

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 October 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Quarterly Annual Plan 2021/22 Monitoring Return (Q2)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategic Development and Operational Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Daniel Warm, Head of Planning Angharad Lloyd-Probert, Senior Project Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) 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 provides the Strategic Development and Operational Delivery Committee (SDODC) with updates from the monitoring of all the other actions contained within the 2020/21 Annual Plan, presenting progress using completed; ahead; behind or on-track ratings for Quarter 2 (Q2) (July – September 2021).

#### Cefndir / Background

In order to provide assurance on the delivery of its 2021/22 Annual Recovery Plan, HDdUHB monitors progress against its plans retrospectively on a quarterly basis. The actions for 2021/22 are built around HDdUHB's Planning Objectives and its Gold Command instructions, which within the Plan have had quarterly milestones highlighted.

#### Asesiad / Assessment

For Q2 of 2021/22, Annex 1 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 Q2 is that seven actions are currently behind, as follows:

Planning Objective	Executive Lead	Action	If Behind Mitigating Actions / Explanation / Comments
<p><b>1E:</b> During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ol style="list-style-type: none"> <li>1. Keep them regularly informed of their current expected wait</li> <li>2. Offer a single point of contact should they need to contact us</li> <li>3. Provide advice on self-management options whilst waiting</li> <li>4. Offer advice on what do to if their symptoms deteriorate</li> <li>5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation</li> <li>6. Offer alternative treatment options if appropriate</li> <li>7. Incorporate review and checking of patient consent</li> </ol> <p>This process needs to roll out through 2021/22</p>	<p>Director of Nursing, Quality and Patient Experience</p>	<p>Staffing structure in post</p>	<ul style="list-style-type: none"> <li>• Recruitment difficulties of call handlers has held the process up, and alternative mechanisms to fill these roles are currently being explored</li> <li>• Service Delivery Manager, Service Manager and Clinical Responders have been recruited and are in place</li> <li>• Oversight and Steering Group meetings are in place</li> <li>• Once Call Handlers are in place the next phase of implementation can proceed</li> </ul>
<p><b>2G:</b> By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme</p>	<p>Director of Workforce and OD</p>	<p>Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers,</p>	<ul style="list-style-type: none"> <li>• In quarter actions have slipped due to engagement with colleges/schools and current covid arrangements within education.</li> <li>• Discussion now recommenced with plan that objective will be delivered in line with existing timescale.</li> </ul>
<p><b>4L:</b> 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</p>	<p>Medical Director</p>	<p>System leaders interviews, key partner and staff focus groups, and public engagement to feed into our understanding</p>	<ul style="list-style-type: none"> <li>• Progress has been made in interviewing system leaders and securing resource to synthesis and report on the feedback.</li> <li>• Wider engagement is contingent on the draft Discover report being</li> </ul>

<p>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>of the Social Model</p>	<p>available, and that is subject to the availability of the post graduate resource.</p>
<p><b>5C:</b> 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.</p>	<p>Director of Strategic Development and Operational Planning</p>	<p>Submission of Programme Business Case to Welsh Government</p>	<p>Actions Completed in Q2</p> <ul style="list-style-type: none"> <li>• Activity Modelling</li> <li>• Confirmation of assumptions</li> <li>• Development of functional content</li> </ul> <p>Next Steps Q3</p> <ul style="list-style-type: none"> <li>• Design development</li> <li>• Capital costing</li> <li>• Financial Modelling</li> <li>• Completion of Programme Business Case (PBC) narrative</li> <li>• PBC Submission to Board</li> </ul>
<p><b>5K:</b> 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>Development and approval of an Effective Clinical Practice Strategy</p>	<ul style="list-style-type: none"> <li>• 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 have been analysed and developed into themes.</li> <li>• 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.</li> <li>• Publication of the Welsh Government Quality and Safety Framework needs to be reflected upon,</li> </ul>

			especially in relation to how this Planning
<b>6D:</b> Develop the capability for the routine capture of (Patient Reported Outcome Measures) 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		Development of a Value Based Healthcare (VBHC) Clinical Leadership Group	Development of dedicated VBHC Clinical Leadership Group has been delayed due to unavailability of key personnel. Clinical engagement currently being undertaken on a service by service basis with the formation of the formal Clinical Leadership Group now planned for Q4.
<b>Gold Command Requirement #5:</b> 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	Progress regional cataract solutions	

Annex 2 to this paper provides an overview of the Planning Objectives that are currently being monitored in Q3 (October - December 2021) of 2021/22 and which will be reported back to SDODC after the conclusion of the Quarter.

### Argymhelliad / Recommendation

SDODC is asked to take assurance from the overarching progress and the mitigations/ actions in place to recover those actions noted as 'behind' which support Q2 of HDdUHB's 2021/22 Annual Recovery Plan.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 Seek assurance on delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports
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

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Individual returns signed-off by responsible Executive Director

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Key component in the delivery of the Annual Plan 2021/22
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	This is a key component in the delivery of the Annual Plan 2021/22
<b>Gweithlu: Workforce:</b>	Key component in the delivery of the Annual Plan 2021/22
<b>Risg: Risk:</b>	Key component in the delivery of the Annual Plan 2021/22
<b>Cyfreithiol: Legal:</b>	As above
<b>Enw Da: Reputational:</b>	HDdUHB needs to meet the targets it has set out in individual plans to maintain its reputation with Welsh Government together with our stakeholders including our staff
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Consideration of equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

## Annex 1: Monitoring of Quarter 2 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
<b>1A:</b> 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 and OD	Develop a dashboard in meaningful a format, with a stakeholder list for distribution, frequency of reporting and forum(s) for progress reports to be analysed	On track	N/A	N/A
<b>1C:</b> 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	Design a fully engaging customer service package, incorporating best practice, trends, case studies, values, importance of Welsh language and equality	On track	N/A	N/A
<b>1D:</b> 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	Identification of local leads to drive work forward	On track	N/A	N/A
<b>1E:</b> During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms	Director of Nursing, Quality and Patient Experience	Staffing structure in post	Behind	<ul style="list-style-type: none"> <li>Recruitment difficulties of call handlers has held the process up, and alternative mechanisms to fill these roles are currently being explored</li> </ul>	

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p>deteriorate</p> <p>5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation</p> <p>6. Offer alternative treatment options if appropriate</p> <p>7. Incorporate review and checking of patient consent</p> <p>This process needs to roll out through 2021/22</p>				<ul style="list-style-type: none"> <li>• Service Delivery Manager, Service Manager and Clinical Responders have been recruited and are in place</li> <li>• Oversight and Steering Group meetings are in place</li> <li>• Once Call Handlers are in place the next phase of implementation can proceed</li> </ul>	
<p><b>1H:</b> By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.</p>	<p>Director of Workforce and OD</p>	<p>Discover' report outlining results of engagement with staff, which will form basis of approach to staff recovery</p>	<p>Completed</p>	<p>N/A</p>	<p>N/A</p>
<p><b>2C:</b> 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 Development and Operational Planning</p>	<p>Engagement work programme to support the delivery of key Planning Objectives</p>	<p>Completed</p>	<p>N/A</p>	<p>N/A</p>

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p><b>2E:</b> "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.</p> <p>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. "</p>	Director of Nursing, Quality and Patient Experience	Review of charitable funds expenditure guidance for staff and fund managers and promotion of guidance.	On track	N/A	N/A
		Recruitment of Senior Marketing & Communications Officer	On track	N/A	N/A
<p><b>2G:</b> By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme</p>	Director of Workforce and OD	Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers,	Behind	<ul style="list-style-type: none"> <li>In quarter actions have slipped due to engagement with colleges/schools and current covid arrangements within education.</li> <li>Discussion now recommenced with plan that objective will be delivered in line with existing timescale.</li> </ul>	TBC
<p><b>3A:</b> 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</p>	Director of Finance	Development and launch of the Quality management Framework	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
out to all staff with managerial responsibilities by 31 <sup>st</sup> March 2022.					
<b>3E:</b> 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	Director of Finance	Phase I: Hardware/software will be purchased and the Advanced Analytical Platform will be created and as part of this data will be migrated to the cloud and tested	On track	N/A	N/A
<b>4C:</b> 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	Joint Review of Integrated Locality Plan Template – aligning to the HB “triangle” model and enablers and requirements from the GMS contract to support a single shared plan	On track		
<b>4L:</b> 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	System leaders interviews, key partner and staff focus groups, and public engagement to feed into our understanding of the Social Model	Behind	<ul style="list-style-type: none"> <li>Progress has been made in interviewing system leaders and securing resource to synthesis and report on the feedback.</li> <li>Wider engagement is contingent on the draft discover report being available, and that is subject to the</li> </ul>	Q3

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
				availability of the post graduate resource.	
<p><b>4N:</b> Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals &amp; organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest</p>	Medical Director	New planning objectives to optimise the food system agreed	On track	N/A	N/A
<p><b>5C:</b> 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.</p>	Director of Strategic Development and Operational Planning	Submission of Programme Business Case to Welsh Government	Behind	<p>Actions Completed in Q2</p> <ul style="list-style-type: none"> <li>• Activity Modelling</li> <li>• Confirmation of assumptions</li> <li>• Development of functional content</li> </ul> <p>Next Steps Q3</p> <ul style="list-style-type: none"> <li>• Design development</li> <li>• Capital costing</li> <li>• Financial Modelling</li> <li>• Completion of PBC narrative</li> <li>• PBC Submission to Board</li> </ul>	Q3

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
<p><b>5H:</b> 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.</p> <p>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 -</p> <ol style="list-style-type: none"> <li>1. Increased time spent at home</li> <li>2. Support for self care</li> <li>3. Reduction in hospital admission</li> <li>4. Safe and speedy discharge</li> <li>5. Support for those at the end of life</li> </ol>	Director of Primary Care, Community and Long Term Care	Develop clear set of definitions for each stage of the triangle and common term glossary	On track	N/A	N/A
		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		N/A
		Completion of Integrated Locality Plans – first draft	On track		N/A
<b>5I:</b> Undertake a comprehensive assessment of all Health Board Children & Young People	Director of Operations	Install QBTech to support diagnosis of ADHD	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
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		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 care unscheduled care service model	Director of Primary Care, Community and Long Term Care	'Contact First' ED/MIU dispositions and scheduling, by the end of July 2021	On track	N/A	N/A
		Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021	On track		N/A
		Fully Operational Streaming Hub, by end of July 2021	On track		N/A
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	Medical Director	Development and approval of an Effective Clinical Practice Strategy	Behind	<ul style="list-style-type: none"> <li>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 have</li> </ul>	Q3

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
				<p>been analysed and developed into themes.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Publication of the Welsh Government Quality and Safety Framework needs to be reflected upon, especially in relation to how this Planning</li> </ul>	
<p><b>5L:</b> Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019</p>	<p>Director of Therapies and Health Science</p>	<p>Implement public facing self-screening: Develop self-screening QR code and associated website to host self-screening, information &amp; dietetic helpline Launch</p>	<p>On track</p>	<p>N/A</p>	<p>N/A</p>

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
		Monitor response & impact Learn from & evolve			
<b>5P:</b> 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	Sign off final report, Presentation to the Regional Commissioning Programme Group	On track	N/A	N/A
<b>5Q:</b> 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	Commencement of Interface Asthma Specialist Nurses	On track	N/A	N/A
<b>6D:</b> 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	Refine and re-develop the VBHC Programme Plan, identifying key pathway areas to engage with.	Completed	N/A	N/A
		Development of individual project plans in conjunction with clinical and operational leads, with clear milestones and objectives.	On track	N/A	N/A
		Development of a work plan for the roll out of TDABC by the Finance Value Team	Completed	N/A	N/A
		Liaise with the Communications department to publicise work ongoing in target areas, and to signpost to resources and contact points for the VBHC team.	Completed	N/A	N/A
		Development of Cardiology VBHC case study and	Completed	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
		reference materials to illustrate the impact of VBHC.			
		Collaboration with VBHC teams regionally and nationally to ensure that good practice is shared.	On track	N/A	N/A
		Development of a Value Based Healthcare Clinical Leadership Group	Behind	Development of dedicated VBHC Clinical Leadership Group has been delayed due to unavailability of key personnel. Clinical engagement currently being undertaken on a service by service basis with the formation of the formal Clinical Leadership Group now planned for Q4.	Q4
		VBHC team to develop individual PADR objectives and actions that are linked with the team objectives and action plan.	Completed	N/A	N/A
<b>6E:</b> Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians that could also be offered to partners	Medical Director	Delivery of second cohort of the 'Bringing Value to Life' Education Programme	Completed	N/A	N/A
		Review and development of the programme as a commercial offering	On track	N/A	N/A
		Development of online case materials and access to resources and VBHC expertise	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><b>6F:</b> Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.</p>	Medical Director	Collaboration with VBHC and teams regionally and nationally to ensure that good practice is shared	On track	N/A	N/A
		Development of individual project plans in conjunction with clinical and operational leads, with clear milestones and objectives.	On track		N/A
<p><b>6G:</b> To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.</p>	Director of Strategic Development and Operational Planning	Engage with WG Energy Services to identify Decarbonisation opportunities on each asset owned by the Health Board (Buildings & Transport)	On track	N/A	N/A
<p><b>6H:</b> 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"> <li>- Length and degree of fragility</li> <li>- Opportunities for local sourcing in support of the foundational economy</li> <li>- Carbon footprint</li> <li>- Opportunities to eliminate single use plastics and waste</li> </ul> <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	Input into local economic impacts, and impact of individual treatments at patient level, to gain better understanding of overall economic impact of health care expenditure	On track	N/A	N/A
<p><b>Gold Command Requirement #5:</b> To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to</p>	Director of Operations	Progress regional cataract solutions	Behind		

<b>Planning Objective</b>	<b>Executive Lead</b>	<b>Action</b>	<b>Current Status</b>	<b>If Behind Mitigating Actions / Explanation / Comments</b>	<b>If Behind Revised Quarter to be completed by</b>
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.					

## Annex 2: Quarter 3 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
<p>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.</p>	<p>Director of Nursing, Quality and Patient Experience</p>	<p>Develop a marketing and communications plan for the charity</p>
<p>1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public &amp; 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</p>	<p>Director of Workforce and OD</p>	<p>Roll out customer service training to priority groups &amp; incorporate into blended induction programme.</p>
<p>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:</p> <ol style="list-style-type: none"> <li>1. the way the Health Board recruits new staff and provides induction;</li> <li>2. all existing HR policies;</li> <li>3. the way in which employee relation matters are managed and</li> <li>4. equitable access to training and the Health Board's staff wellbeing services.</li> </ol> <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	<p>Director of Workforce and OD</p>	<p><b>Policy review:</b> research of best practice, agree programme for policy review, and review any pay or non-pay resource implications of proposed changes</p>
<p>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.</p>	<p>Director of Workforce and OD</p>	<p>Development Programme designed and planned for new OD Relationship Managers</p>
<p>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</p>	<p>Medical Director</p>	<p>Undertake service reviews of three major condition areas to inform service development through the planning process</p>

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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	Children and Young people's working group to identify the key priorities to inform a plan for delivery in 2022/2023.
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
		Develop a system for reporting Use PROMS and PREMS to evaluate service
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
		Older Adult Mental Health: Home-for-Life Care Home Design Pilot will commence with Carmarthenshire Local Authority and Long-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."

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		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>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 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>	Director of Nursing, Quality and Patient Experience	<p>Scope of existing telephone system infrastructure risks and implement plan to address and mitigate risks and functionality</p> <p>Agree and secure resources staffing model for operational management of the Communication Hub</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>
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
<p>3A+3F:            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<sup>st</sup> March 2022.            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.            Agree the ambition and interim steps for each primary measure</p>

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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	Medical Director	Development of underpinning processes and systems to support delivery of Strategy
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). 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	Medical Director	Develop and implement a tool for undertaking a research impact assessment to determine which studies we will support
		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
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	Medical Director	Planning and delivery of third cohort
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	Director of Finance	Phase II: Will stand up a temporary platform in the Cloud to be used for day to day operations
		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;
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	Phase III (a) - Products are available to, and accepted by key stakeholders using “user acceptance testing
		Phase IV: All employees will receive training on the Advanced Analytical Platform

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<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"> <li>- Length and degree of fragility</li> <li>- Opportunities for local sourcing in support of the foundational economy</li> <li>- Carbon footprint</li> <li>- Opportunities to eliminate single use plastics and waste</li> </ul> <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
		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
		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