



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Medical Director and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield, Head of Value Based Healthcare Dr Leighton Phillips, Director of Research, Innovation and University Partnerships

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is being brought to the Sustainable Resources Committee to provide an update on progress with the plan for delivering 'Our Approach to Value Based Health Care' for 2022/25, which has been developed in line with Planning Objective 6D. Planning objective 6D describes the routine capture of Patient Reported Outcome Measures (PROMs) within the majority of service areas, the delivery of an education programme and a bespoke programme of research and innovation.

The Committee is asked to review the progress that has been made on planning objective 6D and to take assurance from this report.

Cefndir / Background

Value Based Health Care (VBHC) is about making sure all that we do, including the way we use resources, focuses on improving health outcomes. The Sustainable Resources Committee has previously received and endorsed the document 'Our Approach to Value Based Health Care, 2022-2025' that describes the strategy and approach to applying VBHC and Prudent Healthcare principles throughout Hywel Dda University Health Board (HDdUHB). This document, attached for information at Appendix 1, is structured around three primary goals:

1. Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.
2. Develop the knowledge and skills of our staff to put the theory of VBHC into practice.
3. Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

The first goal is primarily focused on delivery and ensuring that patient outcomes routinely form the basis of decisions between patients and staff. The second and third goals are enabling in

nature, aimed at supporting and facilitating the delivery of value led initiatives through the delivery of education and cultural change and the linkages with innovation and research as a driver for service improvement.

An annual VBHC Delivery Plan, attached at Appendix 2, has been developed to ensure that these goals are met. This assessment section reports plans and progress against the three major VBHC goals for 2022/23. It should be noted that there has been substantial delivery progress predating this plan, which is not reported within this document.

Asesiad / Assessment

Contained below is a summary of the three primary VBHC goals and the Health Board's current position against them:

Goal 1 – Invest in the Systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.

The plan for delivering the first goal involves the VBHC team supporting service areas to:

- routinely collect PROMs;
- utilise those PROMs in day-to-day clinical decisions through the creation of dashboards (an example will be briefly presented to the SRC);
- systematically understand where services could be organised differently to ensure that resources are being utilised to optimise patient outcomes; and
- deliver change to this end.

Appendix 3 highlights the VBHC Programme Plan for 2022/23, with key highlights by March 2023 including:

- PROMs being routinely collected in 32 service areas;
- Visualisation dashboards created for 11 services areas and informing day to day clinical decisions;
- Service Reviews completed for 8 areas;
- Changes implemented off the back of service reviews for 7 areas, supported by the Welsh Government's allocation to HDdUHB of £1.9m for a VBHC change investment fund.

Goal 2 – Develop the knowledge and skills of our staff to put the theory of VBHC into practice.

The plan for delivering the second goal is based upon the delivery of the highly regarded 'Bringing Value to Life' education programme. In developing this unique educational offering, staff are equipped with the knowledge and skills to improve services through the lens of value. In doing this, the aspiration is to shift the culture of the organisation such that all developments and reviews are considered with VBHC in mind.

To date, three education programme cohorts, totalling around 150 participants, have been successfully completed, with plans to develop and deliver a complementary Advanced Practitioner Programme commencing in September 2022, culminating in the practical delivery of VBHC projects with fully worked up case studies by March 2023.

Goal 3 – Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with a demonstrable potential to securing them.

The 2022/23 plan for delivering the third goal, contained within Appendix 2, will involve:

- The TriTech Institute and Research and Development overseeing a minimum of 7 collaborations with industry to understand the VBHC business case for technologies in fields and areas including Chronic Pain, Cardiology, Autism, COPD, and Frailty.
- The establishment of a new evidence centre with Betsi Cadwaladr University Health Board, Powys Teaching Health Board, and Aberystwyth University to maximise the economic impacts associated with pursuing a VBHC approach;
- Support for at least three individuals to pursue research and innovation relating to the advancement of VBHC, including through the Bevan Exemplars programme.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to take assurance from the plan to deliver the goals contained with the document 'Our Approach to Value Based Healthcare'.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F).
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 Cynllunio Planning Objectives	6D_22 Value Based Healthcare and Patient Reported Outcome Programme
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:	Annual Report of the Chief Medical Officer 2018/19
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to Sustainable Resources Committee:	Finance Committee VBHC Management Group VBHC Strategic Enabling Group National Value in Health Community of Practice

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A VBHC Business Case has been submitted and approved by the Finance Committee to support the implementation of a comprehensive VBHC Programme. In addition to this Business Case, project plans are being constructed for individual services and pathway areas. These plans culminate in a Service Review process that considers the resources consumed in delivering services against the outcomes achieved by patients. The insights and proposed changes may impact all elements of a service both in pay and non pay and are built upon the principles of Prudent Healthcare.
Ansawdd / Gofal Claf: Quality / Patient Care:	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	Individual teams and resources are considered as a part of the VBHC review of services, but recommendations are owned by service areas.
Risg: Risk:	VBHC Programme risk assessment has been completed, however individual project areas are subject to their own project structures with risk assessment being an integral component.
Cyfreithiol: Legal:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.

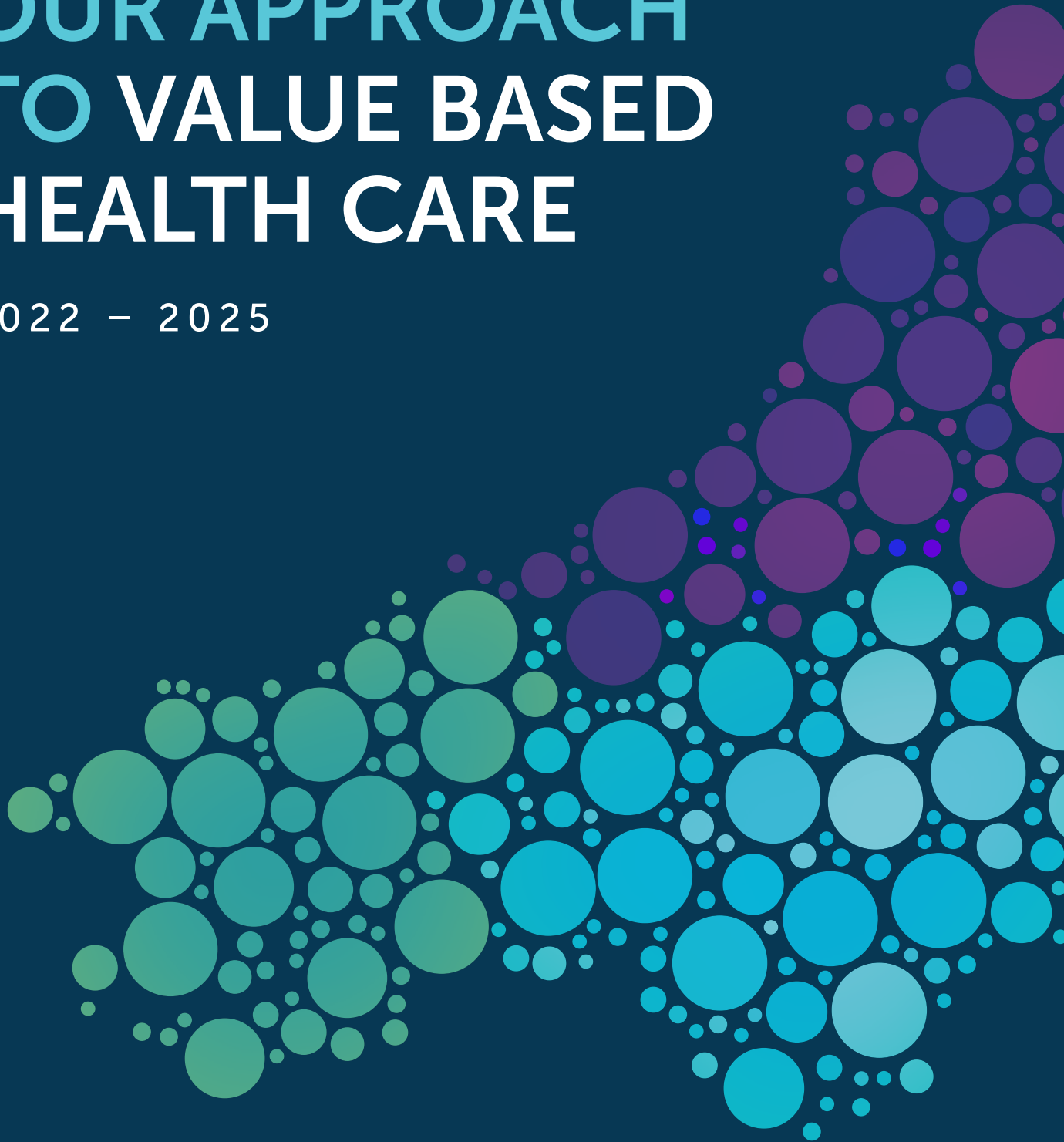


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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

OUR APPROACH TO VALUE BASED HEALTH CARE

2022 – 2025



SUPPORTING THE DELIVERY OF
A HEALTHIER MID AND WEST WALES

The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places Value Based Health Care at the heart of all that it does.

Foreword

In its simplest form, Value Based Health Care (VBHC) is about making sure all that we do, including the way we use resources, focuses on improving health outcomes.

While Hywel Dda University Health Board strives to deliver this goal, there are still too many examples where resources could be better utilised to improve health outcomes. VBHC provides a framework to systematically challenge our current approach and introduce change.

VBHC is simple to define but considerably more challenging to put into practice. There are many reasons for this. We do not routinely capture what matters most to our patients through our systems. It is hard to find time to question how services are organised, particularly when confronted with the increasing number of patients waiting for care, a situation that has worsened throughout the COVID pandemic. Moreover, it can be difficult to innovate and think differently, working with our partners to identify the wider societal benefits of pursuing a VBHC approach.

Despite these challenges, there are grounds for optimism. Over the past two years, we have established a VBHC programme to help provide teams across Hywel Dda University Health Board with the tools, knowledge, and headspace to advance VBHC. In a number of service areas, there has been considerable progress in capturing and using outcomes and resource utilisation data to bring about improvements, supported by advancements in our digital capabilities.

Supported by the National Value in Health Team, we were one of the first NHS organisations to run a case-based education programme for our staff, and our approach to VBHC Research and Innovation is attracting significant attention and investment, including the recent development of the TriTech Institute.

The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places a VBHC approach at the heart of all that it does. In the Autumn of 2020, Hywel Dda University Health Board agreed planning objectives, which encompass the development of capability for the routine capture of Patient Reported Outcome and Patient Reported Experience Measures in all areas of focus, the design and implementation of a focused and practical VBHC education programme and the implementation of a robust pathway costing programme.

Together these planning objectives will support an acceleration of our VBHC programme over the next three years and are set against the vision and goals described within this document.

Dr Philip Kloer

Executive Medical Director
and Deputy CEO



Huw Thomas

Executive Director of Finance



Background

There is extensive literature defining VBHC, which is summarised at the end of this document, alongside other useful papers and reports describing what other health care systems are doing to make it a reality. There is also a comprehensive national plan for Prudent Healthcare and VBHC in Wales, setting out a programme of activities put in place by the Welsh Government to help the Welsh NHS implement VBHC. In 2019, Hywel Dda University Health Board initiated a programme of work set against the national VBHC plan. Good progress has been made, particularly considering the additional pressures the system has faced over the past few years. The advancements have included better understanding outcomes and resource utilisation in several service areas as a basis for change; delivering two case based education programmes; and recalibrating our research and innovation strategy to understand how to make VBHC happen.

Our early progress was recognised and in 2020; the Welsh Government and University Health Board committed to increase the scale and pace of delivery of the programme. This document summarises our progress and sets out the next steps of the journey.

Our approach to public value recognises that Hywel Dda University Health Board can work with its partners to make a significant contribution to whether people are flourishing, enjoying their lives, and feeling happy and healthy.

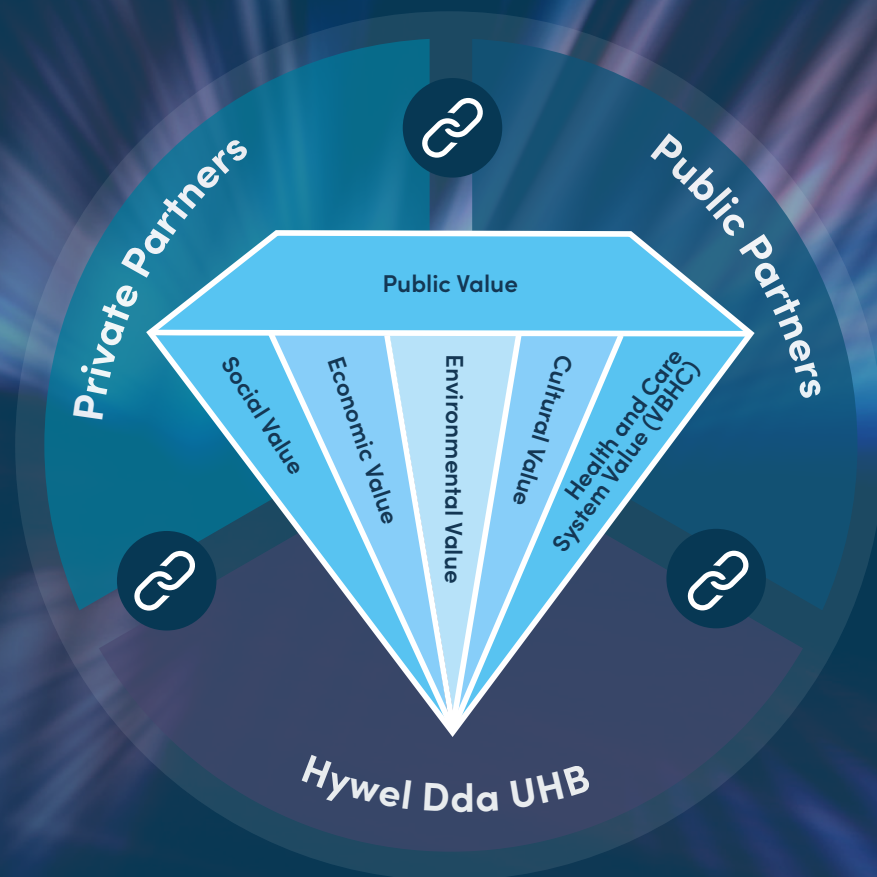
Public Value and Value Based Health Care

Our approach to Value Based Health Care is situated within a wider public value framework. Public value is about ensuring that we are taking steps to understand what matters most to people and are maximising the use of our resources to make a positive contribution to deliver those things. In other words, it is a way of ensuring our plans, activities, and actions make the greatest contribution to society, the economy and the natural environment.

Our approach to public value recognises that Hywel Dda University Health Board can work with its partners to make a significant contribution to whether people are flourishing, enjoying their lives, and feeling happy and healthy. This might include people feeling a sense of community, enjoying good mental and physical

health, having rewarding employment and incomes, and being satisfied that the natural environment is protected for future generations. Our public value framework is set out with the context of the Well-being of Future Generations (Wales) Act 2015, and the University Health Board's 'A Healthier Mid and West Wales Strategy' (2018). It recognises six interrelated domains of value, as illustrated below and the importance of partnerships in their delivery.

The purpose of this document is to focus on the sixth domain: System Value – Value Based Health Care. This document sets out the steps we are taking to enable our services to routinely focus resources on those outcomes that matter most to people and by doing so make a positive contribution to the other domains.



Vision

We will ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every person. We will realise our vision by delivering the following goals:



Goal 1

INVEST IN SYSTEMS AND PROCESSES TO ENABLE OUR STAFF TO UTILISE PATIENT REPORTED OUTCOMES AND RESOURCE UTILISATION DATA IN PLANNING, ORGANISING AND DELIVERING HEALTHCARE

Why this is important

Planning and delivering services based on the outcomes that matter most to people requires the routine capture and utilisation of Patient Reported Outcome Measures (PROMs) and detailed information about how services are organised and what they cost (i.e. how resources are utilised). Collecting and understanding this information not only allows patients and clinicians to agree a plan most likely to improve outcomes but also assists those responsible for planning and organising services to put in place measures to ensure this happens routinely.

Despite this being a widely accepted ambition of clinical teams, patients and managers, the availability of PROMs and information on resource utilisation for key disease and service areas remains limited. This will be very important as we recover from the pandemic. There are several reasons for this, including: the adequacy and interoperability of digital tools to capture PROMs; the ability to visualise PROMs real time within clinical systems; and the accepted challenges associated with introducing changes within large and complex organisations.

To deliver this goal:

- We are providing the necessary systems and support for service teams to capture PROMs and understand resource utilisation, including:
 - » Entering a three-year enterprise agreement with DrDoctor, as our main supplier of a PROM and Patient Reported Experience Measure (PREM) capture system, ready for rapid team deployment. We continue to work with other suppliers and stand ready to integrate with national solutions as they become available;
 - » Providing service areas with process mapping and service costing expertise to understand current care pathways, resource utilisation, and the changes that might bring about improved patient outcomes;
 - » Contextualising national PROM and resourcing intelligence so that it is relevant to those tasked with introducing local changes within the Hywel Dda University Health Board; and
 - » Assessing whether there is a more effective way of collecting and interpreting PROM and PREM data.

To deliver this goal continued:

- We are investing in analytical and visualisation capacity so that staff can interpret and apply outcome and resourcing data in real time service delivery, including:
 - » Working closely with Informatics colleagues to consolidate the data collected for specific service areas and pathways;
 - » Collaborating with clinical teams and industry experts to develop visualisation dashboards that are intuitive and can be used to inform real time care decisions; and
 - » Analysing time series data to develop insights to inform how healthcare can best be organised.
- We are working alongside service and clinical colleagues to identify how our resources might be better deployed to secure improved patient outcomes, including:
 - » Utilising a service review mechanism to support the presentation of VBHC insights and data to service and clinical leads;
 - » Supporting the development and implementation of action plans in response to the service reviews; and
 - » Acting as a critical and trusted friend to services in order to ensure that the actions implemented following the service review lead to their intended effects. This will be advanced in the context of our Improving Together programme and associated quality improvement approach (eg The Enabling Quality Improvement in Practice (EQliP) Programme and the support offered by the Organisational Development Team).



Goal 2

DEVELOP THE KNOWLEDGE AND SKILLS OF OUR STAFF TO PUT THE THEORY OF VBHC INTO PRACTICE

Why this is important

The implementation of VBHC at the proposed scale will require a critical mass of staff with the knowledge, networks and persistence to ensure the outcomes that matter most to people become a widespread and consistent feature of decision making within Hywel Dda University Health Board. Making VBHC a reality will require staff from a range of professions, operating at different levels of seniority, to understand the theory and have a good grounding of the techniques required to implement it in their day jobs. Case-based approaches to teaching VBHC have consistently proved effective in giving a sound theoretical overview as well as practical insight into how to introduce change.

Unfortunately, there are few case based courses available for staff of all levels to learn about and apply VBHC. Most offerings focus on executives and are too expensive to provide an education opportunity for most staff. While the VBHC Intensive Learning Academy is starting to change this, it will not deliver at the scale required to educate the staff volume we require to match our delivery ambitions. We favour a course co-designed with strong academic and wider system partners but delivered in house. This will enable us to identify staff we can continue to work with and support as they apply their learning outcomes in practice. We therefore see education as having a clear and direct connection with improved delivery.

To deliver this goal:

- We have developed an impactful and practical course called 'Bringing Value to Life', which uses case studies from within Wales and internationally to teach VBHC to professionals at all levels and across the Health and Social Care system. Our progress and plans include:
 - » The delivery of two Bringing Value to Life educational courses (one virtual and one face-to-face), educating 100 staff in the principles and practice of VBHC. We strive to continue to teach 100 staff per year over the life of the programme;
 - » A third course to take place early in 2022, in support of the Mid Wales Health Care Collaborative, with a focus on delivering VBHC in rural communities; and
 - » Ongoing collaboration with NHS Wales colleagues and academic institutions, including the VBHC Intensive Learning Academy, to ensure synergies with national programmes are maximised, and offering our staff the opportunity to develop constructive networks with staff from other healthcare systems.

To deliver this goal continued:

- We will equip staff with the knowledge and skills to improve services by looking through a VBHC lens and develop an expert faculty drawn from an increasing body of evidence and case studies. Progress and plans include:
 - » Developing a community of practice – described as a faculty – formed of staff capable of supporting others to deliver VBHC;
 - » Using the educational programme to grow the faculty year on year, and develop a bank of case studies describing how the implementation of VBHC is happening within Hywel Dda University Health Board; and
 - » As appropriate, enabling our staff to become part of national and international networks, offering cases from Hywel Dda University Health Board but also bringing back practices with the potential for local application.
- We will put in place practical support to ensure that course participants are able to take forward VBHC activities within Hywel Dda University Health Board. Progress and plans include:
 - » The creation of a service review process to formally consider and secure executive support for changes following PROM capture, service mapping, and resource utilisation analysis;
 - » Establishing a group, which will enable clinical leads to share experiences of changing services and demonstrate the practical use of PROM data in clinical settings; and

- » Supporting PDSA cycles using VBHC data to evidence changes in service delivery through the lens of patient outcomes and patient experience.



FEEDBACK FROM EDUCATION PROGRAMME:

“Really good to insist on proper headspace and residential setting, demonstrates how VBHC is valued by the organisation.”

“Excellent programme. I have thoroughly enjoyed it and learnt a great deal. I have also had the opportunity to meet and network with colleagues which has also been so beneficial.”

“I am keen and eager to get started on integrating the principles of VBHC into practice. I hope the team embraces the concept. I think the team would benefit on training as this help identify the willingness to use VBHC approach.”

“Real stories focused approach of learning, a powerful tool to drive CAN DO, HAVE TO!”

“Good mix of theory and real-life and local examples”

Goal 3

ESTABLISH PARTNERSHIPS WITH UNIVERSITIES, INNOVATION AGENCIES, AND COMPANIES TO UNDERSTAND HOW TO OPTIMISE THE WIDER SOCIETAL BENEFITS OF ADOPTING A VBHC APPROACH AND ACCELERATE THE INNOVATIONS WITH DEMONSTRABLE POTENTIAL TO SECURE THEM

Why this is important

The evidence base around what works in delivering VBHC evolves rapidly. It is now widely accepted that adopting a VBHC approach can have wider societal impacts.

We are evolving our core research and innovation activities to both understand these wider impacts and determine plans to harness them. Our research and innovation programme routinely considers the clinical effectiveness and safety of new treatments, technologies and ways of delivering care (referred to here as innovations). This will often be in a highly controlled setting and wider considerations including whether the innovation delivers the outcomes that matter most to people, how staff should implement it, and the resources required to introduce are not considered.

Yet we know these things are critical to whether the innovations achieve the wider, sustainable impacts services strive for. By looking at patient outcomes and resource utilisation, VBHC provides a framework that allows us to assess these things and determine whether to adopt innovations and how to maximise the impact of their introduction. Beyond the direct benefit to Hywel Dda University Health Board, this approach to assessing innovations can also help technology developers commercialise their technologies and bring about local economic benefit.

To deliver this goal:

- We have established a new team to support an increasing portfolio of research, innovation and evaluation projects, and work with industry to test the value case of novel technologies and devices. Progress and plans include:
 - » Establishing a technology innovation centre, with the facilities and team required to assess whether innovations and technologies support the delivery of VBHC;
 - » Establishing 20 meaningful partnerships with industry over the life of this document, focused on real world investigations of the VBHC case for innovations;
 - » Increasing the depth of partnership with universities, through joint appointments and projects, in order to increase the pool of skills and expertise necessary to deliver the objectives set out within this document; and
 - » Establishing partnerships with comparable international healthcare systems who share our pursuit of VBHC.

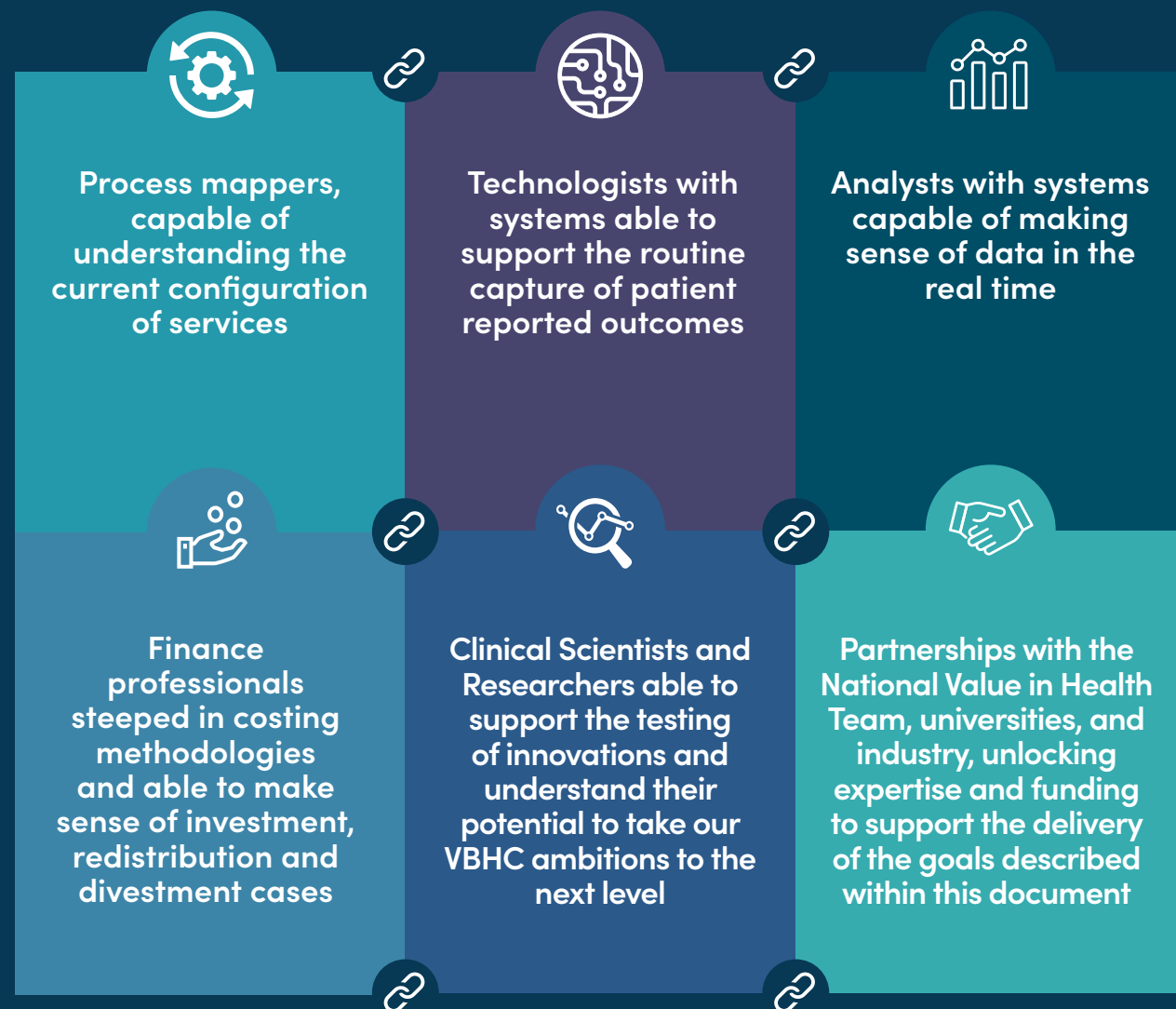
To deliver this goal continued:

- We will form partnerships that generate an evidence base and fresh insights to target our VBHC programme where it will have the greatest impact. Progress and plans include:
 - » Understanding and maximising the wider societal impacts of taking a VBHC approach, through supporting doctoral students at Bangor University;
 - » Working with our partners at Betsi Cadwaladr University Health Board and Powys Teaching Health Board, in supporting a research centre at Aberystwyth University, to develop an evidence base for maximising the economic impacts associated with pursuing a VBHC approach; and
 - » Establishing an academic research group to ensure that our healthcare system continuously utilises the strongest and latest evidence when delivering VBHC driven change.
- We are utilising our Improving Together Adopt and Spread Framework to translate our discoveries into sustainable changes in practice. This framework will allow:
 - » Small, evidence based, and effective VBHC change projects, including those advanced through the Bevan Exemplar programme, to be sustained and scaled up across Hywel Dda University Health Board; and
 - » A clear route for the adoption of discoveries from the Trittech initiative and other innovation programs.



Our Support Team

We have put in place a high quality support team with the commitment, energy and humility to turn words into action.



Want to find out more?

✉ ValueBased.Healthcare@wales.nhs.uk

Further information

A Healthier Mid and West Wales

This is the Hywel Dda University Health Board strategy that will guide us through the next 20 years to support our community to live healthy, joyful lives.

<http://www.wales.nhs.uk/sitesplus/documents/862/HywelDda%20Summary%20Eng%20%283%29.pdf>

National Strategy - Value in Health

Document produced by the Welsh Value in Health Centre describing the strategy for evolving a whole system approach to Value Based Health Care for Wales.

<https://vbhc.nhs.wales/files/our-strategy-to-2024>

What Is Value in Health Care

New England Journal of medicine article describing the principles and objectives of value in relation to health care delivery.

www.nejm.org/doi/pdf/10.1056/NEJMp1011024?articleTools=true

For further information please contact

Value Based Health Care
Dura Park, Yspitty Rd
Bynea, Llanelli
SA14 9TD

✉ ValueBased.Healthcare@wales.nhs.uk



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Delivering the VBHC Strategy 2022-2025

2022/3 Implementation Plan

1. Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare							
1.1 We are providing the necessary systems and support for service teams to capture PROMS and understand resource utilisation.					End of year Progress		
Objective	How will it be achieved?	Lead	Measurement	Delivery Date		RAG	Outcome
1.1.1 Enter a three year enterprise agreement with DrDoctor, as our main supplier of a PROM and PREM capture system, ready for rapid team deployment. We continue to work with other suppliers and stand ready to integrate with national solutions as they become available.	Procurement of DrDoctor completed with review of contract arrangements being undertaken on a periodic basis. Work to be linked with national PREM collection platform, CIVICA as well as other solutions deployed across the Health Board.	SM/CR	Plan in place with relevant measurement on PROM/PREM rollout to diverse areas.	April 2022	Review of contract to be undertaken for final year of Enterprise Agreement.		Contract review discussions held, requires follow up and formal contract change control to be executed. Re-procurement activity to be undertaken cognisant of other systems in use within the Health Board.
1.1.2 Provide service areas with process mapping and service costing expertise to understand current care pathways, resource utilisation, and the changes that might bring about improved patient outcomes.	Develop a live VBHC Programme Plan document that describes areas of active collection as well as those areas where investigative work is being undertaken. Programme plan to identify those areas where there is simple collection and those areas where detailed Service Reviews are to be undertaken.	SM/CR	Programme plan created and reviewed at each VBHC Management Review Meeting.	April 2022	Programme document and associated SBAR produced for review at VBHC Management Team meeting and provided in summary form to Sustainable Resources Committee.		Ongoing review of VBHC Programme Plan at VBHC Management Group Meetings and identification of areas requiring full Service Review approach.
1.1.3. Contextualising national PROM and resourcing intelligence so that it is relevant to those tasked with introducing local changes within the Hywel Dda University Health Board.	Ensure that PROM collection is driven by nationally agreed toolsets or by ICHOM recommendations to ensure that work in Hywel Dda can be compared with work across Wales and internationally.	SM/CR/GB	PROM selection process driven by standardised good practice.	January 2021	Active PROM collections in key areas are being undertaken using standardised assessment tools. This data is being consumed within the Health Board and can be transformed and sent onwards to the National Data Resource for incorporation into national dashboards.		PROM collections currently in line with standard approaches, but work still to be undertaken on transformation of data to pass to NDR.
1.1.4 Assessing whether there is a more effective way of collecting and interpreting PROM and PREM data.	Constant review of PROM and PREM collection solution. Consideration to be made on DSCN and WHC guidance along with regional procurements that are ongoing.	LP/SM	Review at VBHC Management Review meetings	April 2022	Current PROM collection platform agreement is due to expire in March 2023, and work to consider the renewal or replacement must be undertaken over the coming 6 months in order to allow for a seamless service transition.		Current PROM collection mechanisms supportive of VBHC Programme Plan, but consideration must be made to moving out into Primary and Community care as well as Local Authorities and third sector partners.
1.2 We are investing in analytical and visualisation capacity so that staff can interpret and apply outcome and resourcing data in real time service delivery.					End of Year Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	Outcome
1.2.1 Working closely with Informatics colleagues to consolidate the data collected for specific service areas and pathways.	PROM data and operational data for services is being consumed directly from information systems into the Hywel Dda data repository. Microsoft PowerBI dashboards are being created for key services to enable the	CR/GB	Completion of Heart Failure dashboard and rollout plan of subsequent dashboards.	May/June 2022	Heart Failure Power BI dashboard has been created and shared with clinical leads for operational usage in MDT meetings and Heart Failure CNS OPD activity.		Feedback to be collected from Heart Failure clinical colleagues and development of the next dashboard underway in Trauma & Orthopaedics. Roll out plan to include the development of Power BI dashboards

	instantaneous consumption of PROM data by clinicians and patients.						as well as the collection of PROM data and resource utilisation data.
1.2.2 Collaborate with clinical teams and industry experts to develop visualisation dashboards that are intuitive and can be used to inform real time care decisions.	Using Heart Failure as the prototype, working with Clinical Lead as well as with a co-opted visualisation lead and in conjunction with industry experts from the Wales Institute of Digital Information (WIDI) and Health Board Informatics colleagues, have created a Heart Failure visualisation dashboard.	CR/GB	Routine usage of PROM dashboards to aid the co-production of healthcare services and to focus discussion on areas of key concern.	May 2022	The development of the first dashboard has been co-produced by a multidisciplinary team. This approach needs to be streamlined for rapid roll out of subsequent dashboards and visualisation. Informatics analyst teams have also undertaken a statistical review of Heart Failure and Lymphoedema services.		Work to be operationalised and managed through the VBHC Programme Plan
1.2.3 Analysing time series data to develop insights to inform how healthcare can best be organised.	Using longitudinal views of PROM data set, develop predictive models of likely outcomes for patient groups and identification of low and high value pathway interventions.	SM	Though the service review process, time series insights to be presented in support of moving to higher value activities.	November 2022	Some time series data available, but currently in insufficient volumes to use to predict likely outcomes.		Collection to continue and once sufficient data is available, to be used to develop service level insights.
1.3 We are working alongside service and clinical colleagues to identify how our resources might be better deployed to secure improved patient outcomes.					Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	OUTCOME
1.3.1 Utilise Service Review mechanism to support the presentation of VBHC insights and data to service and clinical leads.	Service Review process to be tested and refined, initially in Heart Failure and then into Lymphoedema and Trauma & Orthopaedics. Service changes to be developed into full Value case studies to be used in future Education Programmes.	MJ/SM	Service reviews conducted as indicated by VBHC Programme Plan, leading to meaningful changes to service.	March 2023	Service Reviews to be undertaken in eight areas leading to value led change initiatives being implemented.		Service Review process to be replicated in other service areas
1.3.2 Supporting the development and implementation of action plans in response to the Service Reviews.	Translation of Service Review insights into workable action plans that are owned within the service and underpinned by a benefits realisation plan rooted in the improvements in patient reported outcome measures, while carefully considering resource utilisation.	SM	Action plans developed post Service Review and completion of these in a timely manner.	September 2022	Initial action plans developed for Heart Failure. Detailed plan to be developed for implementation and ongoing measurement.		Action plans to be taken forward for service reviews as they are scheduled.
1.3.3 Acting as a critical and trusted friend to services in order to ensure that the actions implemented following the Service Review lead to their intended effects.	Working alongside service colleagues to ensure that Value driven insights are shared with them and worked into meaningful action plans that are most likely to deliver improved patient outcomes.	MJ/CR/SM	Continued engagement with services throughout process until realisation of benefits and development of case study.	December 2022	Engagement with service areas underway, VBHC input to continue through the full project lifecycle.		Ongoing work rolled forwards.
2. Develop the knowledge and skills of our staff to put the theory of VBHC into practice							
2.1 We have developed an impactful and practical course called 'Bringing Value to Life', which uses case studies from within Wales and internationally to teach VBHC to professionals at all levels and across the Health and Social Care system.					Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	OUTCOME

2.1.1 Delivery of two 'Bringing Value to Life' education courses, educating 100 staff in the principles and practice of VBHC. We strive to continue to teach 100 staff per year over the life of the programme.	Innovative, case based learning education programme developed in conjunction with Sprink Ltd and Swansea University. Initial cohort delivered virtually via MS Teams and second cohort delivered as a residential programme.	SM					
			c. 100 staff trained in the theory and practical application of VBHC. Cohort participants to go on to undertake VBHC projects and develop case studies for future use.	August 2021	Three education programmes successfully delivered, reaching approximately 150 staff members. Good feedback from both virtual and in-person courses.		Develop framework agreement and procure services to support the education programme through to 2025.
2.1.2 A third course has been undertaken in 2022 in support of the Mid Wales Health Care Collaborative, with a focus on delivering VBHC in rural communities.	Further cohort delivered for participants in Hywel Dda, Betsi Cadwaladr and Powys Health Boards. The course was delivered virtually on MS Teams with a focus on the delivery of Diabetes services in rural communities.	MD	c. 50 regional staff trained. Development of links between Health Boards and sharing of initiatives and projects in the delivery of Diabetes services.	March 2022	Regional VBHC education programme successfully delivered with excellent feedback from all organisations. Links made with colleagues across the region on Diabetes services.		Investigate if other Health Boards want to jointly commission a further education programme.
2.1.3 Ongoing collaboration with NHS Wales colleagues and academic institutions including the VBHC Intensive Learning Academy, to ensure synergies with the national programme are maximised, and offering our staff the opportunity to develop constructive networks with staff from other healthcare systems.	Continued working in tandem with ILAs to ensure that the offerings from ILAs and the continued work of the Hywel Dda education programme remain complementary.	LP/SM	Continued evolution of Hywel Dda education programme to make it more delivery focused, building upon a common base knowledge of VBHC.	May 2022	Review of existing education programme and evolution into a more practical offering that takes participants from a point of understanding the theory and application, and making it a reality in their own service areas.		Next iteration of education programme to be more practically focused, leaving ILAs to provide high level VBHC overview. Linkages with existing improvement programmes such as EQIIP to be considered to ensure that there is clarity within the organisation about how to implement service improvement work.
2.2 We will equip staff with the knowledge and skills to improve services by looking through a VBHC lens and develop an expert faculty drawn from an increasing body of evidence and case studies.					Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	OUTCOME
2.2.1 Develop a community of practice – described as a faculty – formed of staff capable of supporting others to deliver VBHC.	Through the education programme and from national groups, Health Board staff will be introduced to peers from across Wales as well as within Hywel Dda Health Board who are familiar with, and experienced in delivering Value driven change.	SM	Creation of forums for colleagues to network with peers from across the Health Board and region. Development of Intranet pages that lay out the support available from the VBHC	March 2023	'Bringing Value to Life' participants to be progressed through a delivery focused 'Advanced Practitioner' Programme, which will result in operational teams taking four or five projects to completion through an intensive support programme, culminating in a presentation of case studies in March 2023.		Ongoing work.

			Team and also a repository of case studies.				
2.2.2 Using the educational programme to grow the faculty year on year, and develop a bank of case studies describing how the implementation of VBHC is happening within Hywel Dda University Health Board.	Development of contemporary case studies drawn from across Wales, but with particular focus on Value work undertaken within Hywel Dda Health Board. VBHC practitioners will be aligned with each case study and will be invited to become faculty members of the ongoing education programme.	MJ/SM/MB	Development of 10 VBHC case studies in different pathway areas for incorporation into the VBHC education programme.	March 2023	Communications partnership to be developed to develop and publicise case studies, which can be used in the delivery of future Education Programmes as well as to illustrate the progress of value-driven initiatives.		Development of case studies and faculty members to be developed further.
2.2.3 As appropriate, enabling our staff to become part of national and international networks, offering cases from Hywel Dda University Health Board but also bringing back practices with the potential for local application.	Linking with other Health systems nationally and internationally and developing a network of contacts that result in sharing of practice and reflections between systems.	LP/MJ/MB/SM	Link with 5 international health systems to share reflections and impact of VBHC.	March 2023	Links made with other health systems, including Canada, Australia, the Netherlands and a case study from Germany.		Continuation of links with other healthcare systems internationally.
2.3. We will put in place practical support to ensure that course participants are able to take forward VBHC activities within Hywel Dda University Health Board.					Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	OUTCOME
2.3.1 Creation of the Service Review process to formally consider and secure Executive support for changes following PROM capture, service mapping and resource utilisation analysis.	Service Review process has commenced with Heart Failure and following this approach, will be rolled out to priority areas. This will take PROM, operational and resource data and translate it into an operationally owned action plan.	MJ/SM	Initial service review process to be completed in April 2022, with 7 further service reviews to be undertaken by March 2023.	March 2023	Service Review process commenced and refined. Prototype process to now be rolled out to other service areas.		Continuation of Service Review process across T&O and Lymphoedema services .
2.3.2 Establishing a group, which will enable clinical leads to share experiences of changing services and demonstrate the practical use of PROM data in clinical settings.	Clinical leadership group to be convened to bring together clinical leads from different services to share ideas and experiences in implementing Value driven improvements to services. This approach aims to uncover and focus on existing work that is being undertaken, but not under the title of value.	MJ	Clinical leadership group to be set up and regular meetings to be held.	September 2022	Work to be undertaken to set up clinical leadership group. Progress has been stalled due to unavailability of key personnel.		Arrangements to be proposed by VBHC Clinical Lead for consideration by Medical Director.
2.3.3 Supporting PDSA cycles using VBHC data to evidence changes in service delivery through the lens of patient outcomes and patient experience.	Operational initiatives to be supported through to conclusion to ensure that the improvements in patient reported outcomes, or in resource utilisation are monitored and delivered within the prescribed time frame.	SM	VBHC input to be provided where required in validating improved outcomes through focused improvement cycles within services.	Ongoing	Operational action plans being supported by VBHC Team in a number of key areas, including Heart Failure, TWOCC, AMD and Chronic Pain.		Ongoing action and linkages to be made with existing improvement programmes.

3.0 Establish partnerships with Universities, innovation agencies and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate these innovations with demonstrable potential to secure them.							
3.1 We have established a new team to support an increasing portfolio of research, innovation and evaluation projects, and work with industry to test the value cases of novel technologies and devices.					Progress		
Objective	How will it be achieved?	Lead	Measurement	Date		RAG	OUTCOME
3.1.1 Establish a technology innovation centre with the facilities and team required to assess whether innovations and technologies support the delivery of VBHC.	Technology innovation centre set up with team and management structure.	LP	Creation of TriTech Institute	September 2021	TriTech Institute set up and functioning well.		Ongoing action.
3.1.2 Establish 20 meaningful partnerships with industry of the life of this document, focused on real world investigations of the VBHC case for innovations.	Partnerships identified through the work of the Research and Innovation team and TriTech Institute developed. Though this work, innovations and novel approaches investigated through the lens of VBHC.	LP	20 meaningful partnerships developed with industry.	March 2025	15 partnership arrangements being actively worked on through the TriTech Institute.		Ongoing action.
3.1.3 Increasing the depth of partnership with universities through joint appointments and projects, in order to increase the pool of skills and expertise necessary to deliver the objectives set out in this document.	Joint appointments made in partnership with universities and collaboration on specific projects that contribute to the acceleration of a value based approach to delivering healthcare.	LP/PK	Joint appointments made with universities.	October 2021	Joint appointments made.		
3.1.4 Establishing partnerships with comparable international healthcare systems who share our pursuit of VBHC.	Through professional networks and education events, links made to other international healthcare systems that have an interest in the principles and application of VBHC.	LP/PK/HT	Links made with 5 international healthcare systems to reflect and compare approaches and initiatives.	March 2023	Links made with Saskatchewan Province, Canada, Victoria and Capital Territory, Australia, Diabetes services in the Netherlands and Urology services in Germany.		Initial contact made with international healthcare systems, further work required to cement relationships and sharing of knowledge.
3.2 We will form partnerships that generate an evidence base and fresh insights to target our VBHC programme where it will have the greatest impact.					Progress		
Objective	How will it be achieved?		Measurement	Date		RAG	OUTCOME
3.2.1 Understanding and maximising the wider societal impacts of taking a VBHC approach, through supporting doctoral students at Bangor University.	Supporting doctoral students at Bangor University and engaging with them on work to better understand the determinants and concepts of social value.	LP/PK	Engagement with doctoral students and assimilation of their work.	July 2023	Doctoral students supported at Bangor University. Work required to link with their work and integrate it into the VBHC Programme.		Work of students to be integrated into practical work that is additive to the VBHC agenda.
3.2.2 Working with our partners at Betsi Cadwaladr University Health Board and Powys Teaching Health Board in supporting a research centre at Aberystwyth University to develop an evidence base for maximising the economic impacts	Development of research centre in Aberystwyth University focusing on economic impacts of VBHC approaches.	LP/PK	Engagement with the research centre and the incorporation of outcomes into the economic value element of the	August 2022	Research Centre at Aberystwyth University planning underway.		Research Centre not fully in place yet.

associated with pursuing a VBHC approach.			public value framework.				
3.2.3 Establishing an academic research group to ensure that our healthcare system continuously utilises the strongest and latest evidence when delivering VBHC driven change.	Academic research group to be established.	LP	Consumption of evidence base to ensure that research is aligned with value and the latest evidence is used to drive service change.	December 2022	Academic research group set up, but progress has stalled.		Academic Research Group to be reconsidered
3.3 We are utilising our Improving Together Adopt and Spread Framework to translate our discoveries into sustainable changes in practice.					Progress		
Objective	How will it be achieved?		Measurement	Date		RAG	OUTCOME
3.3.1 Small evidence based, and effective VBHC change projects, including those advanced through the Bevan Exemplar programme, to be sustained and scaled up across Hywel Dda University Health Board.	In working as part of the Improving Together Framework, the VBHC Team will identify improvements to services that have been proven to be of higher value and submit them for scaling up across the entire organisation.	SM	Value project output measures to be applied across large scale implementations.	December 2022	VBHC Team have been a key part of the Improving Together Framework and Value based improvements will be spread and scaled up across the entire Health Board. Initial work in Heart Failure will demonstrate this approach.		Ongoing action to link in with Improving Together and EQIP work.
3.3.2 A clear route for the adoption of discoveries from the TriTech initiative and other innovation programmes.	Representation from VBHC on the TriTech Management Group to ensure that innovations and initiatives are linked with value principles and that they are fully supported by the wider VBHC Team for evaluation.	LP/CH/SM	All TriTech initiatives to be considered through the lens of Value and support provided where appropriate.	January 2022	Continued linkages between the TriTech, Value and Research teams.		Ongoing action.

Appendix 3

Value Based Health Care Programme Plan FY 2022/23

	2022											
Pathway/Specialty Area	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Live Collection												
Heart Failure	*											
T&O Hips and Knees					*							
T&O Shoulders and Elbows							*					
Orthopaedic Prehab												
Ophthalmology - AMD												
Chronic Pain Service (Medical and non medical)									*			
Lymphoedema								*				
Cellulitis Improvement Programme								*				
Urology - Trial Without Catheter (TWOC)												
Lung Cancer											*	
Long Covid Service												
Dietetic Led IBS Service												
Diabetes											*	
RIW Respiratory Mobile Unit												
Rapid Diagnostic Clinic												
Active/In progress												
Colorectal Cancer												
MSK Physiotherapy												
Dermatology												
Endometriosis												
Care Homes												
Diabetes - Podiatry												
Cataracts												
Unpaid Carers/ FLO												
Upcoming Areas - being scoped												
Stroke												
TIA												
Atrial Fibrillation												
Health Psychology												
IBD												
Asthma												
Woman and Child Health (Maternity)												
Inguinal Hernia												
Adult Mental Health												
Carpal Tunnel												
Radiology												

Key	Description
	In Progress - Project underway, Pathway mapping
	PROM collection live
	Analysis - Dashboard development
	Service Review
	PROM/PREM Capture ongoing
	Project paused
	Operational implementation
	Deep dive/analytic - to stocktake and inform service reviews