributed to the following Executive Lead:

Director of Therapies and Health Science:

- **4E:** Implement a plan to train all HB Therapists in “Making Every Contact Count” and offer to their clients by March 2022.
- **4P:** COVID-19 recovery and rehabilitation
- **5L:** Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019.
- **Gold Command Instruction #3:** Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government (WG) requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by WG.

Chief Executive Officer:

- **3D:** During 2020/21 establish a new process to continuously identify and propose new Planning Objectives for Board and Statutory Partner’s consideration which enhance and accelerate the delivery of the Board’s 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.

Director of Operations:

- **5F:** Fully implement the Bronglais General Hospital (BGH) strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID-19 pandemic.
- **5G:** Implement the remaining elements of the Transforming Mental Health & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist Child and Adolescent Mental Health Services (CAMHS) and Autistic Spectrum Disorder and Attention Deficit and Hyperactivity Disorder (ADHD).
- **5I:** Undertake a comprehensive assessment of all H B Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB.
- **6K:** By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales (AHMWW)” related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:
  - A 40% reduction in emergency admissions for Acute Coronary Syndrome (ACS) related conditions
  - A reduction in length of stay to the median of our peer group
  - A 25% reduction in follow up outpatient appointments

- A 4.3% reduction in the overall level of Accident & Emergency (A&E) and Minor Injuries Units (MIU) attendances
  - 30% of A&E attendances shifted to MIUs
  - 50% of patients in acute beds to step down to community beds/home within 72 hours
  - 90% of new and follow up outpatient appointments to take place in a community setting (including virtually)
  - 50% of day cases in medical specialties to take place in community settings
- The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so that it can inform the HBs route map to financial recovery.

- **Gold Command Instruction #1:** To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID-19 patients and 695 non-COVID-19 non-elective patients (i.e. 945 beds in total). This capacity is to be immediately available, or ready for use within a maximum of 3 weeks' notice for the duration of 2021/22.
- **Gold Command Instruction #5:** To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with WG.

Director of Finance:

- **3A:** To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022.
- **3E:** Business intelligence and modelling – to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024.
- **5M:** Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan and implement the full roll out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated.

Director of Primary Care, Community and Long Term Care

- **1D:** By September 2021 propose new planning objectives for the following year to pilot and test innovative approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.
- **3I:** Primary Care Contract Reform
- **4C:** For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022.

- **5H:** Develop an initial set of integrated Locality Plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community Care, Primary Care, Third Sector, Local Authority and other Public Sector partners. These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community Care estate and a multiprofessional/skilled workforce that enables new ways of working in order that the following principles are achieved:
  - 1. Increased time spent at home
  - 2. Support for self-care
  - 3. Reduction in hospital admission
  - 4. Safe and speedy discharge
  - 5. Support for those at the end of life
- **5J:** Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model.
- **5P:** During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda University Health Board (HDdUHB) area.
- **5Q:** To develop and implement a plan to roll out an interface asthma services across the HB from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.
- **Gold Command Instruction #6:** With recruitment processes starting during week commencing 13th September, the HB's existing Bridging Service will be immediately extended such that it can provide transitional support to all patients awaiting domiciliary care up to the point when an appropriate package of care becomes available or the 31st March 2022 (whichever is sooner). An exit strategy from this arrangement for each individual receiving bridging support will need to be agreed prior to the commencement of that support recognising and planning for the fact that, whilst local authorities would seek prompt transfer from any temporary provision for each individual receiving bridging support, there is a risk that this would not be possible. The proposed model will aim to enhance existing integrated arrangements in each County area and its impact will be closely monitored from inception so that decisions can be made on refinement/cessation as appropriate. The expectation is that there are no/minimal delays for patients deemed ready to leave across all HB services. Arrangements will be designed to prevent negative wider system impact e.g., by avoiding recruitment directly from the existing health and domiciliary care capacity within the region and have a comprehensive risk register to support this. It is not anticipated that the implementation of this service extension includes the opening of Field Hospital capacity as part of the solution which would require Gold Command Group consideration before enacting. The above does not entail setting aside the usual assessment process to establish eligibility and undertaking timely reviews of packages for those in receipt of domiciliary care.

Director of Strategic Development and Operational Planning:

- **2C:** Review our capacity and capability for continuous engagement in light of COVID-19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019 and implement improvements over the next 1 year.
- **5C:** Produce a final business case by March 2024 for the implementation of a new hospital in the south of the HDdUHB area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID-19 pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.
- **5D:** Produce and agree the final business case by March 2024 for the repurposing of the Glangwili General Hospital (GGH) and Withybush General Hospital (WGH) sites in line with the strategy published in November 2018.
- **5E:** With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID-19 pandemic.

Medical Director:

- **4L:** Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and 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.
- **4N:** Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest.
- **5K:** Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the HBs Quality and Governance process.

Director of Public Health:

- **4G:** Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022.
- **4O:** Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across HDdUHB  
**Gold Command Instruction #2:** To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by WG.

- **Gold Command Instruction #4:** Through 2021/22 continue to support and provide regional co-ordination to the Test, Trace and Protect service across the 3 counties of HDdUHB.

Cross-cutting responsibility:












- **5N:** Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay University Health Board (SBUHB)/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative.







### Asesiad / Assessment

Appendix 1 attached provides an update on each of the Planning Objectives aligned to the SD ODC, identifying their current status, whether these are achieving/not achieving against their key deliverables, together with a summary of progress to date.






A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	Change	If Planning Objective is 'behind'
4E	Director of Therapies and Health Science	Behind		Director of Therapies & Health Sciences is reviewing this Planning Objective.
4P		On track		Not applicable (N/A)
5L		On track		N/A
Gold Command Instruction #3		On track		N/A
3D	Chief Executive Officer	Completed		N/A
5F	Director of Operations	On track		N/A
5G		On track		N/A
5I		No return made for this period		Unknown
6K		On track		N/A
Gold Command		On track		N/A

Instruction #1				
Gold Command Instruction #5		On track		N/A
3A	Director of Finance	On track		N/A
3E		Ahead		N/A
5M		Ahead		N/A
1D	Director of Primary Care, Community and Long Term Care	On-track		N/A
3I		Behind		Limited information on contract reform negotiations has limited the ability to plan for future contract structure and implications on service delivery. Concerns raised around the impact of the development of the Optometry contract and the requirement for additional staffing to support contract implementation and monitoring.
4C		On-track		N/A
5H		On-track		N/A
5J		On-track		N/A
5P		On-track		N/A
5Q	On-track		N/A	

Gold Command Instruction #6		Behind		<ul style="list-style-type: none"> <li>Two rounds of recruitment have been completed with a target in Phase 1 of appointing 60WTE and the campaign having only attracted 33.8WTE. The second round of recruitment saw fewer than half the applicants than the first round and the benefit of further recruitment rounds will be considered at the next Steering Group.</li> <li>Applicants are in the on-boarding and induction phase with a view to commence local induction and enhance capacity for delivery towards the end of November.</li> <li>It is premature to consider a second phase for the scheme until some evaluation of the impact can be assessed in January 2022.</li> </ul>
2C	Director of Strategic Development and Operational Planning	Completed		N/A
5C		Behind		Work is underway to detail the critical path activities for achievement of the PO target date. There are significant challenges, some of which will become clearer as the PBC process is completed and more is understood regarding the business case requirements for the programme and the key tasks required in relation to the new hospital site selection and planning approval. This will be reported to the CEO through the Programme Group
5D				
5E				
4L	Medical Director	On-track		N/A
4N		On-track		N/A
5K		Behind		<ul style="list-style-type: none"> <li>An Effective Clinical Practice 'Strategic Plan' is in draft, which articulates where Effective Clinical Practice sits within the</li> </ul>



				Quality Cycle, and articulates the vision and ambition. This timescale has slipped due to challenges with engagement and need to align with other PO's.
4G	Director of Public Health	On-track		N/A
4O		On-track		N/A
Gold Command Instruction #2		On-track		N/A
Gold Command Instruction #4		On-track		N/A
5N	Cross-cutting Executive responsibility	No report		N/A

### Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- receive an assurance on the current position in regard to the progress of the Planning Objectives aligned to the Strategic Development And Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target.
- to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

**Amcanion: (rhaid cwblhau)**  
**Objectives: (must be completed)**

Committee ToR Reference:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
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Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives:	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 Paper provided to Public Board in September 2020
Rhestr Termau: 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

<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

**APPENDIX 1 – Update of Planning Objectives (PO) aligned to the Strategic Development and Operational Delivery Committee (SDODC) as at 8<sup>th</sup> December 2021**

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> <li>• <b>Summary of Progress to date (including barriers to delivery)</b></li> <li>• <b>For actions behind schedule, please provide an explanation</b></li> <li>• <b>For actions behind schedule, what quarter will these now be achieved</b></li> </ul>
1D	By September 2021 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.	Director of Primary Care, Community and Long Term Care	30/09/2021	On track	
2C	Review our capacity and capability for continuous engagement in light of COVID-19-19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	Director of Strategic Developments and Operational Planning	31/03/2022	Completed	<p>A new Planning Objective for 2022/23 has been proposed:</p> <p>By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• Providing training on continuous engagement and our duties to engage / consult around service changes</li> <li>• Implementing structures and mechanisms to support continuous engagement</li> </ul>

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					<ul style="list-style-type: none"> <li>• Introducing a Continuous Engagement Toolkit, including guidance and templates</li> </ul>
3A	To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, Welsh Government (WG), regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31 <sup>st</sup> March 2022.	Director of Finance	31/03/2022	On track	<ul style="list-style-type: none"> <li>• 19 Board outcomes and measures covering our whole organisation and aligned to our 6 Strategic Objectives have been identified and agreed and were reported to the September Board. These measures combine both qualitative and quantitative measures.</li> <li>• We are working with each Directorate to identify key qualitative (staff and patient feedback) and quantitative (WG Delivery Framework, local and well-being measures) measures that will make up a Directorate performance dashboard.</li> <li>• We are working on identifying core metrics which all directorates must see and will also be cascaded through the organisation utilising Improving Together.</li> <li>• We are working with a number of teams to identify which teams have the capacity to help to co-design the implementation and the toolkits for roll out of the Improving Together concept.</li> </ul>

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3D	<p>During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought &amp; system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities</p>	Chief Executive Officer	31/03/2021	Completed	No update required – completed as per report to SDODC in October 2021.
3E	<p>Business intelligence and modelling – to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's</p>	Director of Finance	31/03/2024	Ahead	<ul style="list-style-type: none"> <li>• A proof of concept of a proposed Advanced Analytics Platform has been produced and further work is in development to refine the outputs. The platform will incorporate the following: <ul style="list-style-type: none"> <li>○ Statistical Process Control (SPC)</li> </ul> </li> </ul>

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	strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024				<ul style="list-style-type: none"> <li>○ Time Series Analysis (TSA)</li> <li>○ Discrete Event Simulation (DES)</li> <li>○ Geographic Information System (GIS)</li> <li>• A possible use case for the platform will be TSA could provide forecasts into Emergency Department (ED) attendances. This forecast data could then be used as input into the DES, to simulate what might happen in the future. This could then potentially be visualised and better understood with a GIS application.</li> <li>• Current Status - In development. Anticipated beta application to be available in May / June 2022.</li> <li>• Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.</li> </ul>
31	Contract Reform Planning Objective to be agreed by end of Q1	Director of Primary Care, Community and Long Term Care	30/06/2021	Behind	Limited information on contract reform negotiations has limited the ability to plan for future contract structure and implications on service delivery. Concerns raised around the impact of the development of the Optometry contract and the requirement for additional staffing to

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					support contract implementation and monitoring.
4C	For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022	Director of Primary Care, Community and Long Term Care	TBA	On track	
4E	Implement a plan to train all HDdUHB Therapists in "Making Every Contact Count", and offer to their clients by March 2022	Director of Therapies and Health Science	31/03/2022	Behind	Director of Therapies & Health Sciences is reviewing this Planning Objective.
4G	Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022.	Director of Public Health	31/03/2022	On track	The Health Board are currently working with Swansea Bay University Health Board to recruit to key posts to support this work (both areas failed to recruit previously so we are working together on combined roles)
4L	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health" and cohesive and resilient communities. The process needs to involve our	Medical Director	31/03/2022	On track	<p>The project has moved into a consolidation phase.</p> <ul style="list-style-type: none"> <li>Aberystwyth University is taking forward a synthesis of the literature gathered to date. Initial tasks will focus on an assessment of the completeness or otherwise of resources, and additional research as required.</li> </ul>



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	local population as well as a diverse set of thought and system leaders from across society				<ul style="list-style-type: none"> <li>• The thought leader interviews have led to initial themes being identified.</li> <li>• A proposal to take forward place-based community mapping and development will be presented to Transformation Steering Group for agreement.</li> </ul>
4N	<p>Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals &amp; organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest</p>	Medical Director	31/03/2023	On track	The project has defined the 'ask' and contracted with North Star Transition to produce a feasibility study, outlining the food system and the opportunities and gaps in service.

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40	Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda University Health Board (HDdUHB)	Director of Public Health	31/12/2021	On track	<ul style="list-style-type: none"> <li>• There are over 40 people in the Social Prescribing Community of Practice across the HDdUHB and the additional resource has supported this to grow. Further recruitment is being led by Local Authority or Third Sector partners.</li> <li>• A regional standards and principles framework has been drafted and following discussion with the national team, will be reviewed to ensure it is consistent with the National Framework to be published shortly for consultation.</li> <li>• A Case Management system is being scoped to support consistent management of social prescribing and the ability to both report on impact and outcomes as well as identify key gaps which can then be aligned with the social value work being developed.</li> </ul>
4P	COVID-19 recovery and rehabilitation – Planning Objective needed by end of Q1	Director of Therapies and Health Science	30/06/2021	On track	<ul style="list-style-type: none"> <li>• Recruitment completed of the Multi-disciplinary COVID-19 Recovery &amp; Rehabilitation Team to support delivery of multi-professional clinical services to support individuals across the HDdUHB region,</li> <li>• Established COVID-19 Recovery &amp; Rehabilitation Service single point of referral and access to Long COVID-</li> </ul>

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					<p>19 screening and assessment utilising NICE Post COVID-19 19 assessment tools, and recommendations for management as set out in COVID-19 Recovery Service Model NICE Guidance</p> <ul style="list-style-type: none"> <li>• Established Specialist MDT Clinic to provide follow up care for patients with more complex ongoing symptoms of COVID-19 10 requiring specialist MDT management that cannot be met by existing COVID-19 Recovery pathways</li> <li>• Regular review and report service outcomes as set out in COVID-19 19 Rehabilitation Framework outcomes in place</li> </ul>
5C	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the HDdUHB area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID-19 pandemic, the plan should be focussed on minimising the need for	Director of Strategic Developments and Operational Planning	31/03/2024		<p>Progressed in Q3</p> <ul style="list-style-type: none"> <li>• Design development</li> <li>• Capital costing</li> <li>• Financial Modelling</li> <li>• Completion of PBC narrative</li> <li>• Land Workshop</li> <li>• PBC Submission to Board January 2022</li> </ul> <p>Work is underway to detail the critical path activities for achievement of the PO target date. There are significant challenges, some of which will become clearer as the PBC process is</p>

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	patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.				completed and more is understood regarding the business case requirements for the programme and the key tasks required in relation to the new hospital site selection and planning approval. This will be reported to the CEO through the Programme Group.
5D	Produce and agree the final business case by March 2024 for the repurposing of the Glangwili General Hospital (GGH) and Withybush General Hospital (W@GH) sites in line with the strategy published in November 2018	Director of Strategic Developments and Operational Planning	31/03/2024	Behind	See response to 5C
5E	With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID-19 pandemic	Director of Strategic Developments and Operational Planning	31/03/2024	Behind	See response to 5C
5F	Fully implement the BGH strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID-19 pandemic	Director of Operations	31/03/2024	On Track	Implementation Plan and monitoring process in place, areas identified in IMTP process for further discussion, discussions commenced with neighbouring Commissioning Health Boards re next steps of Commissioning with HDdUHB for BGH

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5G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Director of Operations	31/03/2024	On track	<ul style="list-style-type: none"> <li>• TMH is subject to a mid-point review which is due to be completed by February 2022</li> <li>• Transforming Learning Disability continuing to modernise – LD inpatient pathway being developed alongside revised and modernised Community Team provision</li> <li>• CAMHS services have received significant investment in year and with previous year’s growth the service structure needs to be strengthened managerially in light of the increased range of services that are to be provided</li> <li>• Plans being developed to outsource ASD assessments</li> <li>• Adult ADHD has taken on a 2.6 fixed term WTE to address the assessment waiting list</li> </ul>
5H	Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based	Director of Primary Care, Community and Long Term Care	30/09/2021	On track	<ul style="list-style-type: none"> <li>• An initial set of Integrated Locality Plans were submitted by the new planning deadline of 25<sup>th</sup> October. Further work is now underway, with</li> </ul>

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	<p>on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p>				<p>the Planning Team to align to the Cluster Plans and the wider system plans submitted through the IMTP.</p> <ul style="list-style-type: none"> <li>• Operational pressures have presented challenges to the full technical document being completed but these are on track for the new planning date of 5<sup>th</sup> December. Discussions are happening at a system level to ensure as much alignment as possible with Local Authority and Third Sector partners.</li> <li>• National discussions around the development of Accelerated Cluster Development continue to be undertaken as some concerns around the model and timescale have been fed back to the Strategic Programme. Recognised that 2022/23 will potentially be a foundation year to progress the development of ACD. Work has commenced to start to consider locally the implications of ACD and how this structure fits within Integrated Localities</li> </ul>

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5I	Undertake a comprehensive assessment of all HDdUHB Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Director of Operations	31/03/2024	No return for this period	<ul style="list-style-type: none"> <li>•</li> </ul>
5J	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Director of Primary Care, Community and Long Term Care	31/03/2024	On track	
5K	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including	Medical Director	31/03/2022	Behind	<ul style="list-style-type: none"> <li>• Clinical Director for Effective Clinical Practice is being advertised, with interviews scheduled for 30<sup>th</sup> November 2021. This will enable progression of further engagement with Quality and Governance Groups, and in particular to explore the findings from the SWOT analysis.</li> <li>• Meeting has taken place to discuss alignment with the Quality</li> </ul>

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	<p>mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the HDdUHB Quality and Governance process</p>				<p>Management System (PO3A), and agreement reached that the Effective Clinical Practice Strategic Framework will be an underpinning enabling/delivery document within this wider strategic framework. This fully reflects the WG Quality and Safety Framework, and the Quality Cycle.</p> <ul style="list-style-type: none"> <li>• An Effective Clinical Practice 'Strategic Plan' is in draft, which articulates where Effective Clinical Practice sits within the Quality Cycle, and articulates the vision and ambition. This timescale has slipped due to challenges with engagement and need to align with other PO's.</li> <li>• Further exploration of an IT system to support the delivery of this Planning Objective has taken place, an additional funding opportunity has been identified which could pump prime (system currently utilised by 3 other Health Boards in Wales). Decision to be made by 31.01.2022. The system functionality will inform the processes that will need to be in place.</li> <li>• Review of existing policies is progressing, but dependent again</li> </ul>



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					<p>on the processes that are developed (as above). This action is planned for completion in Q4 but may slip due to the dependencies.</p> <ul style="list-style-type: none"> <li>• Significant progress made with the development of local Mortality Review processes, in alignment with the All Wales Learning from Mortality Framework. Local process in DRAFT, pending approval. Appointment of a Clinical Lead for Mortality and identification of additional resources ongoing.</li> </ul>
5L	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	Director of Therapies and Health Science	30/09/2021	On track	<ul style="list-style-type: none"> <li>• Recruitment phase completed</li> <li>• Implement Nutrition &amp; Hydration champions model: Continued incremental rollout of ward based Nutrition and Hydration champions, acute barriers related to COVID-19 and unable to release nurses for training. Likely completion – Q2 2022.</li> <li>• Dietetic malnutrition (MN) outcomes operational framework reporting via IRIS: embedded &amp; MN business case operational quarterly reporting.</li> <li>• Map opportunities to implement screening, early identification and action across the community: HDdUHB mapping underway, links being established with key teams &amp;</li> </ul>

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					<p>planning underway with early work in key areas including Early Falls prevention, initiating nutrition and hydration work other AHPs.</p> <ul style="list-style-type: none"> <li>• Increase Stakeholders awareness and knowledge of malnutrition: links establishing &amp; work planned with Voluntary, 3<sup>rd</sup> sectors, County Council teams and DDAS NHS charitable funds bid moving forward.</li> <li>• Increased the focus on nutrition and hydration in care homes: working with long-term care leads to explore support required to implement the WG nutrition in care setting guidance.</li> <li>• MN self-screening QR code implementation behind schedule secondary to external factors relating to website design. HDdUHB self-screening plans published. Identifying early implementer areas that will enable launch and data collecting to measure impact. Likely completion of initial implementation areas end Q4</li> <li>• Connecting with HDdUHB support network for delivery of the strategy:</li> </ul>

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					<ul style="list-style-type: none"> <li>• Communications Teams – established, supported promotion of national screening week.</li> <li>• VBHC – Links established. Aim to ensure emerging MN related developments are fully impact assessed.</li> <li>• Nutrition and Hydration Group - established progress with MN work as a routine agenda item to enable operational check and challenge.</li> </ul>
5M	Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan and implement the full role out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated	Director of Finance	31/03/2024	Ahead	<ul style="list-style-type: none"> <li>• The HDdUHB continues to keep up to date with updates to Welsh PAS and the Welsh Clinical Portal.</li> <li>• The HDdUHB is in the planning stage for the Welsh Intensive Care Information System and the Welsh Emergency Department System.</li> <li>• The HDdUHB is engaging in the procurement for the Electronic Prescribing and Medicines Administrations Project.</li> <li>• Digital Services have commenced an assessment against the HIMMS framework to ascertain where the HDdUHB currently sits on the stages (from 1-7) of the EPR adoption maturity matrix. The outputs of this will feed future and priorities.</li> </ul>

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					<ul style="list-style-type: none"> <li>• Engagement has commenced on a business case for the digitising of medical records.</li> <li>• Digital Services are working closely with WG on the Digital Services for Patients and the Public Project to provide patient portals for our populations.</li> <li>• Deployment is currently underway of the following NHS Wales services: <ul style="list-style-type: none"> <li>○ Welsh Clinical Community Information System</li> <li>○ Welsh Nursing Care Record</li> </ul> </li> </ul>
5N	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative	Director of Operations Mandy Rayani (SARC) Director of Therapies and Health Science (HASU) Lisa Gostling (Aber University and cross border workforce issue) Medical Director (ARCH)	31/03/2024	Behind Ahead On track Completed	
5P	During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new	Director of Primary Care, Community and Long Term Care	31/03/2022	On track	

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	Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the HDdUHB area.				
5Q	To develop and implement a plan to roll out an interface asthma services across the HDdUHB from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long Term Care	30/11/2021	On track	
6K	By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales (AHMWW)” related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The	Director of Operations	30/09/2021	No return for this period	<ul style="list-style-type: none"> <li>• Actions and supporting net financial and workforce implications required to enable progress during 2022/23 set out in Operational IMTP proposals reflecting combined priorities across Acute and Community service areas.</li> <li>• Plan awaiting approval in line with confirmation of HDdUHB IMTP.</li> </ul>

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	<p>design assumptions in relation to this objective are:</p> <ul style="list-style-type: none"> <li>• A 40% reduction in emergency admissions for ACS related conditions</li> <li>• A reduction in length of stay to the median of our peer group</li> <li>• A 25% reduction in follow up outpatient appointments</li> <li>• A 4.3% reduction in the overall level of A&amp;E &amp; MIU attendances</li> <li>• 30% of A&amp;E attendances shifted to MIUs</li> <li>• 50% of patients in acute beds to step down to community beds/home within 72 hours</li> <li>• 90% of new and follow up outpatient appointments to take place in a community setting (including virtually)</li> <li>• 50% of day cases in medical specialties to take place in community settings</li> </ul> <p>The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so that it can inform the HDdUHB route map to financial recovery.</p>				

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Gold Command Requirement #1	To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID-19 patients and 695 non-COVID-19 non-elective patients (i.e 945 beds in total). This capacity is to be immediately available, or ready for use within a maximum of 3 weeks' notice for the duration of 2021/22.	Director of Operations	31/03/2022	On track	Capacity identified, however, workforce challenges remain. Field Hospital capacity continues to be worked through.
Gold Command Requirement #2	To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by WG.	Director of Public Health	31/03/2022	On track	<ul style="list-style-type: none"> <li>• Phase 3 roll out commenced as planned and currently have delivered over 100,000 booster doses to the population of West Wales, including our health and social care staff.</li> <li>• Continuing modelling and adjustments to roll out made to complete any additional priority areas identified by JVCI an endorsed by WG.</li> </ul>
Gold Command Requirement #3	Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest WG requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing	Director of Therapies and Health Science	31/03/2022	On track	Work is proceeding as appropriate and in line with ongoing WG requirements

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	using PCR, Lateral Flow Devices and new technologies which become available and are mandated by W G				
Gold Command Requirement #4	Through 2021/22 continue to support and provide regional co-ordination to the Test, Trace and Protect service across the 3 counties of HDdUHB.	Director of Public Health	31/03/2022	On track	<ul style="list-style-type: none"> <li>• TTP provision continues with tracing provision across HDdUHB and LA teams</li> <li>• Regional Response Cell remains active supporting response to COVID-19</li> <li>• Continuing modelling and adjustments to testing achieved as endorsed by WG</li> </ul>
Gold Command Requirement #5	To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with WG.	Director of Operations	31/03/2022	On track	<ul style="list-style-type: none"> <li>• In-year Recovery Plan for 2021/22 agreed and reported via SDODC utilising non-recurrent recovery funding provided via WG.</li> <li>• Capital investment secured via WG to support procurement of two additional Modular Day Theatres to be installed at PPH by end March 2022</li> </ul>
Gold Command Requirement #6	With recruitment processes starting during week commencing 13th September, the HDdUHB's existing Bridging Service will be immediately extended such that it can provide transitional	Director of Primary Care, Community and Long Term Care		Behind	<ul style="list-style-type: none"> <li>• Two rounds of recruitment have been completed with a target in Phase 1 of appointing 60WTE and the campaign having only attracted 33.8WTE. The second round of recruitment saw fewer than half the applicants than the first round and</li> </ul>



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	<p>support to all patients awaiting domiciliary care up to the point when an appropriate package of care becomes available or the 31st March 2022 (whichever is sooner). An exit strategy from this arrangement for each individual receiving bridging support will need to be agreed prior to the commencement of that support recognising and planning for the fact that, whilst local authorities would seek prompt transfer from any temporary provision for each individual receiving bridging support, there is a risk that this would not be possible. The proposed model will aim to enhance existing integrated arrangements in each County area and its impact will be closely monitored from inception so that decisions can be made on refinement / cessation as appropriate. The expectation is that there are no/minimal delays for patients deemed ready to leave across all HDdUHB services. Arrangements will be designed</p>				<p>the benefit of further recruitment rounds will be considered at the next Steering Group.</p> <ul style="list-style-type: none"> <li>• Applicants are in the on-boarding and induction phase with a view to commence local induction and enhance capacity for delivery towards the end of November.</li> <li>• It is premature to consider a second phase for the scheme until some evaluation of the impact can be assessed in January 2022.</li> </ul>

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	<p>to prevent negative wider system impact e.g. by avoiding recruitment directly from the existing health and domiciliary care capacity within the region and have a comprehensive risk register to support this. It is not anticipated that the implementation of this service extension includes the opening of Field Hospital capacity as part of the solution which would require Gold Command Group consideration before enacting. The above does not entail setting aside the usual assessment process to establish eligibility and undertaking timely reviews of packages for those in receipt of domiciliary care</p>				