

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update
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>i.e.</i> the horizon that the 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 with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the:</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>that are aligned to this Committee, for onward assurance to the Board.</p>
<p><u>Cefndir / Background</u></p> <p>This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to the Strategic Development and Operational Delivery Committee.</p>

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 Health Board Therapists in “Making Every Contact Count” and offer to their clients by March 2022.
- **4P:** COVID 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 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 Welsh Government.

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 Bronlais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic.
- **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.
- **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.
- **6K:** By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales” 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 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
- 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 Health Board's 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 patients and 695 non-COVID 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 Welsh Government.

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, 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 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 area.
- **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.
- **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 Hywel Dda 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 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 and Worthybush General Hospital 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 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 Health Boards 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 Hywel Dda.
- **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 Welsh Government.

- **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 Hywel Dda.

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 /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 Strategic Development and Operational Delivery Committee, 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	If Planning Objective is 'behind'
4E	Director of Therapies and Health Science	Behind	Summary of financial cost of 3 phases of training drafted. No current source of funding identified
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	Chief Operating Officer	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		Behind	<ul style="list-style-type: none"> Planned care recovery actions being implemented. Unscheduled Care pressures have impacted upon elective work Demountable scheme potentially delayed due to planning approval process and the need for further ground works by an external provider Outsourcing arrangements in place, however some providers are slow in being ready to accept patients
3A	Director of Finance	On-track	N/A
3E		On-track	N/A
5M		On-track	N/A
1D	Director of Primary Care, Community and Long Term Care	On-track	N/A
3I		On-track	N/A
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		On-track	N/A
2C	Director of Strategic Developments and Operational Planning	Complete	N/A
5C		On-track	N/A
5D		On-track	N/A
5E		On-track	N/A
4L	Medical Director	Behind	<ul style="list-style-type: none"> Progress has been made in interviewing system leaders and securing resource to synthesise and report on the feedback. Wider engagement is contingent on the draft Discover report being available, and that is subject to the availability of the post graduate resource. We expect the contractual issues to be settled by 31/10/2021, with an anticipated completion of the report in Q3.
4N		On track	N/A

5K		Behind	Publication of the Welsh Government Quality and Safety Framework needs to be reflected upon, especially in relation to how this Planning Objective relates to the Quality Management System, and Planning Objective 3A – the development and delivery of a Quality Management Framework. A meeting has been scheduled with Planning Objective Leads on 6th October to discuss. Processes to support effective clinical practice should not sit outside of the Quality Management Framework as this is a key element of the Planning aspect of the Quality Cycle.
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 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, and 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: 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 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
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

APPENDIX 1 – Update of Planning Objectives aligned to SDODC as at 11th October 2021

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Q2 Actions		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
				Action	Current Status		
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	Identification of local leads to drive work forward	On track	On track	
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	Director of Strategic Developments and Operational Planning	31/03/2022	Engagement work programme to support the delivery of key	Completed	Completed	<ul style="list-style-type: none"> • This Planning Objective has been completed as the capacity and capability to undertake continuous engagement has been reviewed.

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	Board in January 2019, and implement improvements over the next 1 year			Planning Objectives			<ul style="list-style-type: none"> To take this work forward, a new Planning Objective has been, and will be presented to Board for approval.
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 31 st March 2022.	Director of Finance	31/03/2022	Development and launch of the Quality management Framework	On track	On track	We are currently liaising with a number of teams across the organisation to raise awareness of the Quality management Framework – Improving Together. A number of teams have been working on developing their vision as a team, aligned to the Strategic Objectives of the organisation. A formal launch of Improving Together has been stepped down, due to operational pressures in favour of a soft launch and team engagement on a 1:1 basis.
3D	During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and	Chief Executive Officer	31/03/2021	Not applicable for this quarter	Not applicable for this quarter	Completed	This is the work of the Transformation Steering Group

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	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						
3E	Business intelligence and modelling – to establish real-time, integrated, easily	Director of Finance	31/03/2024	Phase I: Hardware/ software will be purchased	On track	Ahead	Exit strategy for Lightfoot developed within 12 months, for a decision to be taken moving forward. Over the next quarter,

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	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			and the Advanced Analytical Platform will be created and as part of this data will be migrated to the cloud and tested			begin to test appetite for data sharing within Social Care.
3I	Contract Reform Planning Objective to be agreed by end of Q1	Director of Primary Care, Community and Long Term Care	30/06/2021	Not applicable for this quarter	Not applicable for this quarter	On track	
4C	For each of the three WG supported	Director of Primary Care,	TBA	Joint Review of Integrated	On track	On track	

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	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	Community and Long Term Care		Locality Plan Template – aligning to the HB “triangle” model and enablers and requirements from the GMS contract to support a single shared plan			
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	31/03/2022	Not applicable for this quarter	Not applicable for this quarter	Behind	Summary of financial cost of 3 phases of training drafted. No current source of funding identified
4G	Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022.	Director of Public Health	31/03/2022	Not applicable for this quarter	Not applicable for this quarter	On track	<ul style="list-style-type: none"> • The Health Board submitted its transforming weight management plan (part of Healthy Weight: Healthy Wales) in July and have had confirmation of the full funding offered by WG to take that forward.

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							<ul style="list-style-type: none"> • This is focussed on strengthening Level 3 weight management services in the first instance, together with working up a model for Level 2 and provision for children and families. • The Health Board are looking to take a regional approach, working with Swansea Bay, to recruit to band 8a and 7 posts working on this agenda, having failed to recruit through the national process.
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	Medical Director	31/03/2022	System leaders interviews, key partner and staff focus groups, and public engagement to feed into our understandin	Behind	Behind	<ul style="list-style-type: none"> • Progress has been made in interviewing system leaders and securing resource to synthesis and report on the feedback. • Wider engagement is contingent on the draft discover report being available, and that is subject to the availability of the post graduate resource.

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	communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society			g of the Social Model			<ul style="list-style-type: none"> • We expect the contractual issues to be settled by 31/10/2021, with an anticipated completion of the report in Q3.
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	Medical Director	31/03/2023	New planning objectives to optimise the food system agreed	On track	On track	<ul style="list-style-type: none"> • HDUHB is in the process of securing external expertise in mapping the current food system. This work is expected to take 4 months, and shall deliver a feasibility study on the system, its stakeholders and the gaps in services and knowledge in the system as a whole. • Discussions continue to be had with NST, and other parties.

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	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	Director of Public Health	31/12/2021	Not applicable for this quarter	Not applicable for this quarter	On track	
4P	COVID recovery and rehabilitation – Planning Objective needed by end of Q1	Director of Therapies and Health Science	30/06/2021	Not applicable for this quarter	Not applicable for this quarter	On track	Recruitment of the Multi-disciplinary Covid Recovery & Rehabilitation Team to support delivery of multi-professional clinical services to support individuals across the Health Board region, supporting the development and provision of well planned, delivered and governed clinical services. Completed

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							<p>Establish Covid Recovery & Rehabilitation Service single point of referral and access to Long Covid screening and assessment utilising NICE Post Covid 19 assessment tools, and recommendations for management as set out in Covid Recovery Service Model NICE Guidance. Completed</p> <p>Establish Specialist MDT Clinic to provide follow up care for patients with more complex ongoing symptoms of Covid 10 requiring specialist MDT management that cannot be met by existing Covid Recovery pathways</p> <p>Service operational 07.10.21. Completed</p> <p>Data collection in situ as required for Adferiad outcomes capture</p>
5C	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area	Director of Strategic Developments and	31/03/2024	Submission of Programme Business Case	Behind	On track	<p>Actions Completed in Q2</p> <ul style="list-style-type: none"> • Activity Modelling • Confirmation of assumptions • Development of functional content

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				Action	Current Status		
	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 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.	Operational Planning		to Welsh Government			<p>Next Steps Q3</p> <ul style="list-style-type: none"> • Design development • Capital costing • Financial Modelling • Completion of PBC narrative • PBC Submission to Board <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 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</p>
5D	Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Witybush General Hospital sites in	Director of Strategic Developments and Operational Planning	31/03/2024	Not applicable for this quarter	Not applicable for this quarter	On track	As per Planning Objective 5C

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				Action	Current Status		
	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 pandemic	Director of Strategic Developments and Operational Planning	31/03/2024	Not applicable for this quarter	Not applicable for this quarter	On track	As per Planning Objective 5C
5F	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Director of Operations	31/03/2024	Not applicable for this quarter	Not applicable for this quarter	On track	<p>Established the structure and mechanisms to translate the strategy into an implementation plan</p> <p>Implementation Plan drafted and the implementation team in place/ regular meetings scheduled and highlight reporting mechanism started</p>
5G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD	Director of Operations	31/03/2024	Not applicable for this quarter	Not applicable for this quarter	On track	<ul style="list-style-type: none"> Implement the remaining elements of the Transforming MH We are undertaking an external mid-way review in

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	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.						<p>relation to the implementation of the TMH strategy. This will inform the future roll out of the OCP for those teams that have not formally merged the CMHT and CRHT functions & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years</p> <ul style="list-style-type: none"> • The implementation around this strategy continues, with reviews underway in respect of the LD residential units being undertaken on a personal basis. • Develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and • Continued Service Improvement Funding year on year has led to a substantial increase in the

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							<p>workforce and an OCP will be undertaken to ensure that the management and service delivery elements of this service are robust.</p> <ul style="list-style-type: none"> • ASD services have now been allocated to one Head of Service who is due to be going out to advert shortly for a Fixed Term Service Delivery Manager to focus on demand and capacity – there is also a wider All Wales review in place to look at the demand for this service across Wales
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	Director of Primary Care, Community and Long Term Care	30/09/2021	Develop clear set of definitions for each stage of the triangle and common term glossary	On track	On track	

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	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.			Joint Review of Integrated Locality Plan Template – aligning to the University Health Board’s “triangle” model and enablers and requirements from the GMS contract to support a single shared plan	On track		
				Completion of Integrated Locality Plans – first draft	On track		

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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	31/03/2024	Install QBTech to support diagnosis of ADHD	On track	On track	<ul style="list-style-type: none"> • QB Tech is up and running in Carmarthenshire and will be further rolled out in the coming months. A concern has arisen around the estate in Pembrokeshire and the availability of appropriate clinic space. This is being managed by the SDM/SN for Community Paediatrics. • The community paediatric service is working with workforce to identify gaps plan etc. In addition, there is a review of psychology gaps (supported by Swansea University). The skill-mix is being reviewed as an on-going process, for example Community paediatrics hope to have the services of a Physician's Assistant in place before Christmas.
				Review current working practices. Consider roles and responsibilities with in Community Paediatrics	On track		
5J	Develop and implement a comprehensive and sustainable 24/7 community and primary	Director of Primary Care, Community and Long Term Care	31/03/2024	'Contact First' ED/MIU dispositions and scheduling,	On track	Behind	

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	care unscheduled care service model			by the end of July 2021			
				Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021	On track		
				Fully Operational Streaming Hub, by end of July 2021	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	Medical Director	31/03/2022	Development and approval of an Effective Clinical Practice Strategy	Behind	Behind	<ul style="list-style-type: none"> Engagement has taken place through a SWOT analysis, with clinical, operational and managerial teams. Response rate has been low and submissions indicate a general focus on barriers within the system and current operational challenges, as opposed to achieving effective practice or excellence. Responses

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	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>have been analysed and developed into themes.</p> <ul style="list-style-type: none"> • Ability to progress further engagement with Quality and Governance Groups, and in particular to explore the findings from the SWOT analysis, has been hampered by the absence of the Clinical Director for Clinical Audit. This is yet to be resolved. • Publication of the Welsh Government Quality and Safety Framework needs to be reflected upon, especially in relation to how this Planning Objective relates to the Quality Management System, and Planning Objective 3A – the development and delivery of a Quality Management Framework. A Meeting has been scheduled with Planning Objective Leads on 6th October to discuss. Processes to support

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							<p>effective clinical practice should not sit outside of the Quality Management Framework as this is a key element of the Planning aspect of the Quality Cycle.</p> <ul style="list-style-type: none"> • This may impact on the ability to develop a separate Strategic Framework for Effective Clinical Practice, therefore the Q2 action may need to be amended, and could become a different Q3 action.
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	"Implement public facing self-screening: Develop self-screening QR code and associated website to host self-screening, information & dietetic	On track	On track	Recruitment Phase (Year) 2 dietetic staff (community focus) completed and Strategic Lead now in post

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				helpline Launch Monitor response & impact Learn from & evolve "			
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	Not applicable for this quarter	Not applicable for this quarter	On track	<ul style="list-style-type: none"> • Need to define the electronic patient record over the next quarter. • New planning objective will give more specifics in relation to EPR.
5N	Implement all outstanding plans in relation to National Networks and Joint Committees. This will	Director of Operations Mandy Rayani (SARC) Director of	31/03/2024	Not applicable for this quarter	Not applicable for this quarter	Behind Ahead On track Completed	

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	include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative	Therapies and Health Science (HASU) Lisa Gostling (Aber Uni and cross border workforce 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 Hywel Dda area.	Director of Primary Care, Community and Long Term Care	31/03/2022	Sign off final report, Presentation to the Regional Commissioning Programme Group	On track	On track	
5Q	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across	Director of Primary Care, Community and Long Term Care	30/11/2021	Commencement of Interface Asthma Specialist Nurses	On track	On track	

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	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.						
6K	By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in "A Healthier Mid and West Wales" 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:	Director of Operations	30/09/2021	Not applicable for this quarter	Not applicable for this quarter	On track	<ul style="list-style-type: none"> • Assessment of current actions related to the design assumptions completed. • Supporting the proposed roadmap to financial sustainability by developed by the Director of Finance • Development of actions to accelerate delivery and generate trajectories will form part of this year's planning cycle

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	<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 						

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	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 Health Board's route map to financial recovery.						
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 patients and 695 non-COVID 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	Not applicable for this quarter	Not applicable for this quarter	On track	Capacity identified, however, workforce challenges remain. Field Hospital capacity, continues to be worked through.

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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 Welsh Government.	Director of Public Health	31/03/2022	Not applicable for this quarter	Not applicable for this quarter	On track	<ul style="list-style-type: none"> • The Health Board are currently delivering 3rd doses to severely immune suppressed people across our health board and the booster programme to all frontline health, social and domiciliary care staff. • Care home staff have all been offered a walk in opportunity for booster vaccines and primary care are delivering boosters to care home residents.
Gold Command Requirement #3	Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and	Director of Therapies and Health Science	31/03/2022	Not applicable for this quarter	Not applicable for this quarter	On track	Work is proceeding as appropriate and in line with ongoing Welsh Government requirements

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	are mandated by Welsh Government						
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 Hywel Dda	Director of Public Health	31/03/2022	Not applicable for this quarter	Not applicable for this quarter	On track	Work to support the regional Trace, Trace and Protect service across Hywel Dda continues.
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 Welsh Government.	Director of Operations	31/03/2022	Progress regional cataract solutions	Behind	Behind	<ul style="list-style-type: none"> Planned care recovery actions being implemented. USC pressures have impacted upon elective work Demountable scheme potentially delayed due to planning approval process and the need for further ground works by an external provider Outsourcing arrangements in place, however some providers are slow in being ready to accept patients
Gold Command Requirement NEW	With recruitment processes starting during week commencing 13th September, the HB's	Director of Primary Care, Community		Not applicable for this quarter	Not applicable for this quarter	On track	

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	<p>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</p>	and Long Term Care					

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	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						

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	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						