

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update and Quarterly Annual Plan 2021/22 Monitoring Return (Q3)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development and Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	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**

<p><u>Sefyllfa / Situation</u></p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Additionally, the HB believes that it is important to monitor the actions noted in its 2021/22 Annual Recovery Plan in order to establish progress, and also to gather learning on what is working with respect to the organisation's Planning Objectives. Performance reporting is dealt with under separate cover (namely the Integrated Performance Assurance Report - IPAR); however, this report also provides SDODC with updates from the monitoring of all the other</p>
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actions contained within the 2020/21 Annual Plan, presenting progress using completed; ahead; behind or on-track ratings for Quarter 3 (Q3) (October – December 2021).

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 Executive Lead as per Appendix 1.

Asesiad / Assessment



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

A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	Change	If Planning Objective is 'behind'
4E	Director of Therapies and Health Science	Behind		The required funding to deliver the programme has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff
4P		On track		Not applicable (N/A)
5L		On track		N/A
Gold Command Instruction #3		On track		N/A
3D	Chief Executive Officer	Complete		N/A
5F	Director of Operations	On track		N/A
5G		On track		N/A
5I		On track		N/A
6K		On track		N/A
Gold Command Instruction #1		On track		N/A
Gold Command Instruction #5		On track		N/A
3A	Director of Finance	On-track		N/A
3E		Ahead		N/A
5M		On-track		N/A

1D	Director of Primary Care, Community and Long Term Care	On-track		N/A
3I		Behind		<ul style="list-style-type: none"> • Optometry pre-negotiation discussions are still ongoing • Dental contract reform detail has not yet been released to Health Boards.
4C		On-track		N/A
5H		Behind		<p>Although behind, a number of key actions have been fulfilled in this reporting period:</p> <ul style="list-style-type: none"> • Standardised template agreed • Standardised regional priorities agreed • 3 Integrated Locality Plans have been submitted October and December 2021 – next submission date 13.02.2022 • IMTP and Plan on a Page submitted • Business Partnering support action in progress • Governance framework and alignment to national accelerated cluster development programme in progress in readiness for April 2022 • Financial system information in progress • New planning objective for 2022/23 has been drafted
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"> • 2 rounds of recruitment completed – initial target was to appoint 60WTE HCSW. Campaign attracted 33.8WTE offers. Second round saw fewer applicants and therefore further rounds for the short term contracts considered non-viable by steering group. • Significant withdrawals during the on-boarding process – now only 15WTE HCSW have been appointed (3 yet to start). Main reasons identified were that the role was “not for them”, the hours offered did not suit even when they were the hours sought by the candidate at interview and substantive posts being taken. 	

2C	Director of Strategic Development and Operational Planning	Complete		N/A
5C		Behind		<ul style="list-style-type: none"> Public Board approved the Programme Business Case (PBC) in January 2022. The PBC was formally submitted to WG for consideration and scrutiny on 1st February 2022. The timeline for the development of the business cases associated with the PBC reported in the Board papers and PBC document now indicate a March 2026 Full Business Case (FBC) submission.
5D		Behind		
5E		On track		N/A
4L	Medical Director	On track		N/A
4N		On track		N/A
5K		Behind		<ul style="list-style-type: none"> Review of existing policies is progressing, but final drafts cannot be produced until the underpinning processes are developed (as above). This action is planned for completion in Q4, 2021/22, however may slip due to the dependencies. Additionally, Clinical Effectiveness Co-ordinator, who is supporting on the development of policies, had been redeployed for a period of time to support with the vaccination response. Clinical Director for Effective Clinical Practice recruited and due to commence in post in February 2022. Engagement with Quality and Governance Groups, via initial meetings with triumvirates, has been highlighted as a priority. Meetings to be scheduled from February 2022 onwards. Delivery is behind due to capacity gaps.
4G		On track		N/A
4O	Director of Public Health	Behind		<ul style="list-style-type: none"> Principles and standards draft complete and for engagement and feedback with stakeholders January 2022. Investment needed for 2022 submitted as part of the IMTP process Commissioning commenced through procurement – approved

				through Operational Planning and Delivery Group
Gold Command Instruction #2		On track		N/A
Gold Command Instruction #4		On-track		N/A
5N	Cross-cutting Executive responsibility			This Planning Objective has a number of components, and it is not possible to provide an overarching assessment

For Q3 of 2021/22, Annex 2 to this paper provides details of:

- Planning Objective
- Executive Lead
- Deliverable - completed; ahead; behind or on-track ratings
 - If behind: Mitigating Actions/ Explanation/ Comments are included
 - If behind: Revised Quarter to be completed by is included

In summary, this shows that the current status in Q3 is that five actions are currently behind, as follows:

Planning Objective	Executive Lead	Action	If Behind Mitigating Actions / Explanation / Comments
1B: Building on the success of the command centre, develop a longer-term sustainable model to cover the following: One single telephone and email point of contact – the “Hywel Dda Health Hub” This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers All specialist teams (primary care, patient support, staff support) to have their calls answered and routed	Director of Nursing, Quality and Patient Experience	Scope of existing telephone system infrastructure risks and implement plan to address and mitigate risks and functionality. Agree and secure resources staffing model for operational management of the Communication Hub.	<ul style="list-style-type: none"> • Unprecedented significant increase in activity through the COVID-19 Command Centre during November and December 2021 due to the Vaccination Plan with over 50,000 enquiries needing to be responded to. • Additional staff deployed from Quality Improvement, Finance and Clinical Audit teams during late December 2021/early January 2022 to help deal with demand.

<p>through this single point of contact Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) Further develop the incident response and management cell set up to support our COVID-19 response Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years</p>		<p>Develop and agree a plan for call handling services to transition into the Communication Hub, based on organisation wide service risk assessment to inform and communicate.</p>	
<p>4E: Implement a plan to train all Health Board Therapists in “Making Every Contact Count (MECC)”, and offer to their clients by March 2022</p>	<p>Director of Therapies and Health Science</p>	<p>Online Level one MECC Brief Advice Training provided to approx. 230 therapy staff.</p>	<p>The required funding to deliver the programme has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff</p>
<p>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 Regional Partnership Board (RPB)</p>	<p>Director of Operations</p>	<p>Children and Young People's working group to identify the key priorities to inform a plan for delivery in 2022/23.</p>	<p>Some actions listed on the Terms of Reference are behind schedule, this is due to operational demands as a result of the Omicron outbreak.</p>

Annex 2 to this paper also provides an overview of the Planning Objectives that are currently being monitored in Q4 (January – March 2022) of the 2021/22 Annual Plan and which will be reported back to SDODC after the conclusion of the Quarter.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to

With respect to the Planning Objectives

- receive an assurance on the current position 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.

With respect to the actions in the 2021/22 Annual Plan

- take assurance from the overarching progress and the mitigations/ actions in place to recover those actions noted as 'behind' which support Q3 of HDdUHB's 2021/22 Annual Recovery Plan.

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

APPENDIX 1 – Update on Planning Objectives (PO) Aligned to the Strategic Development and Operational Delivery Committee (SDODC) as at 10th February 2022

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
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	Complete	<p>This Planning Objective has been completed</p> <p>A new Planning Objective for 2022/23 will be in place:</p> <p>"By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute's advice • Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement • Introducing a Continuous Engagement Toolkit, including guidance and templates to

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					support wider teams and to promote good practice
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 st March 2022.	Director of Finance	31/03/2022	On-track	<ul style="list-style-type: none"> • We have developed Outcome measures which are now a part of our Board Assurance Framework. We are working on the definitions which will be available for the BAF in March. • We will review the measures next year and agree the ambition and interim steps for each measure. • Our IPAR measures have been mapped to each Planning Objective. • We are working on Executive Performance Dashboards.
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	Chief Executive Officer	31/03/2021	Complete	<p>This Planning Objective has been completed</p> <p>This will be superseded by the following Planning Objective: By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved</p>

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	pursuit of its strategic objectives where it sees gaps and opportunities				
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 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</p>	Director of Finance	31/03/2024	Ahead	<ul style="list-style-type: none"> • Preliminary work on the Advanced Analytics Platform is underway. Currently it comprises of four separate work components, that are at various stages of maturity: <ul style="list-style-type: none"> ○ Time Series Analysis (TSA) and Statistical Process Control (SPC) – Prototype dashboard in progress ○ Pathway Analysis Dashboard – Prototype dashboard in progress ○ Discrete Event Simulation (DES) – proof of concept established. Prototype and simplified dashboard to commence in Feb ○ Geographic Information System (GIS) - proof of concept established. Prototype and simplified dashboard to commence in Feb • The datasets for Admitted Episodes and ED Attendances are currently being explored by the TSA and Pathway Analysis dashboards. • Current Status - In development. Anticipated beta application to be available in May / June 2022. • Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.
3I	Contract Reform Planning Objective to be agreed by end of Q1	Director of Primary Care, Community and Long Term Care	30/06/2021	Behind	<ul style="list-style-type: none"> • GMS contract negotiations have concluded and the detail is now being worked through in the Contract Implementation Group • Optometry pre-negotiation discussions are still ongoing

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					<ul style="list-style-type: none"> • Dental contract reform detail has not yet been released to Health Boards.
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	<p>A new Planning Objective for 2022/23 has been developed: To evaluate the impact and benefits of the three WG supported Transformation Funds on our systems in order to help in the development of proposals to support the new funding streams that will become available from April 2022</p> <p>This will also link to the revised planning objective 5H: By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme:</p>

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					<ul style="list-style-type: none"> • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics
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	The required funding to deliver the program has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff
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	<ul style="list-style-type: none"> • In accordance with the plan submitted to Welsh Government, recruitment to Weight Management MDT posts for the Level 3 service for adults is on track and will be completed by March 2022. • The newly appointed pathway lead will now progress work on developing the Level 2 weight management service offer for adults and will work with colleagues in maternal and early years to develop the model for children and families (services/interventions). This work is slightly behind due to delays in recruitment.

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					<ul style="list-style-type: none"> • Work on publicising the L3 service and adapting the service model to 'on line' appointments is on track. • Work is underway with Swansea Bay UHB to develop a regional team to implement the 'systems leadership' elements of the national strategy. This work has been impacted by COVID-19 but it is hoped that recruitment to posts will take place in early 2022.
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	Medical Director	31/03/2022	On-track	<ul style="list-style-type: none"> • Literature review has completed the first sift, based on agreed parameters. • Additional invitees have been identified • PHW colleagues have completed the first tranche of interview reviews. • Contact has been made with Pembrokeshire PSB. Awaiting a mutually convenient date
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	Medical Director	31/03/2023	On track	<ul style="list-style-type: none"> • Stakeholder map in draft • Outcomes workshop completed and dates for stakeholder engagement have been secured.

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	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				
4O	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	Behind	<ul style="list-style-type: none"> • Principles and standards draft complete and for engagement and feedback with stakeholder January 2022. • Investment needed for 2022 submitted as part of the IMTP process • CRM commissioning commenced through procurement – approved through Operational Planning and Delivery Group • New planning objective to align this model to the national programme for Board consideration • Expected delivery by 31.03.2022.
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"> • Long COVID Service Operational from October 2021. • Data submission to informal formal evaluation complete • Awaiting confirmation from WG of ongoing funding for 2022 onwards.
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	Director of Strategic Developments and Operational Planning	31/03/2024	Behind	<ul style="list-style-type: none"> • Board has approved the Programme Business Case (PBC) in January 2022. • The PBC was formally submitted to WG for consideration and scrutiny on the 1st February 2022.

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	<p>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.</p>				<ul style="list-style-type: none"> • The timeline for the development of the business cases associated with the PBC reported in the Board papers and PBC document now indicate a March 2026 Full Business Case (FBC) submission. • The service scenarios included in the PBC include the assumption regarding architectural separation between urgent and planned care at the new hospital. The scenarios also include for minimising the length of stay at the hospital and also scenarios which include longer length of stays to maximise efficiency and reduce clinical risk at the repurposed Glangwili and Withybush hospitals. These scenarios will be further explored at the outline business case stage.
5D	<p>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</p>	<p>Director of Strategic Developments and Operational Planning</p>	31/03/2024	Behind	<p>As per Planning Objective 5C</p>
5E	<p>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</p>	<p>Director of Strategic Developments and Operational Planning</p>	31/03/2024	On-track	<p>See Planning Objective 5C</p> <ul style="list-style-type: none"> • In addition, the PBC includes a transport annex which begins to set out the transport and access challenges which will need to be overcome. This will need to address access to community based services but also very thoroughly for the new urgent and planned care hospital.

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					<ul style="list-style-type: none"> • This will be addressed in the timeline for the production of the outline business case for the new urgent & planned care hospital and will be a requirement for obtaining outline planning permission for the new hospital. • The timeline in the PBC for completion of the Outline Business Case (OBC) for the new hospital is January 2024. This assumes OBC activities can commence in May 2022
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	The creation of an Advisory Board made up of Service users and interested parties has been undertaken, which will provide a sounding board for developments going forward.
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	Director of Operations	31/03/2024	On-track	Adult Mental Health (AMH) <ul style="list-style-type: none"> • Aspects of the strategy aligned to Transforming Mental Health (7-day services, Community Mental Health Centres, Alternative 136 and Third Sector Tier 0/1 prevention services) have been accelerated at pace during the Pandemic, in order to provide

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	specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.				<p>extended and more efficient Mental Health services.</p> <ul style="list-style-type: none"> • We have planned a phased implementation of the new service model for CMHC/CMHT. Initial services will be operational 7 days from 5pm. This will be reviewed in late 2022 in line with Transforming Mental Health (TMH) requirements. • We are currently reviewing the Mental Health Liaison pilot prior to expanding to the other DGH site in early 2023. • The Directorate commissions a range of third sector services that provide additional support to the delivery of well-being and mental health care. We are undertaking a planned commissioning exercise in 2022, whereby we will develop a new commissioning framework with new contracts commencing in April 2023. This will include all areas of service including AMH, Older Adult Mental Health (OAMH), Psychological Therapies, Learning Disabilities (LD) and Specialised Child and Adolescent Mental Health Service (SCAMHS), with service being commissioned for service users and carers. <p>Older Adult Mental Health</p> <ul style="list-style-type: none"> • Older Adult Mental Health Services will focus on sharing clinical expertise and improving care pathway interface with Adult Mental Health Transformation initiatives, the West Wales Dementia Wellbeing Pathway, Acute

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					<p>Hospitals, and Primary Care/GP Clusters/Community Resource Teams.</p> <p>Learning Disability Services</p> <ul style="list-style-type: none"> • A Learning Disability Service Improvement (LDSIP) has been established to oversee the development and implementation of a speciality healthcare service for individuals with learning disabilities that meets demand and is more appropriately skilled and managed. <p>SCAMHS</p> <ul style="list-style-type: none"> • S-CAMHS services are focussing on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people. This includes a number of new partnerships initiatives such as the Looked After Children team and the School In-reach programme.
5H	Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and	Director of Primary Care, Community	30/09/2021	Behind	<ul style="list-style-type: none"> • Planning process now aligned to the Health Boards planning cycle.

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	<p>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>	and Long Term Care			<ul style="list-style-type: none"> • Cluster plans, unscheduled care and County team plans aligned as first part of integrated plan for 21-22 • Standardised template agreed • Standardised regional priorities agreed • 3 ILPs have been submitted October and December – next submission date 13.02.2022 • IMTP and Plan on Page submitted • Business Partnering support action in progress • Governance framework and alignment to nation ACD programme in progress in readiness for April 2022 • Financial system information in progress • New planning objective for 2022/23 has been drafted

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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	On-track	<ul style="list-style-type: none"> • Gaps in the services for children have been identified. An over-arching IMTP for all six directorates that relate to children will be shared with Children and Young People Working Group February 2022.
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	<ul style="list-style-type: none"> • UEC Programme Management Office has been established with recruitment progressing in outstanding roles. • Draft UEC Outcomes Framework and Performance Metrics have been developed and are awaiting final sign off through UEC Delivery Group in February 2022. Further measures for the Planning Objective for Board reporting have also been proposed. A retrospective review of the impact of new interventions over the last 6 months on our UEC system is underway and will contribute to reviewing the IMTP and UEC programme investment plans • 111 First MOU and are currently in final draft format pending agreement by both WAST and Hywel Dda University Health Board. 111 First 'Go Live' has been delayed by WAST and is anticipated in April 2022 (Q1).

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					<ul style="list-style-type: none"> • Achieved 78% sign up to the 'virtual' Urgent Primary Care Centre from Hywel Dda University Health Board GP practices who are in a state of 'readiness' to accept dispositions from '111 First' and Emergency Departments. • Physician Triage Assessment & Streaming (PTAS) of the WAST clinical stack is being undertaken targeted at the busiest hours when trained clinicians are available to undertake this review. We have had a positive response recently to salaried Intermediate Care and Urgent Primary Care GP posts with an additional 1.5 WTE on boarding. This will provide us with additional clinical resilience for this critical are of UEC. • Same Day Emergency Care (SDEC) models are enhanced across all 4 acute hospital Sites and Same Day Urgent Care (SDUC) operating in South Ceredigion community. • GP led intermediate care and 'wrap around care' for SDEC operating in Carmarthenshire and Pembrokeshire. These continue to be scaled up based on evidence and impact to date. • Directory of (community) Service (DoS) requires digital support to progress and an approval paper is being drafted for UEC Delivery Group agreement. Possible funding for a DoS officer from WG, confirmation expected on this before April 2022. • Technology Enabled Care and Telehealth implementation has now been agreed to sit

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					<p>under UEC Programme Governance – fits well under WG UEC Policy Goal 2. Telehealth monitoring in place for heart failure, COPD and frail cohort. Evaluation programme supporting from VBHC perspective.</p> <ul style="list-style-type: none"> • Those UEC policy goals associated with Discharge and Flow (Policy Goal 5 & 6) were postponed due to operational pressures. PG 5 to be established imminently and will integrate with the Improvement Cymru RTDC work being undertaken in GGH. Baseline assessment of current discharge processes was undertaken previously and provided baseline for our improvement. • PG 6 to follow; it is proposed that joint leadership with Local Authorities will be critical given implementing Discharge 2 Assess models will necessitate an integrated approach. Further, D2A funding is part of our Regional Integrated Fund proposal.
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	Medical Director	31/03/2022	Behind	<ul style="list-style-type: none"> • A new audit and guidance tracking system has been procured to support the delivery of the Planning Objective. The system is called AMaT and is in use or being introduced in four Welsh Health Boards. Additional funding provided by Health Technology Wales to support the Adoption Audit Pilot has enabled the introduction of the system. Training on the system will take place from February 2022 and will inform the processes to be developed local.

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	<p>been used to learn and improve and the process needs to be embedded within the HDdUHB Quality and Governance process</p>				<ul style="list-style-type: none"> • Review of existing policies is progressing, but final drafts cannot be produced until the underpinning processes are developed (as above). This action is planned for completion in Q4 but may slip due to the dependencies. Additionally, Clinical Effectiveness Co-ordinator, who is supporting on the development of policies, was redeployed for a period of time to support with the vaccination response. • Clinical Director for Effective Clinical Practice recruited and due to commence in post in February 2022. Engagement with Quality and Governance Groups, via initial meetings with triumvirates has been highlighted as a priority. Meetings to be scheduled from February onwards. Delivery is behind due to capacity gaps. • Ongoing work to ensure alignment with the Quality Management System (PO3A), and development of the Effective Clinical Practice Strategic Plan as an underpinning enabling/delivery document within this wider strategic framework. This fully reflects the WG Quality and Safety Framework, and the Quality Cycle. Head of Effective Clinical Practice and Quality Improvement to represent the Health Board at the National Duty of Quality Health and Care Standards workstream. • Development of Effective Clinical Practice 'Strategic Plan' is ongoing, and requires input

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					<p>from the Clinical Director for Effective Clinical Practice. Will be progressed when in post. Continues to be slippage with this action, however anticipated for completion by March 2022.</p> <ul style="list-style-type: none"> • Clinical Lead for Mortality and Mortality Review and Improvement Facilitator posts have been appointed to. Ongoing engagement with National Framework development groups. Agreement to commence local processes and to develop iteratively, roadshows taking place with sites in February to develop site level arrangements. Processes will be in place by 1st April, in line with the full introduction of the Medical Examiner Service.
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"> • The Planning Objective is now in implementation. Propose routine reporting on Making Nutrition Matter (MN) work via Nutrition & Hydration Group. • Recruitment complete. Increased dietetic capacity enabling more timely response to identified need & associated risks reduced. • Behind: Nutrition & Hydration Champion model: delayed progression of roll out secondary to COVID. • On Track: dietetic malnutrition outcomes operational framework & reporting via IRIS embedded. Value Based Healthcare links established. Aim is for all MN developments to be fully impact assessed.

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					<ul style="list-style-type: none"> • On Track: Map opportunities to implement screening, early identification & action across the community. Initial initiatives underway. • On Track: Increase Stakeholder awareness & knowledge of malnutrition: engaged & work planned with a number of Voluntary, 3rd Sector & Local Authority Teams. NHS charitable funding bid submitted. • On Track: Increasing focus on nutrition & hydration in care homes: working with long-term care leads to explore support required to implement the Welsh Government nutrition in care setting guidance. • Behind: MN self-screening QR code implementation behind schedule due to external factors relating to website design. Health Board (HB) self-screening plans published. Identified early implementer areas, which will enable launch and data collection to measure impact. Plan is initial implementation areas (including A&E Glangwili) by the end of the year. • On Track: connecting with HB support network for delivery of the strategy: working with HB Communications who supported promotion of National Screening week.

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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 Finance	31/03/2024	On-track	<ul style="list-style-type: none"> • HDdUHB continues to keep up to date with updates to Welsh PAS and the Welsh Clinical Portal. • Digital Services have finalised an assessment against the HIMMS framework to ascertain where HDdUHB currently sits on the stages (from 1-7) of the EPR adoption maturity matrix. The output was that the Health Board was at Stage 2 of its maturity. A detailed roadmap is now in development to provide assurances of our digital maturity journey. • Tenders have been released to the market for an Electronic Document Management System (EDMS), and also a partner for the scanning of 250,000 records, which will begin the journey towards an electronic patient record. Full adoption will require real-time entry of information into an EHR
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)	31/03/2024		

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		issue) Medical Director (ARCH)			
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 HDdUHB area.	Director of Primary Care, Community and Long Term Care	31/03/2022	On-track	<ul style="list-style-type: none"> The Market Stability Report (MSR) was completed by the Institute of Public Care (IPC), and then approved by the Commissioning Programme Group (CPG) in November 2021. The CPG is due to meet on 28th January 2022 to review the MSR, with a view to beginning translation of the findings into actionable planning objectives, ahead of the deadline of financial year-end 2021/22.
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	Director of Operations	30/09/2021	On-track	<ul style="list-style-type: none"> 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. Plan awaiting approval in line with confirmation of HDdUHB IMTP.

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	<p>should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:</p> <ul style="list-style-type: none"> • A 40% reduction in emergency admissions for 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 A&E & 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 <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	
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"> • All eligible adults offered the invite of a booster by the 31st December either by letter, text or drop in invites. • All second and third doses of primary course are on track and invited as per JVCI guidelines. • All centres offering drop in vaccines for first, second, third or booster doses if eligible to maximise opportunities and flexibility for our remaining population. • Leave no-one behind methodology in place and active engagement with those who are yet to complete their course of vaccination enacted. • Vaccination of 5-11 yr olds will commence w/c 24th January as per guidelines
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	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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	antibody testing 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"> TTP provision continues with tracing provision across HDdUHB and LA teams Regional Response Cell remains active supporting response to COVID-19 Continuing modelling and adjustments to testing achieved as endorsed by WG
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"> In-year Recovery Plan for 2021/22 agreed and reported via SDODC utilising non-recurrent recovery funding provided via WG. Capital investment secured via WG to support procurement of two additional Modular Day Theatres to be installed at PPH
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 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	Director of Primary Care, Community and Long Term Care		Behind	<ul style="list-style-type: none"> 2 rounds of recruitment completed – initial target was to appoint 60WTE. Campaign attracted 33.8WTE offers. Second round saw fewer applicants and therefore further rounds for the short term contracts considered non-viable by steering group. Pre-employment checks, induction and local inductions completed for all except 3 people. Carmarthenshire – 8.6 WTE (13 people) offered and 11 started. Not been deployed to bridging but instead to support opening of beds in Amman Valley Hospital.

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	<p>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 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</p>				<ul style="list-style-type: none"> • Ceredigion – 2.6 WTE (3 people) offered and started. Deployed to support ART and CRTs due to low numbers – supporting workforce challenges in community teams to maintain home-based services. • Pembrokeshire – 3.8 WTE (6 people) offered with 1 still to start. Deployed to the existing bridging scheme and has supported the workforce challenges but also the commencement of one additional morning run. • Significant withdrawals during the on-boarding process – now only 15WTE HCSW have been appointed (3 yet to start). Main reasons was that the role was “not for them”, the hours offered did not suit even when they were the hours sought by the candidate at interview and substantive posts being taken. • The most significant impact sought through this project has been to increase the home based care workforce for our population and thereby mitigate delays – the focus needs to shift from creating an NHS service to working in partnership with LA colleagues to significantly increase the home based workforce in a sustainable way. <p>Next Actions :</p> <ul style="list-style-type: none"> • Staff questionnaire circulated for feedback and learning to inform next phase. • Evaluation of impact to be commenced however initial metrics no longer relevant due

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	the usual assessment process to establish eligibility and undertaking timely reviews of packages for those in receipt of domiciliary care				<p>to the actual deployment of staff. The low numbers will make the quantitative element of the evaluation challenging. Baseline measures sought 20.12.21 – 3.01.22.</p> <ul style="list-style-type: none"> • Finalise initial evaluation and recommendations for further development by 10.02.2022 for presentation to IEG/HSCT on 14.2.2022. • Initiate integrated workforce discussions for future development particularly considering how to develop an integrated health and social care apprenticeship scheme, building on the successes of the HB programme over the last 3 years. • Map and gap the totality of the workforce initiative underway which seek to increase the home based care workforce in the region to inform phase 2 proposal.

Annex 2: Monitoring of Quarter 3 Actions within the 2021/22 Annual Recovery Plan

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
2E: From April 2021 develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis.	Director of Nursing, Quality and Patient Experience	Develop a marketing and communications plan for the charity	On-track	N/A	N/A
1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme	Director of Workforce and OD	Roll out customer service training to priority groups & incorporate into blended induction programme.	On-track	N/A	N/A
1F: Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address: <ul style="list-style-type: none"> 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	Director of Workforce and OD	Policy review: research of best practice, agree programme for policy review, and review any pay or non-pay resource implications of proposed changes	On-track	N/A	N/A

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
1G: Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Director of Workforce and OD	Development Programme designed and planned for new OD Relationship Managers	On-track	N/A	N/A
6D: Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level	Medical Director	Undertake service reviews of three major condition areas to inform service development through the planning process	On-track	N/A	N/A
5I: Undertake a comprehensive assessment of all Health Board 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	Children and Young people's working group to identify the key priorities to inform a plan for delivery in 2022/2023.	Behind	Some actions listed on the ToR are behind schedule, this is due to operational demands as a result of the Omicron out-break. However, (i) Engagement with colleagues around the Children's Charter This is with the intention that the voice of the Child is heard. (ii) A review of psychology services for children across the Health Board is	Quarter 4

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
				underway. (iii) Exec led review of Community Paediatrics within Hywel Dda is underway. (iv) Firm links established with the RPB.	
5Q: To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long Term Care	Development of a of a delivery plan	On-track	N/A	N/A
		Develop a system for reporting Use PROMS and PREMS to evaluate service	On-track	N/A	N/A
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	Adult Mental Health: Implement phase 1 and 2 of the Community Mental Health Centre model to enable services to move to 7 day a week. Develop service specification for Community Mental Health Centres including model, service delivery methods and referral criteria. SPOC team recruited and trained with Mental Health 111 Single Point of Contact fully operational 24/7	On-track	N/A	N/A
		Older Adult Mental Health: Home-for-Life Care Home Design Pilot will commence with Carmarthenshire Local Authority and Long-	On-track	N/A	N/A

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
		<p>Term Care Team. Care Home [advanced] evidenced based Best Practice Dementia training will be rolled out to care homes incorporated within a 'Stepped Care' support bundle (selected Care Homes piloted). Develop a service specification for Memory Assessment Services (inclusive of LD pathway) including model, service delivery methods and referral criteria. Develop a service specification for Older Adults Community Mental Health Team including model, service delivery methods and referral criteria."</p>			
		<p>Commissioned Services: Review all commissioned providers, undertake market engagement Commence full procurement exercise with contract award November 2022. Evaluate Primary Care Services and identify service needs. "</p>	On-track	N/A	N/A
<p>1B: Building on the success of the command centre, develop a longer-term sustainable model to cover the following: One single telephone and email point of contact – the</p>	<p>Director of Nursing, Quality and</p>	<p>Scope of existing telephone system infrastructure risks and implement plan to</p>	Behind	<ul style="list-style-type: none"> Unprecedented increase in activity through 	Q4

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p>“Hywel Dda Health Hub”</p> <p>This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers</p> <p>All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact</p> <p>Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP)</p> <p>Further develop the incident response and management cell set up to support our COVID-19 response</p> <p>Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions</p> <p>Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years</p>	Patient Experience	address and mitigate risks and functionality		<p>the COVID Command Centre increased significantly during November and December 2021 due to Vaccination Plan with over 50,000 enquiries needing to be responded.</p> <ul style="list-style-type: none"> Additional staff deployed from Quality Improvement, Finance and Clinical Audit teams during late December/early January to help deal with demand. 	
		Agree and secure resources staffing model for operational management of the Communication Hub	Behind		Q4
		Develop and agree a plan for call handling services to transition into the Communication Hub, based on organisation wide service risk assessment to inform and communicate	Behind		Q4
4E:Implement a plan to train all Health Board Therapists in “Making Every Contact Count”, and offer to their clients by March 2022	Director of Therapies and Health Science	Online Level one MECC Brief Advice Training provided to approx. 230 therapy staff	Behind	The required funding to deliver the program has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a	To be determined once funding has been determined

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
				significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff	
<p>3A+3F:</p> <p>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.</p> <p>3F: Develop a Board Assurance Framework to support the delivery of the Health Board strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register</p>	Director of Finance	<p>Primary Board measures, Develop primary measures aligned to Strategic Objectives and our Board Assurance Framework. Develop the definition of each measure. Explore and agree data capture for each measure.</p> <p>Agree the ambition and interim steps for each primary measure</p>	On track	N/A	N/A
<p>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 Health Boards Quality and Governance process</p>	Medical Director	Development of underpinning processes and systems to support delivery of Strategy	On track	N/A	N/A
<p>3G: Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i).</p>	Medical Director	Develop and implement a tool for undertaking a research impact assessment to determine which studies we will support	On track	N/A	N/A

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p>The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials</p>		<p>Improve the capability of staff to conduct high quality research and innovation by aligning a support team to guide them through the process of research</p>	On track	N/A	N/A
<p>6E: Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians that could also be offered to partners</p>	Medical Director	<p>Planning and delivery of third cohort</p>	On track	N/A	N/A
<p>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</p>	Director of Finance	<p>Phase II: Will stand up a temporary platform in the Cloud to be used for day to day operations</p>	On track	N/A	N/A
		<p>Phase III: The Advanced Analytical Platform will be populated with all current data. This must be done in conjunction with the end of a pay cycle;</p>	On track	N/A	N/A
<p>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</p>	Director of Finance	<p>Phase III (a) - Products are available to, and accepted by key stakeholders using “user acceptance testing</p>	On track	N/A	N/A
		<p>Phase IV: All employees will receive training on the Advanced Analytical Platform</p>	On track	N/A	N/A

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p>6H: To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following:</p> <ul style="list-style-type: none"> - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste <p>The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation</p>	Director of Finance	Undertake supply chain analysis of key products, services and supplies in conjunction with NHS Wales Shared Services Partnership	On track	N/A	N/A
		Identify appropriate mitigation measures and if necessary adopt revised procurement and supply chain policies, using input from Social Value Portal and Centre for Local Economic Studies	On track	N/A	N/A
		Agee overarching set of themes, outcomes and measures, and associated procurement and recruitment policy changes, with input from Social Value Portal and Centre for Local Economic Studies to ensure alignment with national priorities and emerging best practice	On track	N/A	N/A

Annex 3: Quarter 4 actions to be monitored within the 2021/22 Annual Recovery Plan

Planning Objective (in the order they appear in the 2021/22 Annual Recovery Plan)	Executive Lead	Key Deliverable
Planning Objective 1I: Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds.	Director of Workforce & Organisational Development	Implement each of six programmes to support staff recovery
Planning Objective 1A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years	Director of Workforce & Organisational Development	Refinement of data sets following stakeholder feedback
Planning Objective 1F: Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address: 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services.	Director of Workforce & Organisational Development	Employee relations: Identify stakeholder groups and undertake stakeholder engagement, review current practice
Planning Objective 1G: Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Director of Workforce & Organisational Development	OD plans for each service area are scoped and prioritised
Planning Objective 2D: By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Director of Workforce & Organisational Development	Recruitment of the Clinical Education Manager to support multi-professional clinical education with the Health Board
		Establish an Integrated Education Governance Group (IEGG) to maintain a strategic overview of the Health Boards' workforce, education and development opportunities
		Develop clinical governance around the development of the new roles, creating a toolkit for managers
Planning Objective 2H: By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Director of Workforce & Organisational Development	Comprehensive development programme of existing and new leadership training and coaching, and training needs analysis of future leaders (for succession planning)
Planning Objective 6D: Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital	Medical Director	Routine capture of Patient Recorded Outcome Measures (PROMs) in 17 service areas

Planning Objective (in the order they appear in the 2021/22 Annual Recovery Plan)	Executive Lead	Key Deliverable
technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level)		
Planning Objective 2A: Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024		Commission information, advice and outreach services from third sector partners and review data and intelligence from commissioned services to inform changes or updates to the Action Plan
Planning Objective: To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long Term Care	Support Primary Care to work through the contract reform process and support four key priorities: quality and safety, workforce, access to services, and cluster working
Planning Objective 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	Adult Mental Health: Develop referral pathways and establish Single Point of Referral teams in each Local authority area.
		SCAMHS: Develop new pathways linked to Adult Mental Health services and Expand School In-Reach Programme
		SCAMHS: Develop a service specification for Learning Disabilities Services including model, service delivery methods and referral criteria.
		SCAMHS: Finalise clinical pathways, with a focus on simplifying access and becoming more accessible with improved links to primary care.
Planning Objective: Develop a COVID Recovery service to provide a comprehensive individualised person centred to support the symptom based needs of people directly affected by COVID-19.	Director of Therapies and Health Sciences	Review and report service outcomes as set out in COVID 19 Rehabilitation Framework outcomes .Review of the service provision, volumes and outcomes supporting the COVID Recovery and Rehabilitation to identify its current and future role. Identify a sustainable way to incorporate Level 0-2 COVID Recovery and Rehabilitation Service as part of wider rehabilitation and pre-habilitation multi modal service provision.
Planning Objective 4G: Develop a local plan to deliver Healthy Weight: Healthy Wales’ and implement by March 2022	Director of Therapies and Health Sciences	Convene a task and finish group to plan and design the model of delivery for children and families in line with the CYP pathway

Planning Objective (in the order they appear in the 2021/22 Annual Recovery Plan)	Executive Lead	Key Deliverable
<p>Planning Objective 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 wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society</p>	<p>Medical Director</p>	<p>Co-production with our partners of a working model of the Social Model for Health and Wellbeing</p>
<p>Planning Objective 6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral and, by 2030, achieve the NHS Wales target of a 34% reduction.</p>	<p>Director of Strategic Developments and Operational Planning</p>	<p>Ensure existing Carbon monitoring processes are sufficient to monitor progress against the University Health Board targets and All Wales Decarbonisation Strategy objectives (16% by 2026 / 34% by 2030 from baseline year 2021/19).</p>
<p>Planning Objective 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 Health Boards Quality and Governance process</p>	<p>Medical Director</p>	<p>Clinical Engagement to support strategy delivery</p>
<p>Planning Objective 3G: Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i).</p>	<p>Medical Director</p>	<p>Develop 'fit for purpose' facilities serving all our localities, with access to high quality patient consulting environments, laboratory space, and suitable office accommodation</p>
<p>Planning Objective 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</p>	<p>Director of Strategic Developments and Operational Planning</p>	<p>Investment in engagement structures and mechanisms to support our Continuous Engagement Framework, including: continuous engagement training module; development of partnership forums for engagement; triangulation of feedback from wide range of sources across the organisation</p>