	GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 February 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance Lee Davies, Director of Strategy and Planning Phil Kloer, Medical Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation A revised set of Planning Objectives has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2022/25 that set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years. Each of the Planning Objectives has an Executive Lead and this paper is to provide the Sustainable Resources Committee (SRC) with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the following Directors that are aligned to this Committee, for onward assurance to the Board: • Director of Finance • Director of Strategy and Planning • Medical Director
Cefndir / Background This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to the Sustainable Resources Committee.
Asesiad / Assessment The document, attached at Appendix 1, provides an update on each of the Planning Objectives aligned to the Sustainable Resources 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'
3E	Director of Finance	On-track	Not Applicable (N/A)
5M		On-track	N/A
5R		On-track	N/A
6B		Complete	N/A
6H		On-track	N/A
6I		Complete	N/A
6L		On-track	N/A
6M		On-track	N/A
6N		On-track	N/A
6G	Director of Strategic Developments and Operational Planning	On-track	N/A
6D	Medical Director	On-track	N/A

Argymhelliad / Recommendation

The Committee is requested to receive assurance on the current position in regard to the progress of the Planning Objectives aligned to the Sustainable Resources Committee, in order to provide onward assurance to 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:	5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	6B Value improvement and income opportunity 6F VBHC costing programme 6G_22 Decarbonisation and green initiatives plan 6I_22 Cyber Security Framework
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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 *Discover* 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 Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources 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:	Any issues are identified in the report

Workforce:	
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 Sustainable Resources Committee as of February 2023

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date	• 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
3E	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day to day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025	Director of Finance	31/3/2023	On-track	This PO was previously reported through SDODC • The Data Science Platform performing advanced analytics is available for use. Applications that perform Time Series Analysis, Forecasting, SPC and Flow Visualisation are available in the Data Science Platform. • The Time Series Analysis Application provides functionality for the deep dive examination of ED Attendance, Admissions, Bed Occupancy and Discharge data. The next data set to be added will be Average Length of Stay. The addition and growth of datasets (which all span several years) has resulted in the need for performance to be addressed. The application will shortly be updated with better loading speeds to maintain a high degree of useability. • A GIS (Geographic Information System) mapping application has been incorporated into the Data Science Platform. ED Attendance and Admissions can be visualised on a map, along with deprivation indicators. Performance enhancements are ready to deploy as the mapping visuals previously took a while to load due to the mapping complexity. It is now easy to show ED attendance and Admission on a geographical area and compare with deprivation indices. Shortly datasets detailing specific cohorts (e.g. diabetes, COPD, heart disease, frailty) will be shown geographically and can be compared with other existing datasets, to possibility facilitate interventions.

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					• The Flow Visualiser Application can currently animate ED Attendance and Admission flow captured from WPAS. Bed Occupancy data will next be added to this application to help better understand barriers to flow. • General work has been undertaken on the platform to increase performance, stability and robustness of infrastructure. • Started to incorporate RAP (Reproducible Analytical Pipelines) principles into the development cycle of the work. Analysis is reproducible when it reliably returns the same results using the same methods from the same data - this is often not the case when third party propriety software is relied upon. The Data Science Platform is built using Open Source software and has just begun to implement Open Source version control to further the uptake of RAP principles. • Work is continuing with social care to embed NHS number within their core demographic system, to allow matching of patients / citizens within both systems.
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).	Director of Finance	31/3/2025	On-track	**Electronic Health record** – • Project team has commenced process mapping/baselining of current processes within the Medical Records has been ongoing • First ingestion of records to begin 13th February 2023 **Electronic Prescribing and Medicines Administration (ePMA) –** • As of January 2023, the National Digital Health and Care Wales (DHCW) Programme Board has now transitioned to

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					facilitating/communities of practice and information sharing in their supporting role of local health board teams. • The national research undertaken by the Centre for Digital Public Services has now been completed and feedback provided • An ePMA Steering Group has been established with the first Steering Group meeting held on the 09/01/23 • The first meeting regarding formalising the Procurement Subgroup has taken place with a draft Terms of Reference having been drawn up. • The recruitment of the core team progressing. • Project governance established **EyeCare Digitisation –** • Eyecare digitisation has been delayed at national level due to issues around scalability identified with OpenEyes product. • User Acceptance Testing (UAT) v6.4 has not been signed-off yet due to some critical items still outstanding. However anticipated go-live with one clinic in March 2023 • New project manager appointed and reengagement with national team and service commenced **Radiology electronic test requesting –** • Gynaecology Clinical Lead identified and active with Radiology E-Requesting • Wider Gynaecology workforce scheduled to go live with Radiology E-Requesting from 31st January.

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					• Respiratory registrars and juniors are now live using Radiology e-requesting and accessing requests under SRC team • Services/Specialties have been reprioritised in order to focus on cancer services **Results Notification –** • OPD at Prince Philip main focus to switch off paper • Rheumatology consultants and CNS from both Prince Philip and Withybush Hospitals are now active with Registered Nurses (RN) • Plans to improve adoption of ETR with Bronglais to enable rheumatology consultant to become active with both ETR and RN – • Approval process in discussion for Advanced Pharmacists to have clearance for signing off results **Welsh Intensive Care Information System (WICIS)** • At the National level the project has encountered problems, with the initial implementation of WICIS at the Grange Hospital in Aneurin Bevan University Health Board being delayed. DHCW have indicated that Go-live at the Grange is unlikely to be this financial year
5R	In response to the recently signed Digital Inclusion Charter, by March 2023 develop a digital inclusion programme which will provide a coordinated approach to digital inclusion across the Health Board and its wider partners for the local population. The programme will recognise the	Director of Finance	31/3/2023	On-track	• The Health Board has subsequently signed the Digital Inclusion Charter for Wales and were accredited in September 2022 having successfully demonstrated its commitment to implementing the Digital Inclusion Charter principles. The Health Board will continue to work with communities co-produce digital services with patients, ensuring that all patient, service users, and carer voices

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	continuously changing role digital technology plays in the lives of individuals and society as a whole				• help shape the work to ensure it delivers the maximum possible value to the community. • Official Launch event for Digital Inclusion booked for 14th February 2023. • SMART Partnership Funding Application for regional digital divide research completed and submitted to WG. • Initial meeting held with Specialist Palliative Care Unit in PPH • Health Board has been accepted onto the Digital Inclusion Alliance for Wales
6B	By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based om the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought. In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC approaches to budgetary decision making and resource allocation.	Director of Finance	31/6/2022	Complete	• Whilst Targeting Operating Model objectives are in progress, work here concluded as a first phase and an update for the 2023/24 planning cycle has been undertaken. • Opportunities that supported the previous route-map to financial sustainability were reviewed and refined with Executive leads. • An investigation into the operational drivers of deficit growth over the past two years concluded ('matrix'). • Areas of waste and inefficiency identified through these two sources generated Executive led Programme of Change projects, which include: Transforming Urgent and Emergency Care, Integrated Locality Planning, Nurse Stabilisation, Alternative Care, FLOs and CHC. • In the past quarter a refreshed review of opportunities from benchmarking data has taken place and been shared, as part of 2023/24 planning cycle. Including refreshed guidance outlining the organisational process to move from waste and variation to savings delivery,

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					supported by the existing 3Ds framework [Discover (then Define), Design, Deliver]. With respect to the second element – this is on-track • Work continues in parallel with overall VBHC programme. Requesting early invitation to each new project, to discuss offering and jointly decide whether resource measurement is required. For example, an evaluation of Lymphoedema has concluded in this quarter. • Around this, broader operational requests for resource modelling are evaluated within same framework and approach. For example financial support to an oral nutritional intervention project has commenced in this quarter.
6D	Implement the three objectives and associated actions contained within the VBHC plan (2022-25), including the routine capture of PROMs within the majority of our service areas, the delivery of an education programme, and a bespoke programme of research and innovation'	Medical Director	31/3/2024	On-track	• Please see separate report under agenda item 3.2. Deep Dive: Value Based Health Care
6G	By first quarter 2022/23 develop and seek Board endorsement for a strategic roadmap to respond to the Welsh Government ambition for NHS Wales to contribute towards a public sector wide net zero target by 2030. The Health Board will set out a work programme and implement this plan to meet the targets established in the NHS Wales Decarbonisation Strategic	Director of Strategic Developments and Operational Planning	30/6/2022	On-track	• Board paper submitted and endorsed on the 29th September 2022 to seek approval to the Delivery Plan and to take assurance from progress on Decarbonisation in line with Planning Objective and WG reporting requirements; • Task Force Group updating Delivery Plan on progress up to end of Quarter 3, for review at February meeting;

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	Delivery Plan in the areas of carbon management, buildings, transport, procurement, estate planning and land use, and its approach to healthcare including promoting clinical sustainability. Where feasible through the opportunities presented via the Health Boards transformation journey it will look to exceed targets and establish best practice models and pilots, as exemplars for the NHS and wider public sector. The overall aim will be to reduce the Health Board's carbon footprint by at least 34% by 2030 to support the wider public sector ambition to address the climate emergency.				• Update on actions being progressed by Health Board included in the committee update report to SRC (February 2023)
6H	By March 2023 develop a Social Value that outlines our collective ambition and vision for Social Value, incorporating a clear action plan and measures for progress. An umbrella strategy comprising: • Social Value (Intelligence): determine the communities which have the greatest need(s) and co-ordinate efforts across the Health Board • Public Health (Intelligence): assess the assets within those communities, develop high impact proposals and encourage delivery within those communities	Director of Finance	31/3/2023	On-track	• Centre for Local Economic Studies ("CLES") are continuing to work on baselining current Hywel Dda position, in areas such as procurement spend undertaken with local suppliers and other supply chain analysis, current CO2 management strategies versus desired reductions, local wealth creation etc. • Social Value (SV) Portal currently being used to record target and actual improvements in social value in respect of new contract activity • Further projects being identified (eg recruitment activity) to capture further SV activity, and quantify for reporting purposes • Nest steps will be to regroup once initial baselining has been completed and published, and identify further specific projects to work on capturing SV measures for, as

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	• Procurement: local sourcing in support of the foundational economy • Workforce: supporting those from our most deprived communities • Facilities & Estates (Carbon): measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures • Facilities & Estates (Physical Assets): extracting social value from our physical estate through initiatives spanning usage, maintenance, design and build By August 2022 establishing a Social Value Community of Practice to provide a focus and momentum for delivery across these delegated workstreams.				well as wider dissemination of the concepts throughout the Health Board. • Finally, it is intended that local authority and large employer organisations will be contacted to form a community of practice across the local area
6I	By March 2022 establish an interim budget for 2022/23 which supports the planning objectives contained in the Health Board's interim plan for 2022/23. This budget will include identification of the required savings requirements and opportunities to achieve the Health Boards agreed financial plan as well as their application to the relevant budgets for each director.	Director of Finance	30/9/2022	Complete	• No update required as this PO was noted as being complete at the SRC meeting in December 2022
6L	Coordinate an ongoing balanced approach to how resources are used and invested and dis-invested in, to achieve workforce, clinical service and financial sustainability	Director of Finance	31/3/2023	On-track	• There was a Directorate monthly Use of Resource (UoR) meeting throughout 2022 having been implemented as part of this objective, which has now been superseded with the combined Improving Together structure from

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	• Chair the Use of Resources leadership group to facilitate balanced decision making, providing a summary update into the Sustainable Use of Resources committee as appropriate. • Continually deliver effective executive partnering from the finance function to achieve clarity on resource utilisation, investment and dis-investment appraisals, including the shift of resources across services to achieve our strategic objectives. • Develop and implement a single revenue investment approach pan Health Board, and instil it within pre-existing governance forums and procedures, ensuring summary financial appraisals are consistently and clearing described, including the appropriate finance business partnering sign-off. • Implement a monthly management information suite to drive organisational financial discipline for across all revenue implications, namely, Savings and Opportunities realisation, investment and dis-investment schedules and funding streams.				January 2023 onwards, to better correlate the balance of resources with performance and quality and safety. • Each Improving Together session has an accompanying information pack, which sets out a multitude of pertinent information around the Year-to-Date position and the Forecast Outturn (FoT). • The packs also contain salient information including cost drivers, risks, mitigations and horizon scanning. • It is anticipated that this will continue to evolve with a novation and greater focus on activity, performance and quality outcomes, from the original UoR meetings. • Business Partners, through their business conversations are proactively working to identify opportunities with operational leads to ensure all areas of opportunity are considered and realised wherever possible. • Recognising FY23 is very challenging, further Annual Plan deep dive meetings are being undertaken in January and February 2023 to also focused on the financial challenges and opportunities in FY24. The purpose of this approach is to horizon scan and implement any changes that support service provision and configuration whilst maximising financial sustainability . • The Business Partners as part of their business meetings are proactively working with their operational colleagues to consider the extant resources and their utilisation. The next step is to consider whether there is an opportunity to decommission and/or reinvest as required.

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6M	Develop a refreshed Cyber Security Framework by March 2022 and supporting timelines and actions to protecting Health Board information, ensuring confidentiality, integrity of assets and data and availability. Key elements of this framework will be: • refreshing the information assets register and ensuring that business critical assets are kept secure at all times • identifying the threats and risks (Routine Cyber Security Penetration Testing); • identifying the safeguards that should be put into place to deal with these threats and risks; • monitoring the safeguards and assets to manage security breaches (Cyber Security Framework); • responding to cyber security issues as they occur, and; • updating and adjusting safeguards in response to changes in assets, threats and risks.	Director of Finance	31/3/2023	On-track	• Cyber Security programme continues to work towards compliance with the Network & Information System Regulations (NIS-R) • Cyber Security Assurance Group now meeting monthly and reporting into the Information Governance Sub-Committee. • A positive development is that intersectionality of all 14 workstreams results in faster progress than initially inspective. Activity in one area often results in progress against another target in another.
6N	By March 2023 develop an initial intelligent automation plan which combines robotic process automation technology, AI and natural language processing to streamline data collection and integration.	Director of Finance	31/3/2023	On-track	• Our target is by 2025 to release 50,000 hours of time back into the organisation. • **Workforce automation**. Hywel Dda are working with Northampton Hospital Trust (RPA Centre of Excellence) to document two Workforce process and automate one of these. The first process to be considered is the

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					automating the training records into ESR. The recording of training courses and the attendance at the courses to ensure an accurate record is kept so staff training attendance is captured in a timely manner, this is important when specific courses are a pre-requisite of a staff member being able to work in a certain area of the business. Estimated capacity release 2 FTE. • **Finance automation**. This is Percentage of Completion (POC) is the automation of 2 processes within the finance team. Firstly, the request to raise a bill. The process exists because invoices need to be raised to customers. Request to Raise Bill (RRB) Excel forms are (mostly) sent as attachments in an email to a shared inbox. Sometimes these can be pdfs, some can also be sent directly to the Finance team. Overall, digitising the information mapped, this process would be expected to save around 0.35 FTE per year. It is relatively simple and highly suitable for automation. It would be an ideal process for a first foray into automation. • During a number of workshops, a further 17 potential processes have been identified, and the digital team working with the suppliers are developing scopes to process maps to assess the return on investment.