Hywel Dda University Health Board Planning Framework Draft Recovery Plan 2021/22

Welsh Government submission
30th June 2021

Contents

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Each chapter highlights which of our **six Strategic Objectives** it is addressing. These strategic objectives relate to both our people (staff, service users and communities) and our services:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

Planning Objectives: Each chapter then shows how we are delivering each of the Planning Objectives that sit under those Strategic Objectives.

A table then shows the key outputs and timelines for those Planning Objectives

Deliverables and milestones	Quarterly timeline

Gold Command Instruction: A number of **'Gold command instructions'** are also referred to within the Plan. These are operational instructions provided by our command and control structure at the highest level (Gold level).

Welsh Government Signposting to the NHS Wales Planning Framework 2021/22 will be indicated at the beginning of relevant sections and can be identified using this arrow

Foreword

A Plan for recovery from the pandemic

The focus of this Plan, first and foremost, is how we, Hywel Dda University Health Board (the University Health Board), recover from the pandemic: how we support our staff to recover after what has been an exhausting year, and how we lay the foundations to recover our services and support our communities.

At the time of writing this Plan we continue to be in the grip of the COVID-19 (COVID) pandemic. We have recently been experiencing the highest level of demand for services that we have ever known. Our staff continue to work unstintingly, over a year since the first wave of the pandemic. We are delivering the biggest vaccination programme in the history of the NHS and we are working on how to recover our planned care services, many of which have been severely impacted due to the demands of the pandemic. The year 2020/21 has been incredibly difficult, but there is a lot we can learn from it in moving forward into the next planning year and beyond.

We commissioned a piece of 'Discover' work after the first wave of the pandemic to do just this. Our findings about the changes that took place as a result of the first wave were published in our 'Discover' report in July 2020.

We learnt that some of our long term ambitions, articulated in our strategy, 'A Healthier Mid and West Wales', have been partly delivered through necessity: for example, a shift towards delivering some services virtually, through digital platforms, which could have a positive impact on our productivity and decrease our carbon footprint by reducing the need for patients and staff to travel. Some of our ambitions to transform our hospitals and patient pathways seem more achievable having seen how pathways were transformed in a matter of days during the first wave of the pandemic.

The Board recently commissioned a second 'Discover' phase to understand more about the experience of staff during the pandemic. Learning from this second 'Discover' phase will be used to inform the organisation's approach to supporting the rest, recovery and recuperation of staff over the coming years.

Our timeline for recovery depends on several factors, many of which are not wholly within our control, or our ability to predict. Over the next year we intend to commission detailed modelling work which will help us better predict the medium and longer term impact of the pandemic on our services. This will support us in planning when and where staff will be deployed over the coming months and years, and our plan to recover our services, especially our planned care services.

This Plan therefore represents a moment in time: our best estimate of how will support the recovery of staff, our services, and our communities over the planning year 2021/22.

Introduction and strategic context

Refreshing our Strategic and Planning Objectives

During the summer of 2020, between the first and second waves of the pandemic, our Chief Executive led a piece of work to take stock of the decisions made by the Board over the past three years, our progress to date in achieving our strategic vision, and our learning from the first wave of the pandemic.

From this, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation – the horizon we are driving towards over the long term – as well as a set of specific, measurable Planning Objectives, which move us towards that horizon over the next three years. Our Annual Plan for 2021/22 should be understood within the wider context of this refreshed set of Strategic Objectives and Planning Objectives.

The University Health Board has made many decisions over the last three years, many of which are broad and wide ranging, including a major re-organisation of hospital based services in the south of the Hywel Dda area, and a shift towards a 'social model of health and wellbeing' and long-term community-driven focus on prevention. Other decisions relate to more specific service issues such as the development of new health services or health care facilities. All of these decisions have moved us towards the future we set out in our health and care strategy, 'A Healthier Mid and West Wales'.

Until this point, however, these accumulated decisions had not been gathered together and organised in a way which:

- Provides clarity about our priorities
- Provides a steer as to how work should be planned, informing our planning cycle
- Allows the Board to measure whether progress is being made in a comprehensive way

The COVID pandemic and our response to it has underlined the need for clarity in setting out our objectives as a Health Board, enabling the Executive Directors and their teams to think creatively about how they can be achieved. Indeed, one of the key lessons for the University Health Board from our learning about the first wave of the pandemic (captured in our Strategic Discover Report, July 2020), is the importance of having a small number of clear organisational objectives. The refreshed set of Strategic and Planning Objectives do just that. Here is the view of one staff member:

'I'd like to see us change the way we look at plans and priorities and strategy going forward. We tend to include everything [in our plans]. We need to get behind single issues that we can all contribute to. We need to be brave. We need to prioritise one issue we can all get behind – something common to us all in service delivery – for example transport. We can make such a massive difference. We end up dividing everything up between us. We never look at the core issues. We need to be far more focused. We need to take a task and finish approach. We may all have more than one objective, but we need a single priority.'

Introduction and strategic context

Our Strategic Objectives

Our 6 strategic objectives are shown below:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

The strategic objectives encompass both our organisational values and our objectives around services. We have also developed our purpose which is a single statement which unites, and sits above our six strategic objectives. It is intended to be a personal and motivational statement for our staff to coalesce behind.

'Together we are building kind and healthy places to live and work in Mid and West Wales'

Developing our Board Assurance Framework – how the Board will measure progress towards these Strategic Objectives

These six strategic objectives set our direction over the long term and as such will guide the development and delivery of our shorter term planning objectives over many years. If the strategic objectives are the points on the horizon we are aiming for, our planning objectives (as set out below) are the specific one to three year actions we are taking as steps towards them.

The Board's established assurance committees will play a key role in scrutinising and reporting back to the Board on the implementation plans underpinning our planning objectives as well as the delivery of those plans. This allows the Board to focus on progress towards our strategic objectives through the Board Assurance Framework, focussing its agenda on "making our boat go faster". Measuring progress against our strategic objectives will be key to informing the board's agenda and work of its Transformation Steering Group and Strategic Enabling Group

Work is ongoing to develop our revised Board Assurance Framework, which is made up of the following elements – our measures of progress, the principal risks that could slow or prevent that progress and assurances that will enable the Board to gain confidence about the delivery of our strategic objectives. A series of Executive Team workshops have been delivered by the Governance Team to agree the principal risks and further work will continue over the summer to identify the controls, assurance and mitigations in place to manage them. These will be presented to Board from in September 2021.

We have held two Board sessions to help inform the development of our primary outcome measures. The primary measures have been selected as those which will give us the best indication of whether we are achieving our strategic objectives. The process of selecting and developing measures of progress in relation to the six strategic objectives is ongoing but set out below are initial suggestions. The Board and Executive Team will continue to develop its thinking, creating new measures as well as better using those already available. Once agreed, the measures will be reflected through our team and individual objectives.

Introduction and strategic context

How we will measure progress

Strategic Objective 1 – Putting people at the heart of everything we do

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk the University Health Board will not be able to measure whether the transformational changes it is investing in are improving the experience for our workforce and the delivery of care, and will enable it to meet or exceed patient and families expectations due to the lack of an effective, systematic way to engage with and capture feedback from our workforce and patients across the breadth of our services. 2. Risk the University Health Board does not design and deliver services that take in the views of the population due to a lack of a systematic approach within all levels of the workforce to undertake consistent and meaningful engagement with the Hywel Dda population due to a lack of a University Health Board approach and capacity, capability and willingness, including awareness and understanding, within all levels of the workforce to undertake consistent and meaningful engagement with the Hywel Dda population. 3. Risk that staff do not have the space, time and support to develop the right skills to deliver what we need to do now and to deliver its strategic vision to improve the overall experience of patients and staff within Hywel Dda. This is due to gaps in the workforce created by a lack of clinical (medical, nursing and therapies) staff with the right skills and values in the market, demography (aging workforce), geography, lack of commissioned places from HEIW, inconsistent or poor systems and processes, lack of comprehensive clinical education programme, lack of accommodation and capacity to deliver training and development, suitable office space and inadequate career development framework.	• Patient outcome - overall patient experience score for Hywel Dda • Staff outcome - overall staff satisfaction • Population outcome - % of population who have engaged in service consultations

Introduction and strategic context

How we will measure progress

Strategic Objective 2 – Working together to be the best we can be

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk the University Health Board does not have a strong enough reputation to attract people and partners to come and work with us due to the fragility of our services, the lack of understanding of University Health Board 's mission, geography, and Terms and Conditions of national contract of employment. 2. Risk the University Health Board is not effectively leveraging within our partnerships (and carers) due to a lack of clarity about what we want to achieve together.	• Patient outcome - response to the question in the friends and family test to: 'I feel that services work well together to provide me with the care I need' • Staff outcome – response from the staff survey to: 'I am part of an effective team' • Population outcome – % of pathways which have outcome measures tracked under VBHC

Strategic Objective 3 – Striving to deliver and develop excellent services

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk that services fail to learn, innovate and improve to a sufficient level in a timely manner due to a culture that does not facilitate learning, innovation and improvement 2. Risk the workforce are not enabled to engage and contribute in the ambition to strive for the delivery of excellence due to due to the approach developed under 'Improving Together' is not being sufficiently well-developed with insufficient resource applied to support the rollout across the organisation. This includes ensuring that the approach is widely adopted (mindset); that skills are developed across the organisation to implement the approach (skillset) and that the systems required to support the rollout are implemented (toolset). 3. Risk the University Health Board lacks consistent ambition for our services due to an underestimation of excellence by the Health Board.	• Discover - staff response to: 'We embrace opportunities for research development and innovation' • Design – staff response to 'I actively bring innovation into my thinking' • Deliver – staff response to 'I am empowered and supported to enact change and continuously learn'

Introduction and strategic context

How we will measure progress

Strategic Objective 4 – The best health and wellbeing for our communities

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk the University Health Board sets the wrong value for best health and well-being for individuals and communities due to seeing health and well-being through the NHS lens, using incorrect measures, not engaging with individuals and communities, and under and/or over-estimating potential for best health and well-being 2. Risk the University Health Board broadens or fails to address health inequalities within our community due to a lack of understanding or consideration of the health inequalities that are across our communities when redesigning services 3. Risk the University Health Board will be unable to increase uptake and access to public health interventions due to a failure to influence individual and community behaviours to maximum effect	• Population - 'I feel happy and safe in my community, I understand the importance of looking after my health and wellbeing and I feel in control of my future.' • General health and wellbeing - 'There are enough opportunities for me to keep myself and the community around me healthy, happy and well informed about important health and wellbeing matters.' • Equity outcome - 'My voice is heard, no matter who I am. I do not feel marginalised or lonely in my community, and nothing is holding me back from achieving my goals'

Strategic Objective 5 – Safe, sustainable accessible and kind care

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk the University Health Board is not able receive early indications across the breadth of its existing and new services of where they may fall short of being safe as defined by the agreed standards due to no comprehensive way of measuring safety aligned to the standards adopted by the Health Board for all the services we provide and commission on behalf of people requiring health care interventions. 2. Risk the University Health Board is not be able to provide safe, sustainable, accessible and kind services due to insufficient investment to ensure we have appropriate facilities and digital infrastructure of an appropriate standard. 3. Risk the University Health Board will not deliver its Healthier Mid and West Wales Strategy due to models of care that do not deliver the aspirations of the strategy.	• Safe - % of patients with harm free care • Sustainable – safe and sustainable workforce • Accessible - patients can access services in a clinically appropriate timescale • Kind - patients with their last 1000 days at home

Introduction and strategic context

How we will measure progress

Strategic Objective 6 – Sustainable use of resources

The principle risks that could slow or prevent our progress	How we will measure progress
1. Risk the University Health Board designs and delivers a sub-optimal approach to shifting care in the community due to incorrect planning assumptions (workforce, finance, technological, demand/capacity and patient outcomes/experience), constraints to delivery (revenue/capital, environmental and workforce) and partners and population not changing their behaviours. 2. Risk the University Health Board does not develop or deliver a credible plan to achieve financial sustainability due to insufficient data or intelligence driving theoretical opportunities which cannot be practically delivered by Operational Teams; change programmes are not sufficiently resourced or well-managed; or changes made to services which do not result in financial benefits as they address unmet demand or have unintended consequences 3. Risk the University Health Board does not maximise the social value it creates through adequately addressing the challenges faced by society as we recover from COVID due to decarbonisation, deprivation in our communities and the impact on the environment.	• Economic - progress against the delivery of our “Roadmap to Financial Recovery” • Environmental - carbon usage (relating to health care) per head of population • Social – value based healthcare measurement / cost of harm

Introduction and strategic context

Our Planning Objectives

A set Planning Objectives (59 currently in progress which includes five Gold Command instructions; and 14 that are future objectives and therefore are currently on-hold) sit underneath each one of these Strategic Objectives. A number of the Planning Objectives are also underpinned by specific requirements, including those of Welsh Government and our regulators, which are to be addressed in their delivery.

In developing the Planning Objectives, all outstanding decisions and commitments by the Board were reviewed and a clear audit trail established to demonstrate how outstanding commitments are reflected in the new objectives. This detailed audit trail was presented to the 'People, Planning, and Performance Assurance Committee' for scrutiny in October 2020.

The organisational objectives and commitments were then reviewed and themed, and the final Planning Objectives were agreed between the Chief Executive and members of the Executive Team. Some of our Planning Objectives are very ambitious. We learnt during our response to the pandemic that we can often achieve things that may not have seemed possible previously. A process has also been put in place to allow staff members across the system to propose new Planning Objectives in support of our strategic vision.

Following Board ratification, Executive Directors and their teams have developed detailed delivery plans for each of the Planning Objectives. The Planning Team continues to engage with operational teams about these detailed plans, as part of our new approach towards planning. In this new approach, the development and implementation of Planning Objectives is a continuous process, informing our planning cycle. A technical document containing delivery plans is available.

References to the Planning Objectives are made throughout this Annual Plan, and a technical document detailing these is available.

Introduction and strategic context

Our response to the COVID-19 (COVID) pandemic – what we learnt

What we learnt from our clinical, operational and corporate engagement

Following the first wave of the pandemic we engaged with over 100 key leaders across clinical, operational, and corporate functions. The pandemic had forced many clinical services and corporate functions to work in radically different ways; we wanted to find out about these changes and innovations, and apply this learning to expediting our strategy, 'A Healthier Mid and West Wales'. We also wanted to understand how the lockdown and new ways of working (such as reduced car journeys, exercise and local sourcing) impact on our ability to deliver our wellbeing objectives, in line with the Well-being of Future Generations (Wales) Act 2015. Here is a summary of our learning.

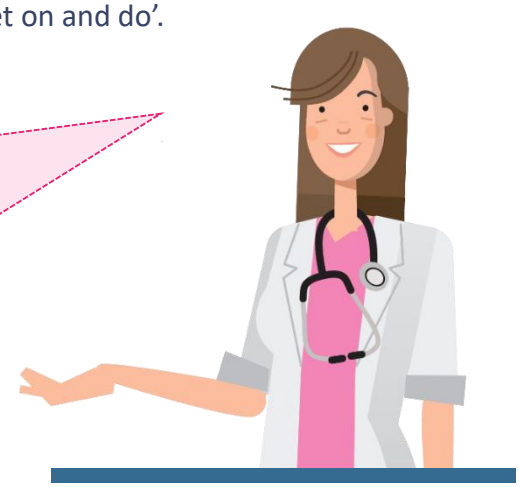
- **Technology enabled care:** Technology has been used to introduce virtual consultations with patients. Assessments and clinics have taken place through smartphones and patient platforms such as Attend Anywhere.

- **Common vision and shared goals:** People told us how powerful it had been for teams and departments to work towards one clear goal: to prepare for and manage our response to the pandemic. Although in reality teams have many different objectives, we learnt that we needed a smaller number of clear goals for the organisation in future, to continue to mobilise change.

- **Working digitally:** The introduction of Microsoft Teams had changed our ways of working. People told us that this enables remote working, with less paper and less travel. It facilitates collaboration, with people connecting across sectors, and jointly working on documents.

- **Empowerment and autonomy to act:** People valued having the autonomy and freedom to make decisions within the framework of the command structure, and this led to efficient and effective decision making. The people that we interviewed told us that decisions about services were 'clinically led and need-driven', and benefited from having a lighter touch governance structure in place, without the need to submit detailed reports and wait for decisions to be approved. Decisions were made quickly through having regular, short, focused meetings, and through an increased multi-disciplinary approach to decision making. They told us that 'local decisions were made by local teams', and that they felt empowered to 'get on and do'.

'We changed whole pathways within 2 weeks. We were given the freedom to do it […] We had clinical approval and [the changes] were led by clinicians. This was a good opportunity where we gathered everyone together and as we had limited time we had to get it done. Previously, logistically it wasn't coming together with clinicians.'



Introduction and strategic context

Our response to the COVID-19 (COVID) pandemic – what we learnt

What we learnt from our clinical, operational and corporate engagement (continued)

- **Workforce flexibility and 'can do' culture:** We heard many positive examples of staff flexibility and adaptability in response to the pandemic; of people's willingness to work outside traditional role boundaries, take on additional responsibilities, and support changes to services and rotas.

- **Camaraderie:** This was the word used most to describe the working culture during the pandemic.

- **Restructured services and pathways:** We heard countless examples of how services had been restructured in terms of where and how they are delivered to patients. Some examples involved a shift to delivering services in community settings, and changes to staff rotas. We also heard examples of how restructured pathways led to admission avoidance and early supported discharge from hospital and all hospitals divided into red and green zones.

- **Integrated, collaborative partnership working:** Many pathways between primary, community (including local authority), and acute care have been streamlined. Staff have been working across traditional boundaries and sectors, breaking down silos. These examples of partnership and integrated working are relevant to our ambition to take a whole system approach to transforming health and care.

- **The shift to virtual consultations and virtual outpatient services:** Out of necessity and to enable safe and sustainable outpatient services has come one of the most profound transformations to the way the Health Board provides treatment.

'The biggest change has been the virtual clinic work in outpatients - I mean for us we've been going on about this for years, getting the clinicians on board has been hard, and they've been angelic on how wonderful it is. We're now looking at this across all the services for all the sites. For us as a team, we are used to being mobile on different sites and we've tended to work more virtually.'

'We have also moved to telephone follow up conversations and this has worked very well – especially for elderly patients looking to minimise exposure. The difference has been 70% of face-to-face discussions now being down to around 10%.'

Introduction and strategic context

Our planning assumptions

A key challenge in planning for 2021/22 is the significant uncertainty about how the COVID pandemic will unfold through the year. The current restrictions that have been in place since Christmas 2020 have played a significant part in reducing the incidence of COVID across the country and in particular amongst the population in Hywel Dda. As restrictions are eased incidence is likely to rise, and although the vaccination programme is intended to have an impact on that, there is always the prospect of a further variant of concern that proves resistant to the vaccine.

In the absence of a flexible national model, the University Health Board's modelling cell developed scenarios for Hywel Dda that are aligned to the most recent national models, and will give some indication of the potential demand trajectories while remaining agile to future trajectory changes. The selected scenario 28 effectively forms the basis of a reasonable worst case for Hywel Dda. In order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine, it is suggested that the University Health Board develops its contingency plans on the basis of the upper confidence interval of scenario 28 (the reasonable worst case scenario).

The scenario is based on the following assumptions:

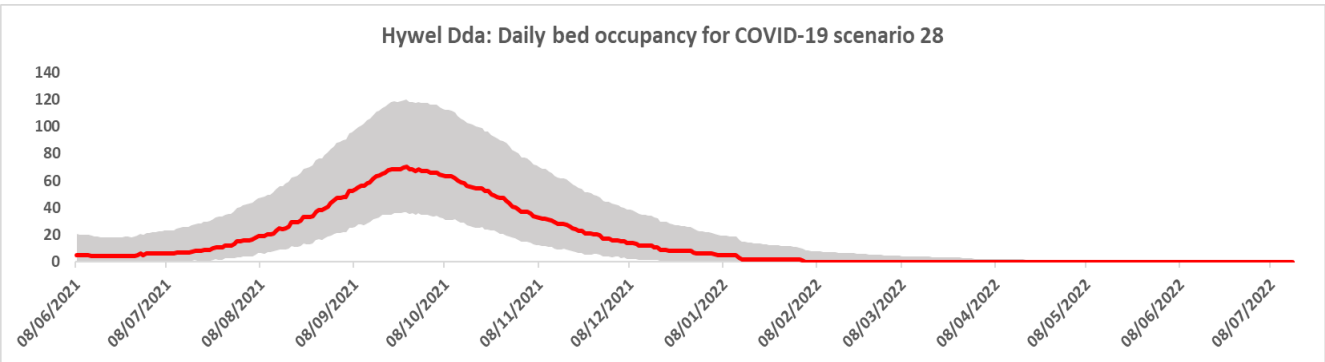
- As restrictions are eased, incidence and transmission will increase
- Restrictions will continue to ease using a phased approach
- There is an increase in transmission from June as restrictions are further eased during May and June
- General adherence to restrictions is reduced
- As autumn arrives, the known seasonal impact maintains an Rt rate above 1, although transmission is reduced due to vaccine coverage
- Further restrictions are introduced nationally next winter to prevent a return to the levels of system pressure seen across the NHS Wales in the recent second wave
- Rate of transmission (Rt) values:
    - Variable Rt based on expected restriction easing timeline
    - Factors in a reasonable Kent and Delta variant estimations, Kent variant may further increase Rt by between 0.4 and 0.7, while the Delta variant may increase Rt even further meaning actual Rt might be higher than expected
- Vaccine efficacy:
    - ~50% (based on AstraZeneca single dose)
    - Actual efficacy might be higher, though 50% is a reasonable worst case scenario for potential future variants of concern
- Vaccine delivery rate:
    - 0.45% daily vaccination rate to incorporate the need for two doses, although this may be lower than actual daily rate
- Non-COVID:
    - Twelve week short term forecast using recent actual demand
    - Twelve week assumption that a gradual increase or decrease to near normal demand
        - All demand will return to 100% of historical normal demand
        - If demand trajectory reaches normal demand sooner, then historical demand is used instead (ending the gradual increase or decrease sooner)
    - Remainder of 2021/22 using adjusted normal demand

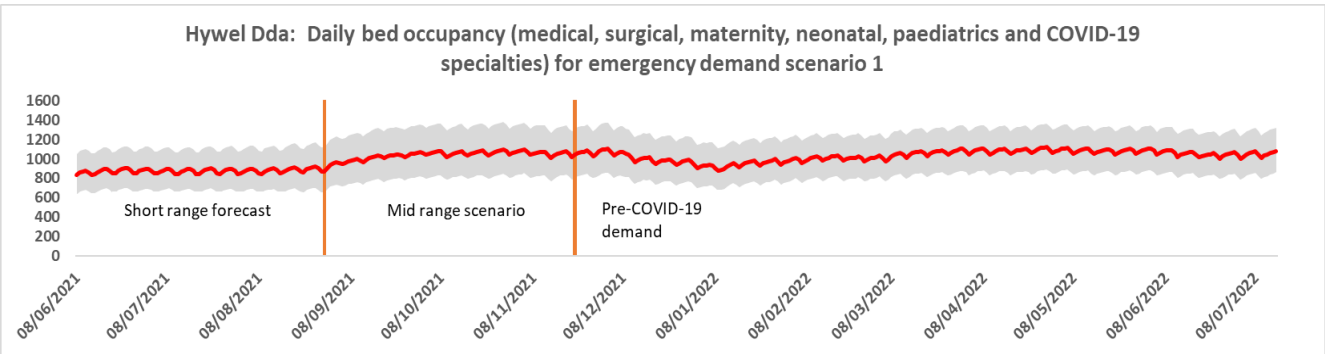
Introduction and strategic context

Our planning assumptions (continued)

Most likely scenarios developed by the Health Board suggests that by late summer the vaccine will have had a significant impact on hospital admissions to the point where there are virtually no COVID patients in a hospital bed.

However, it is suggested that in order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine and is more transmissible, the University Health Board develops its contingency plans on the basis of the upper confidence interval of scenario 28 (reasonable worst case scenario) which demonstrates a peak between mid and late summer. This is chosen as it most closely represents the existing non-COVID demand figure in hospital, the peak occupancy is aligned to peak occupancy within the national models, and the maximum projected COVID position is lower to that which the Health Board has experienced during the second wave to reflect the success of the vaccination programme.





Introduction and strategic context

Our planning assumptions (continued)

Gold Command Instruction
To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID patients and 695 non-COVID non-elective patients (i.e 945 beds in total). This capacity is to be immediately available, or ready for use within a maximum of 3 weeks' notice for the duration of 2021/22.

Our Field Hospitals

- Bluestone and Plas Crug were decommissioned by 31 March 2021;
- Parc Y Scarlets Barn decommissioning to be finalised during June 2021;
- Selwyn Samuel use reducing through Quarter 1 with peak requirement of 24 beds, contractually committed for full year, however no bed requirement modelled beyond Quarter 1;

Our Predicted Bed Plan – 30th June 2021

The University Health Board has a maximum capacity of 1231 beds at the end of June 2021, which includes 875 beds plus the potential for upto 157 surge beds as well as our paediatric/obstetric and mental health and learning disability beds.

Our local modelling forecasts a bed demand for 1135 beds (Unscheduled care COVID & Non-COVID) as well as Paediatrics/Obstetrics and mental health and learning difficulties, leaving a potential deficit of 43 beds. WG modelling (which we have assumed includes all specialties) identifies a peak requirement of 1245 beds against our 1231, leaving a deficit of 14.

As detailed on the next page, we have highlighted our potential mitigation actions to manage these deficits, which could include the escalation action of suspending our elective flow if required. By doing that we would effectively reduce our local modelling demand by up to 46 beds and hence would have enough beds to cover any forecasted maximum capacities.

Introduction and strategic context

Our predicted bed plan – as of 30th June 2021

Site	Inpatient Available Beds Total (Includes all specialties, except Mental Health)	Surge Beds Available
Bronglais	133	2
Glangwili	277	15
Prince Philip	165	23
Withybush	190	13
Community	110	11
Field Hospital	0	93
Total	875	157

Other Beds Available	
Paediatric and Obstetrics	98
Mental Health	101

Comparator vs Local Modelling		
Total Beds	Hywel Dda Modelled Peak Bed Requirement 2021/22	Deficit
1231	1135 (USC/Paediatrics); 46 (elective); 93 (MHLD) 1274	43
Comparator vs WG Modelling (all specialties including Mental Health)		
Total Beds	WG Modelled Peak Bed Requirement 2021/22 (90% Occupancy)	Deficit
1231	1245	14

Actions to Mitigate Forecast Bed Deficits (demand):

- 111 First / Clinical Flow Hub Plan
- Physician Streaming, Assessment & Triage (PTAS)
- Urgent Primary Care Centre (Virtual)
- Same Day Emergency Care (SDEC) expansion
- Frailty Approach to admission avoidance
    - Risk Stratification
    - Care Coordination
    - Intermediate Care
    - Frailty Approach to Good Hospital Care
- SAFER Bundle
    - Home First
    - Discharge to Recover & Assess
    - Right Sizing Community Services

Escalation Actions to Mitigate Forecast Bed Deficits (demand):

- Suspension of elective flows and prioritisation of elective bed capacity to support COVID/Unscheduled Care demand

Section 1: Rest, Recovery and Recuperation of our Staff

Introduction to Section 1

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services

These three Strategic Objectives are grounded in the University Health Board values framework, and are based on what our staff told us is important for them at work. They are also reflected in our 'Workforce, Organisation Development and Education Strategy for 2020-2030', which will be implemented at pace during the next planning year.

During the past 12 months, our staff have responded to the needs of our population in dealing with the pandemic and have gone above and beyond the call of duty at every opportunity. They have at times compromised their home and family life to support our patients and colleagues and have worked to ensure that appropriate 24/7 care has been available to meet patient needs across our three counties.

We have recruited additional staff over the last twelve months to supplement our stable workforce and sought help from an army of volunteers who have stepped up to help us maintain our services. In a remarkable year for our workforce team, a total of 3044 offers of employment were made, although, due to the temporary and transient nature of these appointments, the increase to our workforce over a 12-month period has been 825 whole time equivalent. This is an unprecedented increase in our workforce and is a reflection of our local communities' willingness and enthusiasm to support our efforts and provide care and support for the people of Mid and West Wales.

Our Board could not be more proud of how our clinical and non-clinical staff groups have pulled together, supported their colleagues, and worked so diligently to care for our patients. Our response to the vaccination programme has also been one of which we can all be very proud.

It is within this context that the first section of this plan identifies the things we will put in place to support the rest, recovery and recuperation of our staff.

Section 1: Rest, Recovery and Recuperation of our Staff

Looking after our staff

During the pandemic, the Board has put staff health and wellbeing at the forefront of its COVID response, with evidence based plans in place to support each phase of the pandemic. These were monitored through our Workforce Bronze Group and the command structure.

We ensured that all staff designated as Clinically Extremely Vulnerable did not remain in the workplace but were assisted to work from home. We invested in the Staff Psychological Wellbeing Service, including an expansion in counselling provision. We have also provided:

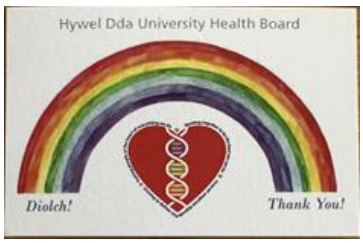
- A rapid access and response service to our in-house Staff Psychological Wellbeing Team
- An Employee Assistance programme to provide 24/7 access, including Welsh language counselling provision and Black, Asian and Minority Ethnic counsellors. All staff were given an information card on how to access these services
- Virtual listening spaces where colleagues can come together, be themselves, have time to be listened to and connect with each other at a deeper level
- Bereavement support services for personal and professional grief and loss
- Regular VLOGs from our Chief Executive Officer and Chair
- Occupational Health Support for Managers and staff in relation to encouraging staff to complete COVID risk assessments in order to safeguard their health and wellbeing
- Virtual wellbeing webinars on aspects of self-managing covering topics such as Team resilience; Mindfulness; SOS on stress Management
- Widespread training for staff to undertake clinical supervision roles (January – April 2021 = 184 staff)
- A dedicated intranet page accessed over 2400 times with all wellbeing resources contained in one source, supplemented by twice weekly resource messages on global and staff sharing their wellbeing stories of coping strategies
- A specific response and communication to support staff who have been at home shielding
- A coaching provision network for 170 of our front line service leaders to maintain resilience and offer support. Here is some feedback from staff:
    - ‘I have made huge progress in terms of overcoming barriers to my project…these sessions are hugely valuable’
    - ‘very useful and illuminating, laid some of my anxieties to rest’
    - ‘I am finding them beneficial to me in terms of my role and all the challenges that it is presenting here….’
    - ‘‘I was thinking that perhaps the timing wasn’t right but it was perfect and helped me think a few things through’

We are enabling staff who were unable to take their full annual leave entitlement during the 2020/21 leave year due to COVID pressures to carry over extended periods of leave. This will enable them to take appropriate rest and relaxation in 2021/22.

As we move through the phases of the pandemic and staff have more time to reflect on their experiences and come to terms with events, it will be vital that the health and wellbeing support continues into the medium and long term.

Section 1: Rest, Recovery and Recuperation of our Staff

Thanking our staff and volunteers



The Board has made a commitment to give thanks to our staff and volunteers for their efforts, time and personal sacrifices during the pandemic. Following the first wave, a 'thank you' card was sent out to all our staff and volunteers to their home addresses and the feedback was overwhelmingly positive, showing that a small gesture of gratitude can go such a long way.

Recognising that our staff experiences and sacrifices continued into the autumn and winter periods of the pandemic, it is even more important to give staff permission to rest and to put in place a 'thank you' package to enable their recovery and the restoration of their wellbeing.

Our Chair has established a reference group including internal and external personnel who are working together to develop this package and 'thank you offering' for staff. The reference group will focus on how we celebrate our staff and patient stories; how we celebrate our success during and emerging out of the pandemic; how we recognise individuals and team contributions; and how we offer resources, time and space for staff recuperation.

Longer term recovery

We will put in place measures to support staff recovery in the longer term, including any emergence of post-traumatic stress, chronic exhaustion, and episodes of long COVID experienced by staff. The benefits of green health principles will be built into our approaches to estate management and our intentions for re-purposing of our facilities and the design of new ones.

One of the learnings coming out of the first wave of the pandemic was the adverse effects of the virus on the Black, Asian and Minority Ethnic members of our community. Consequently, the Chair undertook a Listening Exercise with Black, Asian and Minority Ethnic staff members and established a Black, Asian and Minority Ethnic Advisory Group to the Board. This group is informing our approaches to how we relate to Black, Asian and Minority Ethnic staff members and their experiences of working with us, and how we can hear their voices more clearly and embrace their diversity more broadly in our working culture. Over 70 members of staff have joined our Black, Asian and Minority Ethnic network and this will be vital to support our cultural change programme going forward.

Our staff side partners have also been crucial throughout the pandemic, working together with us to support our staff. Bi-monthly virtual Partnership Forums have continued and new twice-weekly meetings between our Director of Workforce and the staff side chairs have resulted in a different and deeper level of trust and a greater understanding of experiences of our staff, our leaders and members of Workforce and OD. This dialogue has enabled an exploration of how we treat our staff, how we can create healthier working cultures and how we really can put the human being at the centre of all that we do, rather than being driven purely by policy and process; establishing mutual respect with our staff, and being mindful that staff have responsibilities outside of work as well as within it. Our approach to Human Resource management has been disrupted for the better and is informing how we go forward to implement our ten-year strategy together. These experiences have pricked our curiosity about the art of the possible in creating a workplace where staff wellbeing and joy at work can be paramount.

Section 1: Rest, Recovery and Recuperation of our Staff

Discovery and delivery of what matters to staff

Planning Objective 1H: 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.

Deliverables and milestones	Quarterly timeline
'Discover' report outlining results of engagement with staff, which will form basis of approach to staff recovery	Quarter 2

After phase one of the pandemic, the Board commissioned a Discovery report into how, why and what changes and innovations were made in response to the pandemic to enable us to respond to our patient and public needs. Rich evidence of service changes and innovations emerged with wide changes in working practices, workforce agility, and use of technology, to name but a few. This was important learning to support us to recover services, to build on what worked well, and work towards a 'new normal'.

The Board has commissioned a second phase of our 'Discovery' work, which will focus on staff rather than services. The West Wales Research, Innovation & Improvement Coordination (RIIC) Hub have undertaken an explorative piece of work that will capture the experiences of staff working during the global pandemic to understand what they have valued, how they have been supported to do their job and the challenges they have faced that can contribute to our learning as an organisation. This will feed into the second phase of our 'Discover' work to learn from the pandemic. This second phase will focus on staff rather than services.

Over 100 staff across the health board have engaged in interviews, and the majority of these were frontline workers. We have also analysed over 150 feedback forms from some local staff feedback forms and a further 67 staff completed a staff experience survey and 65 managers completed a leadership experiences survey. From this piece of work, a report will be produced by June 2021 to provide the recovery group with staff's views of working during the pandemic and their hopes for the future. Primarily, the report will provide insight into:

- What can we learn from the way people worked during the pandemic compared to how they normally work;
- How did people look after themselves and each other and what did they value during this challenging time;
- What tools and techniques helped people to cope;
- Did we see any improvement or innovation during the pandemic that should be celebrated and sustained;
- What can we do as an organisation to show staff how much we value them in a way that supports rest, recovery and well-being at work;
- What it felt like to work during the pandemic and what aspects of that culture need to remain.

The team has now completed its exploratory piece and is now analysing the data and preparing a first draft of the report, in readiness to be shared with the Recovery group in June 2021.

Section 1: Rest, Recovery and Recuperation of our Staff

Discovery and delivery of what matters to staff

The results of the outputs of this report will inform the 'Thank you offering' to our staff and our approach to support their rest, recovery and recuperation. We will clarify to staff what they can expect to support their rest, recovery and recuperation in practical terms, and how their needs will be balanced against the continuing operational demands.

Other surveys around Health and Wellbeing, Stress and Burnout, and the National Staff survey conducted in November 2020 will also be used to inform this Discovery work, along with the launch of the Medical Engagement Scale (due in April). We also have a growing body of evidence from our staff stories and quotes, shared through our Workforce and Organisational Development colleagues; staff side, Chair and Executive visits; Clinical leads; Heads of Nursing; new COVID recruits and coaching experiences. Further work is planned to broaden and deepen the Discovery process over the next period, including:

- A survey of front line staff about what recovery means to them and what aspects of working life they have appreciated and would want to take forward
- A survey of key front line managers about lessons from leading through COVID and aspects of our culture that help or hinder
- A series of group dialogues with the following:
    - The Board
    - The Black, Asian and Minority Ethnic network
    - The Enfys network
    - Apprentices
    - New COVID recruits
    - Various staff focus groups

As further evidence of its commitment to listen and learn from staff, The Board has embarked on a Reverse Mentoring programme where Executives and Independent members are mentored by members of staff from across our front lines. Our mentors come from a range of staff groups, sites and services as well as age ranges and ethnic backgrounds. The learning gained from these mentoring relationships will help to inform our approaches to enable our staff to recover well from the pandemic.

A discrete Taskforce will be established to explore pathways into permanent roles for COVID recruits who have joined us since March 2020. This will also form a part of the recognition process for members of the public who answered the call to join the NHS in response to the pandemic.

We will analyse and triangulate these various data sources to formulate a rest, recovery and recuperation plan for our staff for the short, medium and long term. It will lay the foundations of a positive working culture which supports the wellbeing and continued enjoyment of our staff.

Section 1: Rest, Recovery and Recuperation of our Staff

Using our charitable funds

Planning Objective 1I: Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds.

Deliverables and milestones	Quarterly timeline
Implement each of six programmes to support staff recovery	Quarter 4

Our charitable funds have been used to support our staff in the various waves of the pandemic. Over the last 12 months, we have been overwhelmed by the generosity of our local communities and the eagerness of our public to fundraise and support the NHS in so many different ways. The Hywel Dda Health Charities NHS COVID Appeal received donations from the general public wanting to thank their local NHS for caring for our local communities at such unprecedented times.

Hywel Dda Health Charities has also benefitted from monies raised nationally through the NHS Charities Together fundraising campaign. Thanks to these donations, we have been able to purchase a wide variety of items above and beyond what the NHS is routinely able to provide for the benefit of our staff and volunteers. Staff were invited to request the items that would make the biggest difference to support their welfare and wellbeing from our charitable funds to enable us to prioritise where we could help the most.

Hywel Dda Health Charities has successfully applied for grant funding of £242,000 from NHS Charites for a range of projects to support staff health and wellbeing, both physically and psychologically. The bid includes:

- A nature based eco therapy programme for staff at risk of stress and burnout or those on sick leave
- A Health and Wellbeing Champions network development programme and activities fund
- Bereavement support and training for staff
- Provision of outdoor gymnasiums at each of our four acute sites
- A lifelong learning Recovery and Education Fund where staff can apply for small grants to learn a new skill beyond their professional work requirement
- An Arts in health and wellbeing activities fund for staff

These will be complemented by further investment in the in-house Staff Psychological Wellbeing team of clinical psychologists and a Mental Health trainer from NHS exchequer funds.

Section 1: Rest, Recovery and Recuperation of our Staff

Using our charitable funds

Planning Objective 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.

Deliverables and milestones	Quarterly timeline
Review of charitable funds expenditure guidance for staff and fund managers and promotion of guidance.	Quarter 2
Recruitment of Senior Marketing & Communications Officer	Quarter 2
Develop a marketing and communications plan for the charity	Quarter 3

Hywel Dda Health Charities is the official charity of the University Health Board. Our aim is to raise and distribute funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across The University Health Board.

- We will increase our income from both new and existing opportunities and income streams and will assess the value of investing in each source of income to focus on those with the biggest returns which will help us to deploy our resources effectively
- We will launch a lottery scheme to generate unrestricted charitable income to support a variety of health and wellbeing projects
- We will work with Workforce and Organisational Development colleagues to engage with staff to fully understand what staff need to support their recovery, health and wellbeing and how our charitable funds can support the rest, recovery and recuperation of staff
- We will ensure that our grant-making procedures are user friendly, whilst maintaining good governance, so that staff better understand how we operate and are empowered to access our funds to support their rest, recovery and recuperation and be innovative and proactive in their approaches to making a difference.

We will maximise opportunities to extend our reach and become more visible internally to staff and externally to our communities so that more people across our region are aware of the charity's existence, its purpose and the importance of their support.

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 1A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years

Deliverables and milestones	Quarterly timeline
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	Quarter 2
Refinement of data sets following stakeholder feedback	Quarter 4

- This will include the development of a reporting dashboard, shared at appropriate frequencies with stakeholders and forums to ensure performance progression
- It will also encompass the design, project support and delivery implementation of the Improvement Together framework from a Workforce and OD perspective

Planning Objective 1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme

Deliverables and milestones	Quarterly timeline
Design a fully engaging customer service package, incorporating best practice, trends, case studies, values, importance of Welsh language and equality	Quarter 2
Roll out customer service training to priority groups & incorporate into blended induction programme.	Quarter 3

- The design of this programme will include evidence base research to identify best practice and reviewing customer satisfaction from patient feedback
- Programme content will need to be agreed and multi-skilled tutors recruited

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 1F: Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address:
1. the way the Health Board recruits new staff and provides induction;
2. all existing HR policies;
3. the way in which employee relation matters are managed and
4. equitable access to training and the Health Board's staff wellbeing services.

The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption

Separate plans on a page have been developed for each of the components of this Planning Objective (five in total). Some of the key deliverables for each of these components are listed below:

Deliverables and milestones	Quarterly timeline
Induction: recruitment of tutors, design of induction programmes, and design of automated onboarding process for new employees	Quarter 2
Recruitment: identify permanent employment opportunities for staff appointed to COVID-19 fixed term contracts, research best practice, undertake focus groups with new starters and managers	Quarter 2
Policy review: research of best practice, agree programme for policy review, and review any pay or non-pay resource implications of proposed changes	Quarter 3
Employee relations: Identify stakeholder groups and undertake stakeholder engagement, review current practice,	Quarter 4
Equitable access to learning and development: Recruitment of a Inclusion and Widening Access Officer	Quarter 2

- The resulting changes to policies, processes and approaches will be recommended to the Board for adoption as part of our governance structure

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 1G: Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.

Deliverables and milestones	Quarterly timeline
Development Programme designed and planned for new OD Relationship Managers.	Quarter 3
OD plans for each service area are scoped and prioritised	Quarter 4

- A team leader and organisational development Relationship Managers will be appointed in year and connected to the delivery teams across Hywel Dda
- Initial relationships will be developed and a programme to ensure role integration put in place

Planning Objective 2D: By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this

One of our aims is to create Multi-Disciplinary training within the organisation, as opposed to separate training for each professional group of staff.

We want to encourage our clinicians to 'grow our own' workforce to become registered practitioners.

Deliverables and milestones	Quarterly timeline
Recruitment of the Clinical Education Manager to support multi-professional clinical education with the Health Board	Quarter 4
Establish an Integrated Education Governance Group (IEGG) to maintain a strategic overview of the Health Boards' workforce, education and development opportunities	Quarter 4
Develop clinical governance around the development of the new roles, creating a toolkit for managers	Quarter 4

Section 1: Rest, Recovery and Recuperation of our Staff

Delivering our planning objectives

Planning Objective 2G: 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

Deliverables and milestones	Quarterly timeline
Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers,	Quarter 2

The Health Board is a major employer and contributor to the Foundation Economy, and this Planning Objective aims to support the recovery of our communities and future generations.

- Plans will be implemented to expand the Apprenticeship Academy and Future Workforce Office
- A new Kick-start programme will be instigated for individuals aged 16-24

Planning Objective 2H: By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.

Deliverables and milestones	Quarterly timeline
Comprehensive development programme of existing and new leadership training and coaching, and training needs analysis of future leaders (for succession planning)	Quarter 4

We will use research into best practice to inform programme design and delivery of the leadership talent management and succession planning strategy.

We will provide accelerated delivery of the coaching programme skills development.

Section 2: Recovery across our whole system

Introduction to Section 2

WG Signposting
Prevention
Reducing Health Inequalities
Primary and Community Care
Timely Access to Care
Social Partnerships
Planned Care
Mental Health
Regional

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care

Section 2: Recovery across our whole system

Introduction to Section 2

This section sets out our plans to recover services across the whole system.

Our collaborative model and approach is informed by A Healthier Wales, A Healthier Mid and West Wales, the Primary Care Model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Service Board's Wellbeing objectives and the priorities articulated by the seven Primary and Community Cluster Plans. The seven Clusters remain at the forefront of our work programme and each Cluster has fully reviewed and revised their Integrated Medium Term Plans (IMTPs) in line with contractual requirements and to help shape the vision of the Health Board's Annual Plan. Each of these IMTPs articulate:

- Reflections of 2020 COVID service delivery and impact on Cluster working and Cluster planning
- One year in reflections on the 2020/23 Cluster Plan content and ongoing relevance to direct future Cluster working
- Key Cluster Actions for 2021/22
- Cluster workforce Implications for 2021/22; Cluster financial implications for 2021/22, and
- Strategic influence / links / alignment with Health Board Annual Plan 2021/22.

These plans are focused on the principles of sustainable and resilient communities, timely advice and support on health and wellbeing, maintaining social connection, independence and activity. We will work in partnership with Local Authority Partners and the Third Sector in 2021/22 to deliver our priorities. The integrated County and Cluster plans will move us key steps forward in delivering the following:

1. Helping Strong Communities – to work in a place based way creating networks and supporting carers
2. Help to Help Yourself – to support self care and proactive care building on self management services that are in place and have capacity to expand and provide the skills to enhance self care.
3. Help when you need it - increasing time spent at home through a reduction in hospital admission and safe and speedy discharge through Intermediate Care
4. Ongoing Help when you need it – supporting those who have ongoing need for care and support
5. Help in Hospital – ensuring safe transfer and response when needed. Each of our four acute hospitals has articulated how it will meet each of the six urgent and emergency care targets (technical document)

Our success will be measured and reported through a set of whole system metrics (technical document).

Section 2: Recovery across our whole system

Working in Partnership Across the Whole System

Throughout the pandemic our local and regional partnerships have worked together to plan, communicate and respond to the needs of our population to ensure that we collectively impact the wider determinants of health and wellbeing.

Planning Objective 5H: Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.

These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional / skilled workforce that enables new ways of working in order that the following principles are achieved -

1. Increased time spent at home
2. Support for self care
3. Reduction in hospital admission
4. Safe and speedy discharge
5. Support for those at the end of life

Deliverables and milestones	Quarterly timeline
Develop clear set of definitions for each stage of the triangle and common term glossary	Quarter 1
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	Quarter 2
Completion of Integrated Locality Plans – first draft	Quarter 2
Key outcome measures will be developed and reported on for : 1. Increased time spent at home – aligned to the national framework 2. Support for self care – aligned to the use of technology, community network development and education 3. Reduction in hospital admission – for emergency medical care with an initial focus on our frail population 4. Safe and speedy discharge – with an initial focus on a reduction in number of delays when medically optimised 5. Support for those at the end of life – through the development of a Palliative & End of Life Strategy	Quarter 1-4

Section 2: Recovery across our whole system

Working in Partnership Across the Whole System

Through 2021/22 we will develop detailed implementation plans to:

- Deliver an integrated primary and community model through learning the lessons and hearing the stories of our staff, partners and population
- Design our organisational and partnership structures for effective delivery of cluster, county, regional and national needs and priorities
- Deliver care and support through an integrated multi-disciplinary workforce in the community where teamwork, career progression and excellence of care are central to our culture
- Deliver through a technology enabled care first approach, based on our regional learning
- Redesign our community estate to better meet the place-based needs of our population
- Demonstrate improving outcomes and patient experience for our populations, patients, carers and staff wherever they live based on 'what matters' to them.
    - Implementing our new Charter for Improving Patient Experience, which sets out a number of pledges or 'always experiences' which are those parts of the care that service users can expect to happen, such as being treated with dignity, respect and kindness.
    - Introducing a new patient experience feedback system for all of our services, so that we can capture feedback to inform our culture of safe and compassionate care and ensuring that the experience of our service users informs our priorities and decision-making.

Planning Objective 6D: Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital 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

Deliverables and milestones	Quarterly timeline
Refine and re-develop the Value Based Healthcare (VBHC) Programme Plan, identifying key pathway areas to engage with.	Quarter 1
Development of a Value Based Healthcare Clinical Leadership Group	Quarter 2
Undertake service reviews of three major condition areas to inform service development through the planning process.	Quarter 3
Development of data visualisation dashboards for the review and analysis of PROM responses in three service areas.	Quarter 3
Routine capture of Patient Recorded Outcome Measures (PROMs) in 17 service areas.	Quarter 4
Review of Value Based Healthcare Programme and development of work plan for coming year.	Quarter 3

We will identify opportunities for using technology to support our population, embed this to support proactive, self care and long term care and measure outcomes using Patient Reported Outcome Measures, Patient Reported Experience Measures, and Family Reported Outcome Measures

Section 2: Recovery across our whole system

Helping strong communities

Planning Objective 4C: For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022

In 2021/22, there will be a regional focus co-ordinated through the Regional Partnership Board on reviewing the outcomes and learning from the wide variety of funding streams provided by Welsh Government to deliver the priorities of the Public Service Board Well-being plans and ensure we achieve the very best outcomes for our population in return for the investment in our Healthier West Wales transformation programme. We will also be actively assessing the opportunities for further integration within the Welsh Government's White Paper 'Rebalancing Care and Support' and considering how these might help us delivery our shared ambitions in the future.

Deliverables and Milestones	Quarterly timelines
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	Quarter 2

Planning Objective 2A: Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024

Deliverables and Milestones	Quarterly timelines
Map current support for unpaid Carers and develop a Health Board specific plan for Carers that responds to the Regional Carers Strategy and takes account of feedback from Carers, including staff with caring responsibilities.	Quarter 2
Commission information, advice and outreach services from third sector partners and review data and intelligence from commissioned services to inform changes or updates to the Action Plan.	Quarter 4

In 2021/22 we will establish a Health Board Carers' Strategy Group with representatives from key directorates acting as Carer Champions (ensuring the voice of the Carer is considered in service delivery and design) to develop a University Health Board specific plan for Carers to:

- Roll-out the regional Investors in Carers scheme across a broad range of settings, teams and departments encouraging participants to progress through the three levels
- Support Carers to be involved with hospital discharge planning arrangements. (Through advice and support to Carers and delivery of bespoke training to ward and community based staff)
- Deliver increased support to employee Carers through our health board Employers for Carers Statement of Intent
- Commission information, advice and outreach services from third sector partners to support the empowerment of unpaid carers, including young carers and young adult carers

Section 2: Recovery across our whole system

Helping strong communities

Priority area	What will success look like?	How will we measure this?
Improve the early identification and self-identification of Carers, including Young Carers and Young Adult Carers.	• Health Board staff will recognise Carers and understand how to signpost them to information and support services.	• Number of teams achieving an Investors in Carers award and/or show progression through the award levels of Bronze, Silver and Gold. • Number of staff completing Carer Aware e-learning (or other Carer awareness training).
Ensure a range of services are available to support the well-being of Carers of all ages in their life alongside caring.	• Health Board commissioned third sector services ensures provision of assessable information, advice and assistance to Carers of all ages. • Increased involvement of unpaid Carers in discharge planning to support timely transfer of care to home or community settings.	• Resources allocated to commission Carer specific support services. • Reduced length of stay as hospital in-patient or in community/field hospitals. • Audit of Carer involvement recorded within the new electronic patient records.
Support Carers to access and maintain education, training and employment opportunities.	• Health Board staff are confident to self-identify as Carers and seek support with their caring role.	• Number of staff accessing Carer Peer Support networks.
Support Carers to become digitally included.	• Carers are supported to be digitally included during care planning, treatment and discharge meetings.	• Number of Carers participating in planning, treatment and discharge meetings using digital capabilities

Section 2: Recovery across our whole system

Help to help yourself

Planning Objective 1D: By September 2021 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.

Deliverables and milestones	Quarterly timeline
Identification of local leads to drive work forward	Quarter 2
Develop an infrastructure to support, sustain and develop the networks.	Quarter 3

The early identification of people's needs through multi-professional and organisation care planning and the provision of timely and accessible support, particularly to enable proactive and self care are key components to our strategy and a social model for health and wellbeing. Our key Actions for delivery in 2021/22 are:

- **Equitable Principles & Standards** : We will finalise, embed and monitor the Principles and Standards for Proactive Care provision for the Region which will include targeted and coordinated responses based on stratified need, a focus on what matters most to people and the provision of digital and technological solutions as an integral part of our offer
- **Self Care :** We will provide all people living with a long term condition and their carers access to self-management, education and support as part of their usual care pathway
- **Digital Solutions for Access & Care :** We will embed virtual clinics for our population to support safe, effective and equitable access to review across the Region including further rollout of e-Consult and Attend Anywhere in Primary Care settings (GP Practices & Community Pharmacies)
- **Primary Care Sustainability & Contract Reform :** We will work with the four contractor professions to stabilise service provision as we move into the recovery phase post COVID pandemic. Our key priority will continue to be to support service modernisation, that provides timely and appropriate access to local services, using contract reform as a driver for change. We will develop a plan to return the remaining University Health Board managed practices to independent contractor status providing that the platform to enable this to happen is sufficiently flexible to meet the needs of GMS contractors, utilising the Pacesetter Programme commissioned the Royal College of General Practitioners
- **Regional Implementation of Cluster Plans :** We will implement three of the key priority Cluster projects - Social Prescribing, Respiratory Nursing and Pre-Diabetes
- **Place Based Integrated Teams :** We will develop integrated place-based teams to support continuity of care and the building of professional relationships across our system for population groups across the life course, and link teams to a review of Primary and Community estate underpinned by a Five Facet Survey undertaken at the end of 2020/21

Our work with the Social Value Portal has demonstrated significant areas of our population who are adversely affected by deprivation in access to services. While digital access to services represents a key opportunity to partly address this and transform what we do; we are conscious of the risk that some may still be left behind. During the year, we will begin to work on a framework to support digital inclusion within a broader workplan on equity in service access across our Health Board

Section 2: Recovery across our whole system

Help to help yourself

Planning Objective 5I: Develop an equitable service for Children and Young People (CYP) ensuring CYP receive the care that they need. Bring together services to meet the needs of the children. This is within the context of 'No Wrong Door' launched by the Children's Commissioner in June 2020. This relates to children with 'complex needs', acknowledging that there are many definitions attributed to this term. The organisational values should be at the heart of this programme.

Deliverables and milestones	Quarterly timelines
Children and Young people's working group to identify the key priorities to inform a plan for delivery in 2022/2023.	Quarter 3
Develop a draft implementation plan for 2022/2023 for consideration by the Board.	Quarter 3
Install QBTech to support diagnosis of ADHD	Quarter 2
Review current working practices. Consider roles and responsibilities with in Community Paediatrics	Quarter 2

In 2021/22 we will undertake a comprehensive assessment of all Children's and Young People Services and develop a detailed plan for implementation. As part of this the School Nursing Service will focus on supporting emotional wellbeing, vaccination and health promotion for school aged children with the wider Children's Community Nursing Service and the Healthy Child Wales Programme will be embedded and delivered.

Going forward into 2021/22 the Women and Children's Directorate will work together with Learning Disabilities and Specialised Children and Adolescent Mental Health Services to explore and implement integrated roles to facilitate improved collaboration and pathways of care. February 2021, saw the inaugural meeting of the Regional Children & Young People' Group, bringing together Health, Local Authorities, West Wales Care Partnership and the Voluntary Sector to develop the strategic regional aspirations for improving outcomes for children and young people and their families/carers. Informing and supporting the long term system changes needed to realise these aspirations with the aim of ensuring a 'no wrong door' approach.

In moving forward to support this Planning Objectives, the following considerations are critical:

- Accessibility
- Focusing on embedding values, equality and inclusiveness
- Include the new planned customer service offer
- 'No Wrong Door: bringing services together to meet children's needs' Children's commissioner for Wales.
- Voices of the Children and Young People Steering group
- Iechyd dda and 3rd sector

Section 2: Recovery across our whole system

Help when you need it – community and acute

Planning Objective 5J: Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model

Deliverables and milestones	Quarterly timelines
Phase 1: 'Contact First' ED/MIU dispositions and scheduling, by the end of July 2021	Quarter 2
Phase 2: 'Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021	Quarter 2
Phase 3: Fully Operational Streaming Hub, by end of July 2021	Quarter 2

Timely and appropriate response to the changing needs of individuals is an essential element of our plan. In 2021/22 we will deliver the 'Contact First' / Urgent Primary Care model in order to co-ordinate our urgent care response to the exacerbating health and care needs of our population and maintain people in their own homes and communities. Our vision is to create an integrated 24/7 single point of contact for urgent clinical assessment and 'streaming' so that patients access the right service at the right time in the right place. The project will cover the following key areas the four Cs;

- Conveyance and Self Presentation to Emergency Departments (ED),
- Clinical Streaming Hub
    - Physician Streaming, Assessment & Triage (PTAS) of the WAST stack
    - Urgent Primary Care 'eyes on' assessment (GP led)
- Conversion rates,
    - Same Day Emergency care (SDEC) including comprehensive frailty assessment
    - Urgent Primary Care
- Complexity management of the frail elderly
    - Frailty clinic including comprehensive geriatric assessment
    - Urgent Primary Care
- Capitalising on discharges within a 72-hour period
    - Good Hospital Care for the non-frail

Phase 1: 'Contact First' ED/MIU dispositions and scheduling, by the end of July 2021

- Establishment of Clinical streaming hub
- PTAS go-live during core hours Mon to Fri 11:00 – 14:00
- Contact First Readiness Matrix Review
- Approval Process '111' Soft Launch – MOU/SOP Sign off

Phase 2: 'Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021

- Development of SDEC and Hot Clinics at each Acute Hospital Site as a minimum
- Define and implement Urgent Primary Care offer in each cluster

Phase 3: Fully Operational Streaming Hub, by end of July 2021

- Agree scope and principles of Locality Single Points of Contact for local delivery of alternative pathways based on population need and demand
- Directory of Services robustly updated and tested against a checklist pre-launch to maximise opportunities to divert to alternative pathways

Section 2: Recovery across our whole system

Help when you need it – community and acute

Key outcome measures will be developed and reported on for :

1. Increased time spent at home – aligned to the national framework
2. Reduction in conveyance to hospital for our frail elderly population
3. Increased utilisation of SDEC to avoid admission to an acute hospital bed
4. Increased utilisation of alternative pathways to avoid admission – palliative care, intermediate care etc
5. Reduction in hospital admission – for emergency medical care with an initial focus on our frail population
6. Increased discharges within the first 72 hours for the non-frail

When urgent care works well it contributes to **'Help in Hospital'** by ensuring that the population only attends acute hospital when their needs require it, enabling people to return home from hospital quickly to recover in the best place for them.

The Six Goals Framework for urgent and emergency care provision allows us to describe our whole system approach to optimising patient flow through acute hospitals and enhance access to emergency services routinely and at times of escalated. A detailed implementation plan will be developed in quarter 1 for Committee scrutiny.

Our key Actions for Delivery in the community 2021/22:

- **Equitable Principles & Standards:** We will implement and monitor our Regionally agreed Principles and Standards for Intermediate Care and our Regional Discharge Principles and Standards based on the Welsh Government Discharge Requirements
- **Crisis response:** We will implement the three key features of 'Contact First' through the provision of a 24/7 hub for clinical advice that can effectively take enquiries / dispositions from '111' and / or primary care and through assessment 'stream' to more appropriate local response pathways and schedule local 'wait and treatment' response. The 'Clinical Hub' will also embed the Physician Triage Assessment & Streaming (PTAS) service with Welsh Ambulance Services Trust to reduce unnecessary / inappropriate conveyance to hospital
- **Home based intermediate care:** We will increase capacity for home based care and pathways including integrated falls prevention, carer support, respiratory illness exacerbation , rapid access to diagnostics and acute nursing response in the community
- **Discharge to Recover and Assess:** We will take a proactive approach to community led discharge planning, implementing a 'Home First' culture and fully implementing the Discharge to Recover and Assess (D2A) pathways. This will require us to increase our capacity with Local Authority Partners for home based care, intermediate and interim bed based care and reablement

Section 2: Recovery across our whole system

Help when you need it – Primary Care

Planning Objective: To implement contract reform in line with national guidance and timescales

Deliverables and milestones	Quarterly timelines
Support Primary Care to work through the contract reform process and support four key priorities: quality and safety, workforce, access to services, and cluster working.	Quarter 4

Contract Reform:

With the national focus considering contract reform across all professional groups it is hoped that this will lead to greater parity and transparency of contractual arrangements across all four contractor professions. The University Health Board has continued with the work of its Access Forum during the pandemic and has an identified work programme for 2021/22. A programme of work, agreed with the Local Medical Council to undertake a systematic review of Local and National Enhanced Services will be completed in 2021/22 with a view to adjusting content and remuneration to ensure they remain fit for purpose and deliver timely and cost-effective care to patients.

Key Actions for Primary Care and Cluster delivery in 2021/2022:

- Commissioning of a Five Facet Survey of our General Medical Practice estate to underpin the development of a Primary Care Estates Strategy
- Evaluation of the use of digital solutions to improve timely access to care
- Development of a proactive package of sustainability support
- Development of a plan to allow the return of University Health Board Managed Practices back to independent contractor status
- Undertake a systematic review of National and Local Enhanced Service Specifications
- Support the scale up and roll out of Cluster identified priority projects
- Reinstate contract management in line with the reset of services

Key actions for Community Pharmacy delivery in 2021/22:

- Publish the Pharmaceutical Needs Assessment by October 2021
- Implementation of the Community Pharmacy Cluster Lead role
- Roll-out of Community Pharmacy Walk-In Centres aligned to sustainable service provision and unscheduled care pathways
- Reintroduction of suspended Enhanced Services e.g., Sore Throat Test and Treat and roll out training for Triage and Treat to increase the number of pharmacies offering the services
- Investment in Independent Prescriber roles linked across Pharmacy and General Medical Practice
- Reinstate contract management in line with the reset of services
- Commissioning of any ongoing vaccination programmes directed by COVID response plan
- Commitment to maximise the use of digital solutions to support ongoing modernisation of services

Key actions for General Dental delivery in 2021/22:

- Implementation of the Contract Reform in line with national guidance
- Complete a review of the commissioning arrangements for in hours urgent access and out of hours dental services
- Complete a review of the pathway for paediatric, special care and tier two minor oral surgery dental services including the development of a specialist services and a review of General Anaesthetic provision
- Complete a review of the pathway for paediatric dental services including the development of a specialist service and a review of General Anaesthetic provision
- Complete a review of orthodontic waiting lists generated as a result of COVID
- Commitment to maximise the use of digital solutions to support ongoing modernisation of services

Section 2: Recovery across our whole system

Help when you need it – Primary Care

Key actions for Optometric Service delivery in 2021/22:

- Implementation of the pathways developed throughout the red phase of the pandemic with a shift of resource to support service development
- Reinstate contract management in line with the reset of services;
- Commitment to maximise the use of digital solutions to support the ongoing modernisation of service provision
- Complete a review of the Glaucoma pathway through regional working with Swansea Bay
- Develop and implement an improved service specification to support the Complex Contact Lens pathway
- Work with South West Wales Regional Optometric Committee (SWWROC) and Optometry Wales to establish urgent eye care access via 111. This service will allow patients to access the most appropriate advice and services for eye related advice or care

Primary Care Reset and Recovery Planning

In seeking to support the return to pre-COVID-19 contract delivery it is recognised that some of the Infection Prevention and Control parameters and continuation of social distancing measures may have some impact on the ability of Primary Care Contractors to deliver services in the way that they used to. Additionally, there is recognition that this is now the time to reflect on those services that need to be reviewed in order to address any backlog as well as looking to the opportunities to scale up and roll out new models of care that bring services into primary and community services. The following list, split by contractor, sets out the aspiration for this work. There is some potential that some of the areas identified could be delivered across a number of the contract professional groups.

General Medical Services

Whilst Practices were encouraged and supported to continue with their chronic disease management work throughout the pandemic there are potentially a number of key clinical areas where additional time to work through these areas may be required to ensure that timely and appropriate patient care is delivered. Additionally in reviewing current service provision there is also scope to consider new ways of working e.g. secondary care generated phlebotomy, GP led reviews of waiting lists etc:

- Anticoagulation reviews in primary care
- GP-led review of waiting lists – pilot in Clusters
- Primary Care Musculoskeletal Pathway and self-help applications
- Diabetic reviews and patient education programmes
- Cervical screening clinics in primary care
- Dermoscopy education programme and dermatoscopes for primary care
- Digital Programme for long COVID-19
- Introduction of remote blood pressure monitoring tools in primary care
- Additional spirometry testing clinics
- Implementation of asthma / COPD prioritisation tools
- Commissioning of a mental health & wellbeing capacity and training for staff
- Annual Health Checks for people with learning disabilities
- Children and Young People's counselling services
- Tier zero Adult Mental Health services
- Supporting secondary care generated phlebotomy in GMS
- Online patient education programmes (Pocket Medic etc)

Section 2: Recovery across our whole system

Help when you need it – Primary Care

Primary Care Reset and Recovery Planning (continued)

Community Pharmacy

Work had already progressed prior to the pandemic on the development of Community Pharmacy Walk In Centres. Now is the time to reflect on their development and to scale up the roll out of the initiative to more Community Pharmacies as well as considering enhancing the range of services that they can deliver to support the wider system pressures:

- Care home medication reviews conducted by Community Pharmacies
- Respiratory Inhaler Review Service
- Specialist Clinical Pharmacist to pilot chronic pain and medication reviews
- Ear Wax removal

General Dental Services

Undoubtedly one of the areas where the biggest impact of the suspension and a slow reset of services has led to a significant increase in patient demand across all sectors of the service. Despite increasing current urgent access sessions throughout the pandemic (three-fold) demand is still outweighing the ability of the service to deliver timely care to patients. Furthermore, due to the provision of AGPs in some of the more specialist services such as Minor Oral Surgery additional time and investment is needed to assist in clearing the backlog of patients now waiting for care.

- Additional in-hours dental access – (Sedation / OOH Capacity)
- Oral Surgery Service to address backlog
- In-hours urgent dental appointments (Dental Helpline)
- Additional in-hours dental access – All Patient Groups
- Orthodontic care for children/young people
- Vulnerable adults requiring general anaesthesia for dental procedures

Optometric Services

Work to develop a number of pathways during the pandemic to shift services from secondary care to primary care services has proved to be successful which sets a sound baseline for future scale up and roll out of optometric led services:

- Glaucoma Follow ups not booked
- Independent Prescribing Optometric Services (IPOS) including Domiciliary Emergency Eye Care Service (DEECS)

Section 2: Recovery across our whole system

Ongoing Help When You Need It

The timely and proportionate provision of information, advice and assistance for people with long term health and care needs will adhere to value based healthcare principles. Our key focus in 2021/22 is to increase 'days spent at home' for people with ongoing and complex needs . We will ensure that this population receive the greatest proportion of care and treatment at home , only seeking hospital care when no other alternative is identified, and delaying residential / nursing care until absolutely necessary. Key Actions for Delivery 2021/22 :

- **Equitable Principles & Standards:** We will implement the agreed principles and standards for palliative care provision for the region. We will implement and monitor the agreed regional escalation and risk management policy for Care Homes. We will approve, implement and monitor the regional escalation and risk management policy for domiciliary care with Local Authority Partners, including the review of medicines management in domiciliary care and care homes.
- **Palliative Care:** We will finalise our Palliative Care Strategy, identify and set out our plan to address gaps in best practice and ensure equity of provision and outcome for our whole population across the region. This will ensure we develop sufficient capacity to provide care at home for people at the end of their life
- **Dementia:** We will finalise our Dementia Strategy, identify and set out our plans to address gaps in best practice to improve outcomes for our population across the region
- **Integrated Care Planning & Teams:** We will develop consistent approaches to care planning which is co-ordinated, collaborative and communicated and we will align specialist professionals and advice in the integrated community teams to facilitate the shift of care into community based clinics and support the development of local holistic skills for generic teams

Planning Objective 5P: During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.

Deliverables and milestones	Quarterly timelines
Undertake engagement with the sector (survey)	Quarter 1
Analysis of existing data sources	Quarter 1
Engagement with the sector (interviews)	Quarter 2
Sign off final report, Presentation to the Regional Commissioning Programme Group	Quarter 2

- **Care Homes:** We will undertake a Market Stability Assessment regionally. We will review the Pre-Placement Agreement with our partners in the independent sector and Local Authorities. We will embed the use of the Findaplace website in order to provide bilingual information about care homes and vacancies for patients, families and carers. We will work with care homes and care agencies to enhance sustainable models of care for our local populations including testing and vaccination to support care home residents and staff
- **Domiciliary Care:** We will work with our Local Authority partners to develop plans to address sustainability in the market. This includes our commitment to reducing deconditioning of patients in hospital and proportionate assessment of care requirements on discharge to optimise capacity of this finite resource. Further we will explore models that will compliment domiciliary care provision whilst not destabilising the sector

Section 2: Recovery across our whole system

Ongoing Help When You Need It

Planning Objective 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.

Planning Objective 5R: Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda

Deliverables and milestones	Quarterly timelines
Development and approval of job description	Quarter 1
Commencement of Interface Asthma Specialist Nurses	Quarter 2
Development of a of a delivery plan	Quarter 3
Develop a system for reporting Use PROMS and PREMS to evaluate service	Quarter 3

Strategic Direction:

- **COVID Learning:** The priority action for 2021/22 and onwards is to take the learning from the COVID pandemic and ensure that the good work and innovation is not lost as we move back into the reset of contract management. The use of technology both just prior to the pandemic (Pacesetter programme of E-Consult), the use of Attend Anywhere and the wider consideration of the use of digital solutions to assist in patient care and disease monitoring needs further consideration, to ensure that patients have timely and appropriate access to care
- **Primary Care Estates Strategy:** Priority is also given to the development of a Primary Care Estates Strategy, linking with the work that has been commissioned by Welsh Government with Archus as well as considering the learning from the pandemic, both in terms of technology as well as Infection Prevention & Control measures. This will be underpinned by a Five Facet Survey which the University Health Board is taking through a procurement exercise during the latter quarter of 2020/21. Due to the contract relaxation the revised programme of annual returns and visits has been suspended but will be brought back into the work programme of the team as soon as the contract reset allows

Section 2: Recovery across our whole system

Ongoing Help When You Need It

- **Clusters:** Cluster continue to remain at the forefront of our work programme both in terms of future service development and sustainability of General Practice. Throughout the pandemic through Cluster working Practices have been supported to ensure that they have future proofed IT systems and processes in place that support remote working, investment in Practice premises through Improvement Grants to ensure all necessary Infection Prevention and Control measures are in place and to consider revised business continuity plans to support the future development of working across contractor professions for a sustainable service model. Each Cluster has fully reviewed and revised their IMTPs in line with the contractual requirements and to help shape the vision of the University Health Board's Annual Plan
- In demonstrating its commitment to **Cluster models of delivery**, the Board has supported the scale up and roll out of three of the key priority projects (Social Prescribing, Respiratory Nurses and Diabetes) identified by the Leads to be implemented from 2021)
- **Pacesetters:** The pandemic has given some Practices a sense of stability that otherwise could have seen them face significant pressures through managing patient demand and expectation coupled with workforce pressures. Through the Pacesetter programme the RCGP were commissioned to deliver their sustainability support programme to a maximum of 10 Practices within the University Health Board area during 2020/21. Whilst this work has mainly been conducted remotely the feedback has been positive and has played a part in actively supporting Practices to remain as independent contractors whilst putting practical support solutions in place. Moving into 2021/22 we would want to build on this work and have an agreed framework for support that promotes sustainable General Practice

Section 2: Recovery across our whole system

Mass Vaccination

Gold Command Instruction
To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.

Faced with the biggest contribution to population health in decades, our ambition is to deliver the largest vaccination programme through unprecedented challenges. Challenges due to changes to policy and supply of vaccines and the competing demands of accelerated COVID transmission and increased pressures across the NHS system.

In 2021/22 our COVID vaccination programme will protect those who are at most risk from serious illness or death from COVID and deliver the vaccine to them , and to those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), the University Health Board will reach all its population in priority groups 1-9 by mid-April 2021, with a first dose, and completed a second dose vaccination where due. We will offer vaccination to the rest of the eligible adult population according to the latest Joint Committee guidance by the end of July 2021.

Our plan sets out our delivery channels, volumes to be delivered in each, vaccine handling/storage and equitable distribution arrangements. Data entry, handling, security and data quality arrangements are also included as well as a robust and effective call/recall system. Weekly public facing and management facing dashboards are also included in the implementation plan to support communications and transparency. (A Technical document is available)

Section 2: Recovery across our whole system

Test, Trace and Protect;

Gold Command Instruction

- **Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by Welsh Government**
- **Through 2021/22 continue to support and provide regional co-ordination to the Test, Trace and Protect service across the three counties of Hywel Dda**

Deliverables and milestones	Quarterly timelines
Testing Delivery Plan updated each time Welsh Government changes testing guidance/policy	As appropriate to reflect requirement
Testing Delivery Plan updated each time regional modelling is reviewed and predicted demand for testing changes fundamentally	As appropriate to reflect requirement
Refreshed Delivery Plan ratified by Public Health Gold, Silver Tactical and provided to Public Board	As appropriate to reflect requirement

Test, Trace, Protect Programme

Working with partners in Public Health Wales and Local Authorities, we will deliver a robust Test, Trace, Protect programme through 2021/22. It is fundamental to helping us find a way to live with the disease until the vaccine has been administered more widely to our population.

Testing and Sampling

The University Health Board has developed a testing infrastructure to ensure that anyone who needs a RT-PCR antigen test can access one. We deliver sampling in the community for asymptomatic pre-operative and pre-chemotherapy patients, symptomatic care home residents, whole home testing in care homes where a positive case is found, and in hospital for emergency admissions and within ward settings. We will achieve implement testing every five days for all inpatients across acute, community and mental health and learning disability beds.

All community symptomatic testing for the general public and critical workers is undertaken via the UK Portal and the Department of Health and Social Care Lighthouse Laboratories. Routine testing of asymptomatic care home staff is also undertaken via this route.

The University Health Board has a number of community testing sites across all three counties, with plenty of capacity, and has the ability to flex additional testing at speed in response to local outbreaks. The University Health Board will provide the offer of twice-weekly testing using Lateral Flow Devices (LFDs) to all asymptomatic patient-facing Health Board staff and students. The roll-out plan will be complete by 31 May 2021. This offer is also being extended to Primary Care Contractors.

Routine asymptomatic Lateral Flow Device testing is being offered extensively across other sectors, including social care, education and private businesses. The detail regarding COVID sampling and testing can be found in the Testing Operational Delivery Plan. (A technical document is available)

Section 2: Recovery across our whole system

Test, Trace and Protect;

Contact Tracing

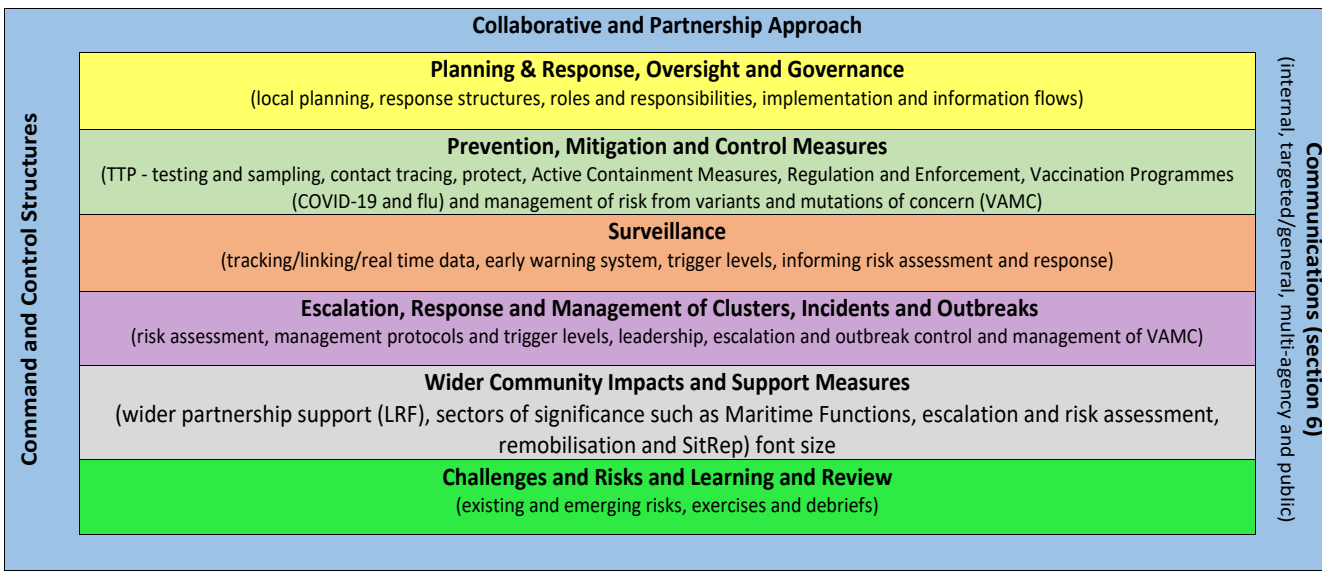
Contact tracing is undertaken regionally on a county basis. The University Health Board has provided leadership and direct support to the Regional Response Cell for coordination of the RRC and to support the contact tracing within the hospitals. In addition, there is the ongoing work of the Infection, Protection and Control teams in both the hospital and community. The core elements of the contact tracing is undertaken by the local authority teams working in partnership with the Regional Response Cell staffed by Public Health Wales and the University Health Board admin and nursing team.

Future of Track, Trace and Protect

We will develop and implement the medium and long-term plan for TTP in line with Welsh Government guidance. Public Health Wales, the University Health Board and Local Authorities will review plans once further information is available. This will include the need to be agile and flexible, to respond to any changing circumstances, including the easement of lockdown and the potential impact of the vaccination programme and Variants and Mutations of Concern. The latest local Prevention and Response Plan is available as a technical document

Prevention and Response Plan

The University Health Board as part of The West Wales Regional IMT (Prevention & Response Partnership) has been instrumental in leading on the Local (COVID-19) Prevention and Response Plan (2021/22), and is based around the following model.



Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

Planning Objective 5G: Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.

Deliverables and milestones	Quarterly timeline
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.	Quarter 3
Extend Out of Hours Clinical Co-ordinator Service across Mental Health and Learning Disabilities after 17.00hrs and operational on weekends and Bank Holidays.	Quarter 3
Develop service specification for Community Mental Health Centres including model, service delivery methods and referral criteria.	Quarter 3
Develop referral pathways and establish Single Point of Referral teams in each Local authority area.	Quarter 4
SPOC team recruited and trained with Mental Health 111 Single Point of Contact fully operational 24/7	Quarter 3
OLDER ADULT MENTAL HEALTH Home-for-Life Care Home Design Pilot will commence with Carmarthenshire Local Authority and Long-Term Care Team	Quarter 3
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).	Quarter 3
Develop a service specification for Memory Assessment Services (inclusive of LD pathway) including model, service delivery methods and referral criteria.	Quarter 3
Develop a service specification for Older Adults Community Mental Health Team including model, service delivery methods and referral criteria.	Quarter 3
COMMISSIONED SERVICES Review all commissioned providers, undertake market engagement Commence full procurement exercise with contract award November 2022	Quarter 3
Evaluate Primary Care Services and identify service needs.	Quarter 3
SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES Develop new pathways linked to Adult Mental Health services and Expand School In-Reach Programme	Quarter 4

Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

Planning Objective 5G: Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.

Deliverables and Milestones	Quarterly Timelines
Develop a service specification for Learning Disabilities Services including model, service delivery methods and referral criteria.	Quarter 4
Finalise clinical pathways, with a focus on simplifying access and becoming more accessible with improved links to primary care.	Quarter 4

Our plans for 2021/22 will build on the changes we made in response to the pandemic, which accelerated some of our ambitions for transforming mental health services. A detailed implementation plan for the next stage of the Transforming Mental Health programme will be developed in quarter 1.

Our response to the pandemic
A core principle of our vision was the development of 24/7 community services across our footprint. We began piloting the integration of Community Mental Health Teams to deliver a 24/7 drop in service in Ceredigion, before the pandemic. During the pandemic, we built on this by co-locating and integrating our Crisis Resolution Home Treatment Teams and Community Mental Health Teams to provide seven-day mental health services, and tested the development of a temporary Centralised 136 Assessment Unit.

Places of safety for people in mental distress
During the pandemic we worked with partners, including the third sector, to provide 'out of hours' sanctuaries and pilot hospitality bed provisions, providing places of safety for people in mental distress who are detained by the police under Section 136 of the Mental Health Act.

Partnership work with the third sector
During the first wave of the pandemic, third sector-commissioned services adapted to offer telephone/online services on a three county basis where possible. Throughout the pandemic work has continued to work closely with the third sector and referrals to those services are up by 20% during the pandemic. They also do a huge amount of work to continually update local directories of services.

Mental Health and Learning Disabilities Single Point of Contact (SPoC)
After the first wave of the pandemic we reported that, due to competing priorities, work to develop a Mental Health and Learning Disabilities single point of contact (SPoC) had halted. Since then however, work to develop this service has progressed at pace, and the Directorate has secured Welsh Government funding to pilot a SPoC for mental health services via 111. The pilot began in January 2021 and triages calls from people requiring mental health support at all levels of need, including calls from carers. Over time, we will build a multi-disciplinary team element to this 111 service, providing a 'one-stop shop' approach to people requiring mental health support. We are training primary care staff to take part in the pilot, so that locally staff will know how to signpost people to services.

Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

The post-COVID mental health crisis

We are expecting some of the social impacts of the pandemic to impact on people emotionally, presenting as anxiety or depression, or as practical unmet needs, rather than as mental health conditions which require diagnosis and treatment. We therefore expect that people will need more Tier zero / Tier one type of support. Our Single point of contact service will provide a triage service which will help to signpost people to appropriate sources of help.

Learning Disabilities

- The Directorate has arranged for a dedicated resource to lead work on Learning Disabilities over the next year, which includes work on the 'Improving lives, Improving Care' review of the care and treatment of people who are inpatients in learning disability hospitals
- The Directorate will be undertaking an organisational change process, to include Community Learning Disability teams, and a review of residential units
- We will ensure that the community team is well resourced and proactive. We will continue to provide an inpatient assessment function – there is therefore no need to go out to consultation on changes to services

Specialist Child and Adolescent Mental Health Services (S-CAMHS)

Work is ongoing to scope options for filling our vacancies. We are exploring other types of roles to backfill areas of deficit – however, certain statutory duties may only be undertaken by medics, in line with the Mental Health Act and Mental Health Measure

S-CAMHS will focus on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people.

Objectives and deliverables for 2021/22 include:

- Develop new integrated service model for children with mental health and learning disabilities.
- Develop a multi-disciplinary Perinatal Mental Health with collaborative service development with partners
- Extend the current provision within the Perinatal Mental Health Service by developing infant mental health services.
- Work towards meeting the RCP Standards for Perinatal Mental Health.
- To deliver timely multi-disciplinary assessments and interventions in Autistic Spectrum Disorder services (all ages).
- Increase capacity to meet demand in Autistic Spectrum Disorder services.
- Restructure S-CAMHS Crisis & Assessment Teams to extend service delivery over seven days.
- Undertake evaluation of primary care mental health services in line with future third sector commissioning needs.
- Strengthen pathways with adult services in line with Transforming Mental Health agenda and to improve transition pathways.
- Further develop School In-Reach programme from pilot phase to extend across all 3 local authority areas.
- Develop an Eating Disorder Service which will align closely to the adult service to increase access to timely assessment, treatment and transition.

Section 2: Recovery across our whole system

Mental Health and Learning Disabilities

S-CAMHS will ensure that Children and young people receive timely access to assessment and treatment along with Increased access to Psychological Therapies and a reduction in waiting times for evidence –based therapy. We will endeavour to meet Welsh Government Perinatal Mental health targets (14 days referral to assessment) along with Welsh Government 26 week performance standards for assessment and treatment interventions. Undertake robust demand and capacity planning to enable accurate service profiling ,map trajectories and address / reduce waiting times. Increase capacity of Specialist Perinatal Assessment and Reduction in inpatient admissions. Make sure effective therapies are offered to all patients . Ensure that people in receipt of secondary mental health services have an appropriate care and treatment plan. Work towards lowering A&E and MIU attendances.

Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder (ADHD)

- The directorate continue to receive a large volume of referrals to these services. These are referrals to undertake diagnostic assessments
- The team numbers are small and require suitably trained staff this means that service provision is highly sensitive to vacancies and absences

Together for Mental Health Delivery Plan

- This Plan is not only the responsibility of the University Health Board but also partners within education, social care, and social justice
- We have recently established a task and finish group to agree which partners are progressing and reporting against which milestones, and therefore will set out the work programme
- We will be reporting against these milestones in June 2021

Section 2: Recovery across our whole system

Planned Care

Gold Command Instruction
To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with WG.

Deliverables and milestones	Quarterly timelines
Establish a formal Recovery Planning Workstream engaging with secondary, community and primary care teams.	Quarter 1
Recovery Planning Workstream to agree work programme to inform further recovery priorities for 2021/22 and 2022/23.	Quarter 2
Confirm core (internal) service capacity & delivery plans, along with additional activity / outsourcing service capacity & delivery plans for 2021/22	Quarter 1
Progress regional cataract solutions	Quarter 2
Implement demountable solution for Prince Philip Hospital to increase capacity	Quarter 4 (subject to procurement and planning processes)

Planned Care Recovery Planning – Quarters 1 and 2

Our planned care recovery capacity assumptions for the remainder of 2021/22 are based on the modelling reflected earlier in this plan. These anticipate the continuing challenges we expect to face in managing increasing unscheduled care related demands on our system in the months ahead whilst endeavouring to protect 'green' planned care pathways on each site, all against the backdrop of a significant and sustained staffing challenge.

Due to the continuing impact of latest available guidance regarding Infection Prevention and Control precautions and appropriate social distancing of patients and staff (including continuing provision for separate pathways for COVID and non-COVID patients) we do not expect our available planned care capacity to match that available prior to March 2020. The actions identified in this plan are therefore designed to enable patients with the highest clinical priority to access care, maximising capacity available to us across our existing facilities and supplemented by utilisation of the independent sector. Our planned care recovery is focussed on the following priority areas:

- Outpatient transformation and improvement
- Maximising theatre; therapy and endoscopy capacity
- Utilisation of the independent sector
- Progress towards sustainable medium term expansion of day surgical and endoscopy capacity via a demountable facility solution
- Phased progress towards a sustainable, regional recovery plan for cataract surgery in partnership with Swansea Bay
- Maintenance and further improvement of essential cancer pathways
- Maintaining contact with and support for patients awaiting access to care

We will use a risk stratification model to assess and prioritise all existing and new patients, taking into account length of wait and clinical urgency, including suitability for virtual or Face-to-Face appointments categorising patients according to five levels of urgency. This will also be supported by our Single Point of Contact initiative, which is detailed later in this section.

Section 2: Recovery across our whole system

Outpatients

Outpatient Transformation & Improvement

We will continue our approach to deliver services differently and maximise the use of digital tools in our recovery planning. We have committed additional resources to support the transformation work at pace with key actions in 2021/22:

- Digital innovation has been a key part in the delivery of outpatient services during COVID. We will continue to rollout digital services across the system (e.g. Consultant Connect; Attend Anywhere Patient Knows Best; Microsoft Teams / Booking App), including virtual clinics, Seen On Symptom and clinical validation.
- All scheduled care services are encouraged to utilise Seen On Symptom and Patient Initiated Follow-Up. Targeted resources have been deployed to those specialities where it is anticipated this option could be more widely utilised.
- Those services that are receiving electronic referrals have been configured to now enable the receiving clinician to indicate the preferred consultation method, enabling services to manage face-2-face and virtual booking processes more effectively and only using face-2-face outpatients' slots where necessary. This also identifies patients suitable for straight to test/one stop from point of referral, e.g. Dermatology, Cardiology, and Respiratory. There are four services that require this update to the system, which is in progress. Those services that are not yet receiving referrals will have this update added during configuration.

To supplement this and help support further progress towards our outpatient transformation priorities, we have submitted an Outpatient Transformation Plan with proposals for additional funding to be sourced via the WG Outpatient Transformation Fund for 2020/21. This plan has been designed to achieve the following strategic aims:

- To reduce the numbers of patients waiting for a follow up appointment;
- To reduce the length of time patients are waiting for a new and follow up appointment;
- To achieve the identified targets agreed in the Outpatients Strategy; and
- To transform the way, outpatient services are delivered and that these are sustainable.

If supported, our Outpatient Transformation plan will enable:

- Roll out and embedding of embedding of See-on-Symptoms (SOS) and Patient Initiated Follow Ups (PIFU), pathways as an alternative to traditional automatic face-to-face follow up appointments.
- Embedding and expansion of the use of virtual approaches in service delivery to minimise the requirement to attend physical outpatient departments.
- Development of group consultations/shared medical appointments as an alternative to the default 1:1 appointment model.
- Support for delivery of waiting list validation programmes.
- Central resources for the delivery of the Outpatients Strategy and transformation to include long-term reductions to the new and follow up waiting list over the period 2021/23.

Section 2: Recovery across our whole system

Outpatients (continued)

A copy of the detailed Outpatient Transformation Plan is appended with this Annual Recovery Plan. For reference, the key priorities and additional funding proposals are summarised below:

Activity	New Funding Requested 2021/22
Transformation workstream – eye care	
Eye care – glaucoma training for optometrists	£77,551
Eye care – community glaucoma support	£100,682
Transformation workstream – new ways of working	
Seen-on-sight; Patient Initiated Follow-up and group consultations	£51,227
Patient Knows Best co-ordination	£118,928
Digital innovation (new opportunities)	£92,215
Virtual activity including Patient Reported Outcome Measures	£59,864
Follow up waiting list – urgent action	£167,360
Transformation workstream – pathway refinement	
Prostate cancer prehabilitation and optimistation project	£78,779
Orthopaedic prehabilitation project	£152,368
Central support, co-ordination and validation	
Support costs	£123,347
TOTAL	**£1,022,321**

Section 2: Recovery across our whole system

Theatre Capacity

Maximising Operating Theatre Capacity

In recent months, with the improvement of staff movement and flow there has been an ability to gradually re-open elective sessions across all sites. Prior to the pandemic, funded elective session capacity, excluding Obstetrics, per week totalled 171.5 sessions. The table below illustrates both the current position and planned further increases in sessions to July 2021 (122 sessions):

% of Sessions Achieved (relative to pre-COVID template)	
May 2021 work plan	51.3%
June 2021 work plan	64.7%
July 2021 work plan	71.1%

With the anticipated continuing impact of COVID-19 Social Distancing Guidance for healthcare work areas remain as per current, the July 2021 template of 122 sessions across the four sites is expected to continue in subsequent months. Session list loading is dependent on patient priority and balancing procedure basket to timelines; and numbers of patients can vary each week. For example: An ENT list may contain six patients one week and one neck dissection the following week.

Section 2: Recovery across our whole system

Theatres

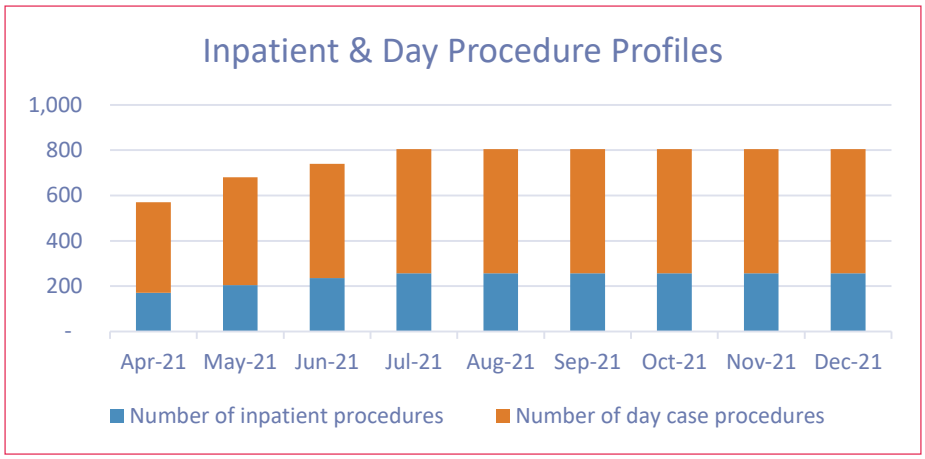
Outpatient Transformation

GGH	Session loss / Patient slot loss (approx.) per week	UPDATE May 2021
Main 1 – 2nd staff break area – compliance with social distancing	10 20 slots	Under LocCOV 058 COVID-19 guidance – requirement for separate staff break area remains. Will continue to explore alternatives but for now Main 1 remains 2nd staff break area.
Preseli – currently medical ward	8 12 slots	Tentative plans to return Preseli to Schedule Care October 2021 – remains medical ward location
PPH		
Main 4 – 2nd staff break area – compliance with social distancing	7 20 slots	Under LocCOV 058 COVID-19 guidance – requirement for separate staff break area remains. Will continue to explore alternatives but for now Main 4 remains 2nd staff break area.
DSU – now Endoscopy Unit	10	Air exchange constraints does not allow for Endoscopy to return to previous location; Upper GI scopes remains as at risk AGP. DSU Theatre air exchange supports compliance.
WGH		
Main 4 – 2nd staff break area and GREEN Recovery – cannot safely social distance more than 3 patients in Main Recovery.	6.5 12 slots	Under LocCOV 058 COVID-19 guidance – requirement for separate staff break area remains. Will continue to explore alternatives but for now Main 4 Anaesthetic room remains 2nd staff break area. Main 4 Theatre remains 'Green' Recovery.
DSU 2 – patient social distancing allows for up to 7 patients within department – adequate flow for DSU1 workload only.	8 40 slots – all LAs	3-week Pilot underway to flow current patient group in alternate seating process. If successful, plan to re-introduce DSU 2 session back into template – limited numbers to start. Subject to practitioner availability, and to maintain compliance with NG179, would try for mid-June start
	49.5	28.8%

Section 2: Recovery across our whole system

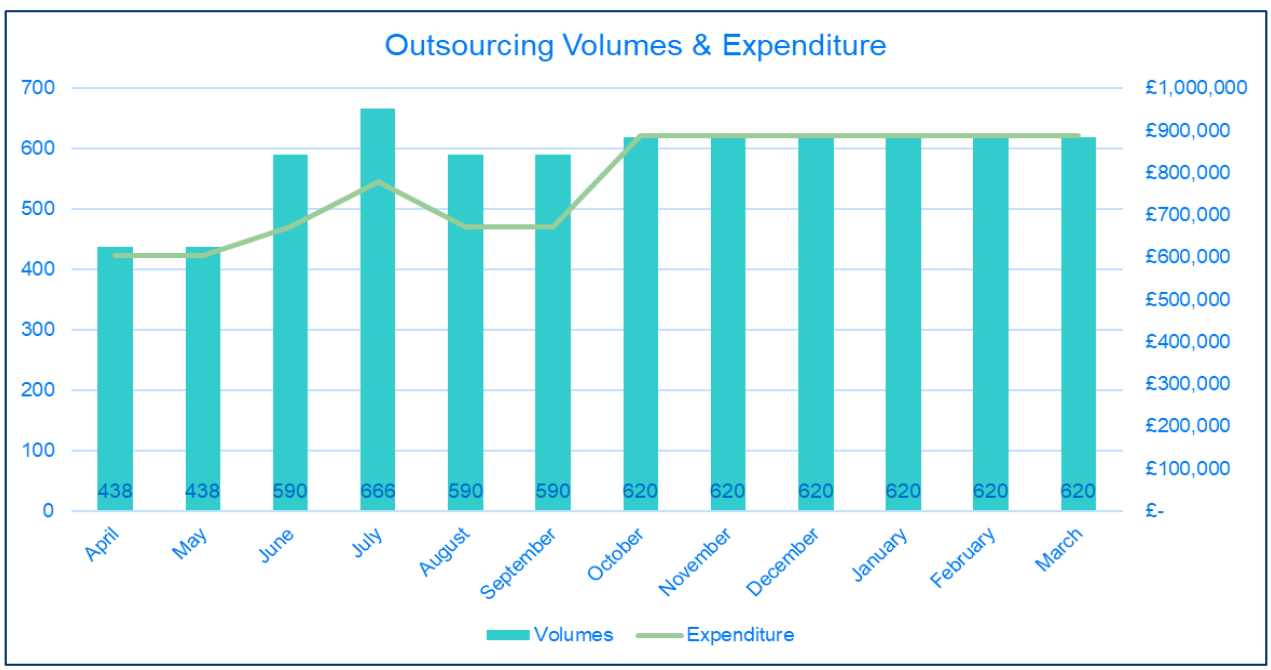
Maximising Operating Theatre Capacity – (Continued)

As a consequence of our plans to maximize operating theatre capacity within the context of current COVID 19 guidance, the table below illustrates our assumed profile of IP & DC theatre activity for the remainder of 2021/22:



Utilisation of Independent Sector

To supplement our plans to maximise internal core outpatient and theatre capacity, we have also agreed plans with WG to commission additional capacity via the independent sector. The planned volumes which are supported financially via the WG initial Planned Care Recovery Fund, are summarised below:



Section 2: Recovery across our whole system

Maximising Operating Theatre Capacity – (Continued)

Commissioning of these activity volumes via the independent sector is being progressed via the NWSSP Framework. As part of this process, we are seeking to establish scope for independent sector providers to deliver further volumes across a range of specialties, additional to those reflected above. We anticipate confirmation of available independent sector capacity by end June 2021 and would welcome further discussions regarding appropriate funding streams to take advantage of these additional activity opportunities.

Additional Theatre Expansion Opportunities

In line with our broader strategy to strengthen service provision in Mid Wales, we do have opportunities to further increase theatre capacity at our Bronglais Hospital site through a phased expansion programme up to a further 18 sessions as described below:

Phased expansion	Impact	Illustrative Cost Implications p.a
Short term	3.0 x Orthopaedic sessions 0.5 x Gynaecology Sessions 3.5 x General Surgery Sessions 1.0 x Urology sessions	£313k (staffing) £180k (non-pay)
Medium Term	4.5 x Orthopaedic / Trauma Sessions	£119k (staffing) £60k (non-pay)
Long term	5.5 x Sessions to service additional contracted activity for Powys Teaching Health Board and Betsi Cadwaladr University Health Board	£219k (staffing) £tbc (non-pay – dependent upon agreed case mix)

Effective progress with these additional opportunities will be dependent on successful recruitment of the additional staffing support required. Whilst activity projections associated with these additional opportunities have not been factored into this current plan, we would welcome further discussions regarding the potential benefits associated with these additional opportunities prior to formalisation of a definitive plan.

Supporting services

Successful progress with these additional theatre expansion opportunities would necessitate expansion of the dedicated elective ward at Bronglais Hospital to a 7 day model to support the increase in theatre activity indicated above. Outline cost implications of the bed expansion are £315,932 to cover Rhiannon Ward weekend working.

Implications of the above for future demand on critical care services are currently being reviewed, and subject to further discussion, we would welcome the opportunity to develop firm proposals to progress these additional theatre capacity expansion opportunities as part of our overall planned care recovery plan for our population.

Section 2: Recovery across our whole system

Maximising Operating Theatre Capacity – (Continued)

Medium-terms plans for the potential expansion of Planned Care capacity (Quarter 3/4 2021/22 and beyond)

It is clear that in order to address the backlog on non-urgent cases which have developed through COVID, a different approach will be required. With this in mind, we are developing proposals for a modular solution at our Prince Philip Hospital site, which is designed to further enhance our ability to provide protected 'green' pathway capacity for planned care patients.

Our solution is for two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite. This is unlikely to be operational before Quarter 4 2021/22, would enable an approximate increase of up to 5,000 patients per annum beyond our current plans. The benefits are threefold:

- All appropriate Orthopaedic day cases can be carried out in a dedicated DSU laminar flow theatre, ultimately freeing space in main theatres and Trauma and Orthopaedics ward to treat a greater number of inpatients. Demand in the facility can be utilised to create revenue for the Health Board and elevate the Orthopaedic department as a go to location in Wales.
- Increased Endoscopy sessions will result in a higher number of patients treated within a facility fit for purpose
- The vacated departments within the main hospital site can be utilised to support alternative pathwways

Non-recurrent funding support for this development has been secured for 2021/22. Detailed planning to progress this scheme is underway with Design team, architect, structural engineer, MEP consultancy and project management support currently being commissioned. The University Health Board anticipates placing a formal tender for a demountable solution in August 2021.

Regional Cataract Recovery

The University Health Board and Swansea Bay University Health Board (SBUHB) have both experienced significant gaps in capacity and demand for cataract surgery, which have been previously managed through high levels of outsourcing to private sector organisations using non-recurrent funding. The impact of severely reduced theatre activity in both Health Boards during the COVID-19 pandemic has worsened the position to the point where traditional solutions to lengthy and high-volume waiting lists are insufficient and undesirable.

Welsh Government have tasked all Health Boards to rapidly develop their recovery plans for cataracts. In partnership with our colleagues at SBUHB, we have developed a joint regional solution with a view to ensuring long-term sustainability for both populations. The overall regional plan can be seen as follows:

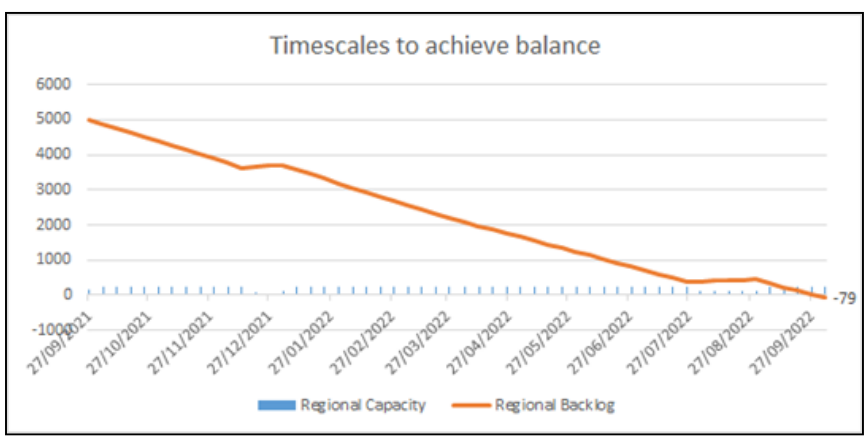
Section 2: Recovery across our whole system

Maximising our opportunities

Proposal	Timescales	Risks / Interdependencies
Short term: Incrementally increase local capacity and utilisation of independent sector	Quarter 1 – Quarter 2	• Capacity within the independent sector • Theatre staffing at both Health Boards to increase lists • Ward footprint at GGH to run Cataract lists is a risk • Number of cases per list whilst competencies are increased • Resurgence of COVID 19 in the local communities or increased admission to hospitals. • Requirement of funding to commence immediate recruitment and Agored* training of staff to undertake Cataract • Scope available capacity to re-locate ambulatory trauma lists.
Medium Term: Establish Cataract lists at Amman Valley (AVH) DSU and increase lists at Singleton SDU, whilst continuing the utilisation of the independent sector.	Quarter 3 – Quarter 4	• Relocation of AMD services from AVH DSU • Relocation of services currently using OPD in AVH • Scoping of AVH OPD & the investment required to ensure footprint is fit for purpose for AMD location • Appropriate staff resources & training required for utilisation of DSU and SDU in both Health Boards • Establish a project group to develop and deliver on the Long Term plan. • Re-location of ambulatory trauma lists from SSDU to another appropriate day-case facility.
Long term: Develop regionally located Eye Care Centres (2 – 3) across South West Wales. 1 main centre and 1-2 satellite centres due to the demography of the South West	2023 /24	• Identification of a suitable site for the development. • Development of an Outline Business Case to support the ambition

Funding to support the short term aspect of this plan has been secured via the initial WG Planned Care Recovery Fund. Proposals to support the medium term phase of the plan have been submitted for consideration via the WG Regional Cataract Recovery programme and outline both the revenue (staffing) and capital costs required to enable progress with this regional recovery plan.

If supported, the projected timescale for recovery of cataract waiting list backlogs across South West Wales, encompassing the joint populations of both health boards, is illustrated below:



Section 2: Recovery across our whole system

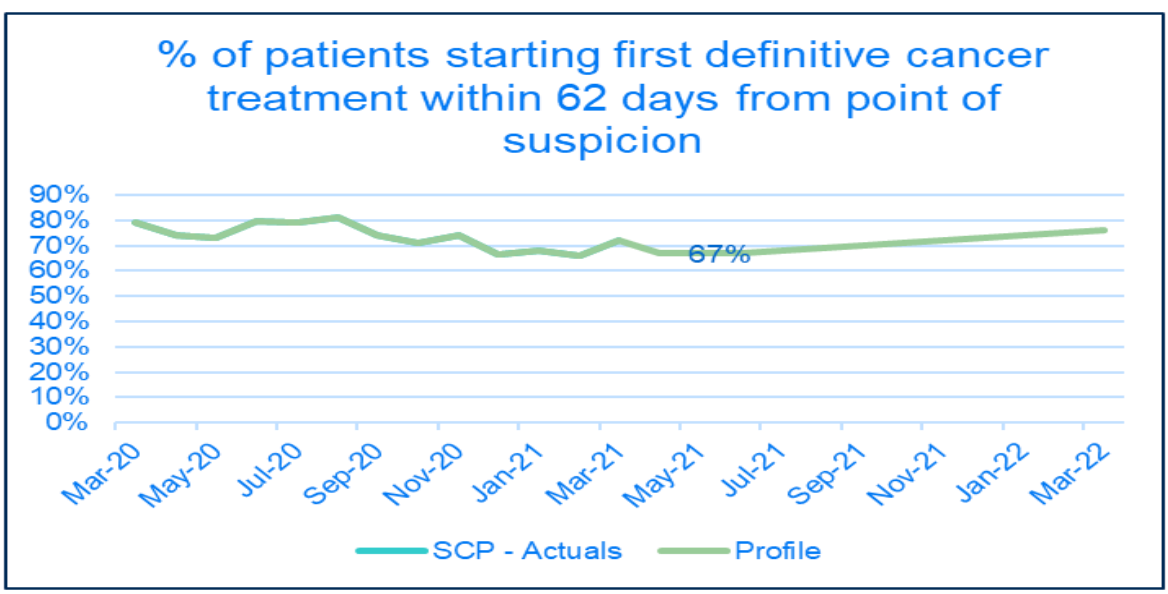
Cancer

Cancer

Our recovery priorities for our cancer pathways and improvement in respect of the Single Cancer Pathway (SCP) are as below:

- Increase surgical capacity during recovery phase.
- Increase diagnostic capacity to address required levels of activity to support the SCP (Radiology, Pathology & Endoscopy).
- As per the Wales Bowel Cancer Initiative, continue the use of FIT10 screening in the management of USC patients on a colorectal pathway.
- Continue to work on the implementation of the National Optimal Pathways.
- Cancer Tracking Team to continue to proactively track patients through their treatment pathways via the Welsh Patient Administration System (WPAS) tracking module, working in partnership with all the supporting services and clinical teams.
- Continue to work closely with tertiary providers to address tertiary centre delays.
- Continue with the Cancer Helpline to support cancer patients, relatives and any health care professionals.
- Introduction of Rapid Diagnostic Clinic (RDC) within the health board
- Introduction of Patient Pathway Reviews for those waiting 104+ Days for their first definitive treatment

Based on the these improvement priorities, our anticipated improvement trajectory in respect of the Single Cancer Pathway is illustrated below:



Section 2: Recovery across our whole system

Endoscopy

Endoscopy Capacity
Since the onset of the pandemic, endoscopy capacity has been significantly impacted due to impact of COVID-19 Infection and Prevention Control Guidance. From June 2021, our local capacity will increase from 56% to 81%; allowing a number of lists to return to a standard 11 point list. The change compared to the pre-COVID period and the duration of the pandemic is show below:

Monthly points on a list	
Pre COVID-19	623
During COVID-19	397
Estimated June 2021	507

Section 2: Recovery across our whole system

Paediatric Respiratory Syncytial Virus (RSV)

In response to direction from Welsh Government, the University Health Board has been directed to prepare to support a 20% - 50% increase in presentations of the Respiratory Syncytial Virus (RSV) with anticipation that cases will begin to rise ahead of the NHS winter period, commencing in August 2021 and an anticipatory peak in November 2021. In respect of High Dependency Unity (HDU) presentations, the surge planning is to focus on a 32-52% increase, recognising the pressures and restrictions within the wider critical care pathway.

Within University Health Board , all acute inpatient paediatric cases are managed at the Glangwili site at Carmarthen and the Bronglais site in Aberystwyth. In terms of critical care, Glangwili houses a Level one Paediatric High Dependency Unit (PHDU) and currently, where patients escalate to requiring Level two care or above, they are retrieved by the WATCh team or by EMERTs to a critical care centre elsewhere in Wales or England, depending on available capacity.

The direction given to the University Health Board (reflective of the wider critical care pathway constraints) is that in addition to managing a surge in all RSV admissions, including ward and Level one care, the University Health Board must now manage L2 care internally, with cases escalating to Level three (intubated patients) being retrieved to a tertiary site.

To support the work the following workstreams are currently being developed:

- Pathway management
- Capacity & demand reviews
- Workforce including nursing and medical workforce
- Equipment
- Intra-hospital Level two retrievals
- Training and Education, Guidelines
- Maintain scheduled/ planned activity
- Impact assessment/ contingency for linked care (SCBU/ labour ward support- and Community pressures)
- Environment
- Costs
- Control Group
- Escalation Strategy

Section 2: Recovery across our whole system

Pharmacy and Diagnostics

In supporting our Planned Care recovery, there are key actions relating to Pharmacy and Medicines Optimisation, and Diagnostics

Key actions for Pharmacy and Medicines Optimisation in 2021/22:
In line with "Pharmacy: Delivering a Healthier Wales, through health, well-being and prevention, working with our population and healthcare professionals to optimise the benefit obtain from medicines", we will:

- Enhance patient experience by developing clinical pharmacy to support key clinical pathways across the interfaces e.g. Pain Management Team, Antimicrobial Stewardship, Polypharmacy in Frailty & Palliative Care, anticoagulation
- Extend pharmacy led discharges and improve compliance (in collaboration)
- Develop learning and leadership plans including integrated training posts, increasing non-medical independent prescribing & development of roles at all levels to reflect changes to the way we work (e.g. Tech administration at ward level)
- Implement Health and Social Care medicines optimisation in collaboration with Local Authority partners to improve movement across interfaces, reduce risk of delayed discharges and improve Medicines Optimisation for patients in the care setting (whether that's in their own home or a care home)
- We will maximise innovation through Technology by:
    - Transforming access to Medicines Services (TrAMS)
    - Implementing the new pharmacy system , and the progression of e-prescribing and medicines administration
    - Expansion of Dose Error Reduction System library network to maintain and respond to changes in practice
    - Roll-out of current technology to deliver efficiency (e.g. dispensary robots), call switching technology in Medicines Information
    - Promote research and development

Key actions for Diagnostics in 2021/22:

- To improve capacity, additional resource is being explored via private sector and mobile solutions. However, radiographers to staff the additional mobile capacity is an identified problem as there are many vacancies within the radiographic workforce .
- We will continue to engage in national discussions when additional resources are made available for regional or national solutions to reduce the backlog . These will include the potential for diagnostic hubs
- The service is undertaking review of the radiography workforce .The aim is to improve capacity with different models of working , a review of skill mix (including traditional radiologist roles) plus the out of hours provision .
- Radiologist vacancies are actively being recruited to with overseas recruitment being targeted
- The need for appropriate and timely equipment replacement reducing downtime in services has been highlighted both locally and centrally.

Section 2: Recovery across our whole system

Single Point of Contact

Planning Objective 1E: 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 deteriorate
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
6. Offer alternative treatment options if appropriate
7. Incorporate review and checking of patient consent
This process needs to roll out through 2021/22

Planning Objective 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**

Deliverables and milestones	Quarterly timeline
High level plan for year-1 scale up and roll out	Quarter 1
Engagement with clinical leads, patients, primary care about year two offer (re referral criteria, alternative pathways, and consideration of including non elective waiting list processes)	Quarter 2
Staffing structure in post	Quarter 2
Scope of existing telephone system infrastructure risks and implement plan to address and mitigate risks and functionality	Quarter 3
Agree and secure resources staffing model for operational management of the Communication Hub	Quarter 3
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	Quarter 3

Section 2: Recovery across our whole system

Single Point of Contact –(continued)

Single Point of Contact (SPoC) - The Hywel Dda Health Hub

A Command Centre was set up as part of the COVID response, to provide staff with a single point of contact, and has proven capable of receiving and responding to queries in a timely way through phone and email. Patients contacting the University Health Board have multiple pathways to services, such as switch boards or direct service numbers with varying levels of call response due to the type of call handler.

Key actions for delivery in 2021/22:

- We will develop a contact and response service in order to effectively develop the personalised SPoC strategy for the significant number of patients that have been identified as routine (Risk category three and four in current Welsh Government guidance) and who would not be covered under current direct Consultant contact.
- Our Orthopaedic Services will be the initial pilot service for this work in 2021/22 and will shape the initial development of the SPoC prior to other services being brought into the programme, with otorhinolaryngology and ophthalmology next. In line with professional body guidance, Orthopaedic Consultant teams have considered those who are on their waiting lists and have made contact with patients directly. This will allow us to understand the demand and develop a robust response mechanism for all contacts. This will be a pathfinder for roll out to other specialty routine waiting list cohorts throughout 2021/22, informing and shaping the development of the COVID Command Centre and its transition to the Hywel Dda Communication Hub.

Section 2: Recovery across our whole system

National and Regional solutions

Planning Objective 5N: Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative

National Organisations

Welsh Ambulance Services NHS Trust (WAST)
Building on the close working relationship established with WAST, we will continue to work in close collaboration to develop, implement and evaluate a range of key transformational service change work streams that impact the Health Board and the core services provided by WAST including the Emergency Medical Services (999), Non-Emergency Patient Transport (NEPTs) and 111 service.

Key programmes of work currently identified, but not exhaustive, include support to develop the TCS Programme Business Case, roll out of the 111 First service, ongoing COVID-19 planning & recovery and delivery of operational service change plans that may impact EMS / NEPTs. These arrangements are built on a robust relationship with planning and frontline operational leads from both organisations.

Emergency Ambulance Services Committee (EASC)
We will continue to work with EASC on their three priority areas:
- Emergency Ambulance Services
- Non-Emergency Patient Transport Services
- Emergency Medical Retrieval and Transfer Service

EASC have set out their commissioning cycle, which the University Health Board will work to.

Section 2: Recovery across our whole system

National and Regional solutions

Swansea Bay Regional programme and ARCH
ARCH Partnership
The ARCH Partnership has agreed three priority areas for 2021/22.

Priority one: Service Transformation for coordinated regional planning, service transformation project delivery, recovery from COVID, providing equitable and sustainable regional services.

- *Regional Pathology Services Project*: will deliver an agreed Regional Pathology OBC to WG.
- *Regional Eye Care Services*: Develop a regional eye care service for South West Wales by focusing on several areas of the regional eye care service, We will introduce a regional Glaucoma service to recover from COVID and deliver sustainable Ophthalmic Diagnostic Treatment Centres. We will deliver our agreed regional Cataract services business case.
- *Regional Dermatology Services*: We will develop an OBC to address the whole system workforce sustainability challenges faced by the regional service in both primary and secondary care. This will include strengthening the GP training programme to increase the number of GP Integrated Fellowship numbers and the GPs with Extended Roles (GPwER) in Dermatology, and using Teledermoscopy in line with the all-Wales Teledermoscopy model.
- *Neurological Conditions Regional Services* – We will continue to develop the regional model for Neurological services with a focus on joint business case for a Functional Neurological Disorder (FND) service. We will continue to strengthen the regional Epilepsy service and inpatient model ensuring equity of access to expert advice across all hospital sites.
- *Cardiology Regional Services* – We will standardise the chest pain pathway across the region. We will work with diagnostic services to improve the provision of Cardiac imaging and continue to improve and put in place agreed Cardiac pacing arrangements for the region.
- *Pipeline Regional Projects* being developed in 2021/22: Cancer and Palliative Services, Endoscopy, Elective Orthopaedic, Interventional Radiology, HASU Regional Stroke (Hyper Acute Stroke Unit), Prehabilitation (Cancer), Regional Cancer Project, Morriston Road development.

Priority two: Workforce, Education, & Skills ensures that education programmes meet the services needs and underpin NHS service transformation projects by developing targeted educational programmes.

Priority three: Research, Enterprise & Innovation supports the foundational economy, research excellence, underpins and enables our innovative approach to NHS service transformation projects, enables collaboration with industry, and maximises income from grant and commercial income opportunities. We will work with the ARCH partners to support major infrastructure investment in Health, Wellbeing, and Sport Campus development at Singleton and Morriston, and we will continue to support the Pentre Awel development. We will promote the ARCH Innovation Forum and supporting innovation and research projects by providing guidance, resources, and funding.

Section 2: Recovery across our whole system

National and Regional solutions – (Continued)

Swansea Bay Key priorities for 2021/22:

- **Eye Care –** joint approach to cataract recovery through the provision of outsourced services and standardising the role of Community Optometrists. Agreement for implementation of Open Eyes.
- **Dermatology –** Recruitment of joint consultant posts, for dermatology and plastic surgery, and strengthened links with GP training programme to maximise those with Extended Roles in Dermatology. The CNS workforce developed to ensure more are working to the top of their level.
- **Endoscopy –** All work will align with the national programme to establish regional facilities and the wider focus on the provision of planned care.
- **Pathology** – Development of the Mid & South Wales Regional Pathology Pathology OBC will continue throughout 2021/22, with an aim for completion mid 2022.
- We are also working on regional workforce solutions for **orthopaedics, radiology and ophthalmology**
- **Cancer** – the development of a Programme Business Case for the South West Wales Cancer Centre, to secure capital funding for the enhancement of the current facilities at Singleton Hospital.

Mid Wales Healthcare Collaborative

Key actions in 2021/22:

- **Ophthalmology:** We will implement consistent Primary Care support in the Ophthalmology pathway and address the continued gaps in Optometry service provision across the South Meirionnydd area.
- **Cancer:** We will complete a review of the pathways for community based oncology services to identify opportunities for increasing provision across community sites together with the development of a plan for a Mid Wales to deliver chemotherapy services in the community
- **Urology:** We will Re-establish Urology services at Bronglais General Hospital and develop a Mid Wales focused pathway with outreach services across the region
- **Respiratory:** We will develop a Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services
- **Digital:** We will complete a review of digital platforms introduced for clinical pathways since the start of the COVID pandemic to inform a clinically agreed digital development plan
- **Dental:** We will complete a review of existing community dental service provision and current waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery planning.
- **Cross Border Workforce arrangements:** We will Development cross border workforce arrangements including joint induction and training programmes, and establish a nurse training centre in Aberystwyth for Mid Wales
- **Rehabilitation:** We will develop a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of a MDT approach.
- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions:** We will implement the Bronglais General Hospital Clinical Strategy. This includes capitalising on the opportunities afforded by our excellent theatre provision at Bronglais. The first phase will be to fully and efficiently use currently funded theatre sessions to support Hywel Dda recovery and/or expand our offering to our natural partners in neighbouring Health Boards, The second phase is to exploit the income generation opportunities of expanding scope and scale of our offering to neighbouring Board particularly in Colorectal, Orthopaedic, Ophthalmic and Urological procedures, where local people are currently having to travel long distances for treatment. The recruitment required would be funded by the additional income. This expansion of Bronglais services is fully in line with the Bronglais Strategy and delivers on our commitment to provide local services in Mid Wales.

Section 2: Recovery across our whole system

Therapies

Planning Objective 4E: Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022

Deliverables and milestones	Quarterly timeline
Online Level one MECC Brief Advice Training provided to approx. 230 therapy staff	Quarter 3

Making Every Contact Count (MECC) is an approach that supports public-facing workers to use opportunities during their routine contacts to enable people to consider their health and wellbeing through the delivery of brief advice (1-2 minutes) or brief interventions (5-10 minutes). It is a widespread intervention, across Wales and beyond, with good evidence of its positive impact. MECC has been used primarily to encourage behaviour change on smoking, weight, alcohol and physical activity. However, we envisage a broader conversation picking up any one of the many factors that influence health and wellbeing (the social model of health) that is relevant to each person. Having a brief non-judgemental conversation, when the appropriate opportunity comes up, can support people to take responsibility for their own health and wellbeing. MECC can lead to improvements in people's health, help people consider their health behaviour and make changes, reduce health inequalities, and, help people better manage long-term conditions. Making these interactions a routine part of every health worker's professional and social responsibility will integrate prevention into our core work.

We intend to use MECC to deliver the following priorities through 2021/22:

- Delivery of half day planning session with Team Leaders
- Team Leaders revalidating requirements for Levels one - three
- Recruitment to project Manager underway
- Delivery of online one hour Brief Intervention (Level one) training to 203 therapy staff
- Delivery of 15 x 12 hour Brief Intervention (Level two) training to 245 identified therapy staff. Each course will have a maximum cohort of 17 staff.
- Delivery of four x 15 hour (two day) Motivational Intervention training course (Level three) for 70 identified staff. Each course will have a maximum cohort of 18 therapy staff
- Delivery of evaluation methodology and project report.

Section 2: Recovery across our whole system

Therapies (Continued)

Planning Objective 5L: Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019

Deliverables and milestones	Quarterly timeline
Incremental roll out of ward based Nutrition & Hydration Champion model underpinned by QI methodology	Quarter 2
Recruitment Phase (Year) 2 dietetic staff (community focus) Total MN recruitment to end Feb 21: 9.6WTE ~£370k based on full year	Quarter 2
Formalise and adopt an outcomes framework to demonstrate impact of addressing malnutrition. Dietetic MN outcome framework developed & reporting via IRIS System outcome measures identified, captured and reported to align with each phase of the plan (the 'so what')	Quarter 3
Map opportunities to implement screening, early identification and action across the community, starting with HB teams. Agree plan to enable key staff groups (working with older people) to identify & respond to poor hydration & malnutrition risk with aim of embedding action focussed screening across the community so it becomes part of usual business	Quarter 3
Implement public facing self-screening: Develop self-screening QR code and associated website to host self-screening, information & dietetic helpline • Launch • Monitor response & impact • Learn from & evolve	Quarter 1-4

This centres on reducing the risk of malnutrition in our patients both in acute and community settings – 'Make Malnutrition Matter'. The work has begun during 2020/21 and will continue through 2021/22 with the following being the priority areas for continued development:

- Recruitment to remaining community Malnutrition posts and strategy lead post .Malnutrition strategy lead recruited, taking up post July 2021 with postholder leading scaling of engagement with partners; statutory, voluntary and third sector, to ensure we build awareness of malnutrition, why it matters, and the 'call to action' needed to reach our local communities
- Deliver the QR code development work .QR code for malnutrition self- screening, initially targeting older people, their carer's and support networks, is live and rolling out incrementally across the community. Malnutrition posters to be displayed in key public facing areas, using visual representations of key malnutrition indicators of malnutrition linking the QR code for quick access to Health Board malnutrition webpage, enabling self-screening, provides self-help first line resources and contact details for Dietetics.
- Restart Ward based Nutrition Champion and Quality Improvement work following the pause due to COVID .The ward based Nutrition Champion and QI work has restarted

Section 2: Recovery across our whole system

COVID – Impact, recovery and rehabilitation)

Planning Objective: Develop a COVID Recovery service to provide a comprehensive individualised person centred to support the symptom based needs of people directly affected by COVID-19.

Deliverables and milestones	Quarterly timeline
Reform COVID Recovery and Rehabilitation group to maintain a strategic and operational overview of the Health Boards' COVID Recovery and Rehabilitation response	Quarter 1
Review of current COVID 19 Community & Primary Care Recovery & Rehabilitation Pathway to ensure provision of enhanced tiered community based Multi-disciplinary Team approach	Quarter 2
Recruitment of the Multi-disciplinary COVID Recovery & Rehabilitation Team to support delivery of multi-professional clinical services to support individuals across the Health Board region, supporting the development and provision of well planned, delivered and governed clinical services. Establish COVID Recovery & Rehabilitation Service single point of access to ensure Long COVID screening and assessment utilising NICE Post COVID 19 assessment tools and recommendations for management as set out in COVID Recovery Service Model. Identify "Red Flags" to relevant GP, medical or therapeutic specialty for further investigation.	Quarter 2
Establish Specialist MDT Clinic to provide follow up care for patients with more complex ongoing symptoms of COVID 10 requiring specialist MDT management	Quarter 2
Review and report service outcomes as set out in COVID 19 Rehabilitation Framework outcomes .Review of the service provision, volumes and outcomes supporting the COVID Recovery and Rehabilitation to identify its current and future role. Identify a sustainable way to incorporate Level 0-2 COVID Recovery and Rehabilitation Service as part of wider rehabilitation and pre-habilitation multi modal service provision.	Quarter 4

Acute & Community Rehabilitation Pathways have been developed for those impacted directly by COVID (Population 1)

- Deliver stratified, multi morbidity, symptom Management programme Levels zero – three across the University Health Board, including for those directly impacted by COVID. Analysis of impact of incidence following 2nd wave underway to inform stratified program. To be completed by June 2021
- Define capacity for community response and rehabilitation for those impacted by COVID, linking with County Plans to review Integrated Care Fund/Transformation Fund funded posts to develop plans for 2022/23 and beyond
- Agree Long COVID and Level three Multi-Disciplinary Team Service model.
- Requirement for COVID recovery was limited during 1st wave as Health Board was not exposed to significant numbers. Analysis of impact of incidence following second wave underway to inform any modifications required to stratified program. To be completed by June 2021

Section 3: Building for our future

Overview of Section 3

WG Signposting
Decarbonisation

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources

Section 3: Building for our future

Transformation Steering Group

The Transformation Steering Group (TSG) was initially established in June 2020 as a result of a Gold Command Requirement with three aims:

- Learn from the pandemic and our response to it
- Translate that learning into practical applications
- Enable the Board to continue transforming our services today and over the lifetime of our health and care strategy

As part of its review and development of refreshed Strategic and Planning Objectives, the Board agreed a more comprehensive Planning Objective in September 2020 to place on-going transformational thinking into its mainstream governance structures. This Planning Objective is:

Planning Objective 3D: During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.

The role of the group established to deliver this planning objective is to develop, debate and hone new Planning Objective proposals for the Board to consider. These proposals will be aimed at helping the Board make faster progress towards its Strategic Objectives. The group does this by sponsoring or undertaking research in areas requested by the Board, and also directly from our staff, partners, stakeholders, public and thought/industry leaders.

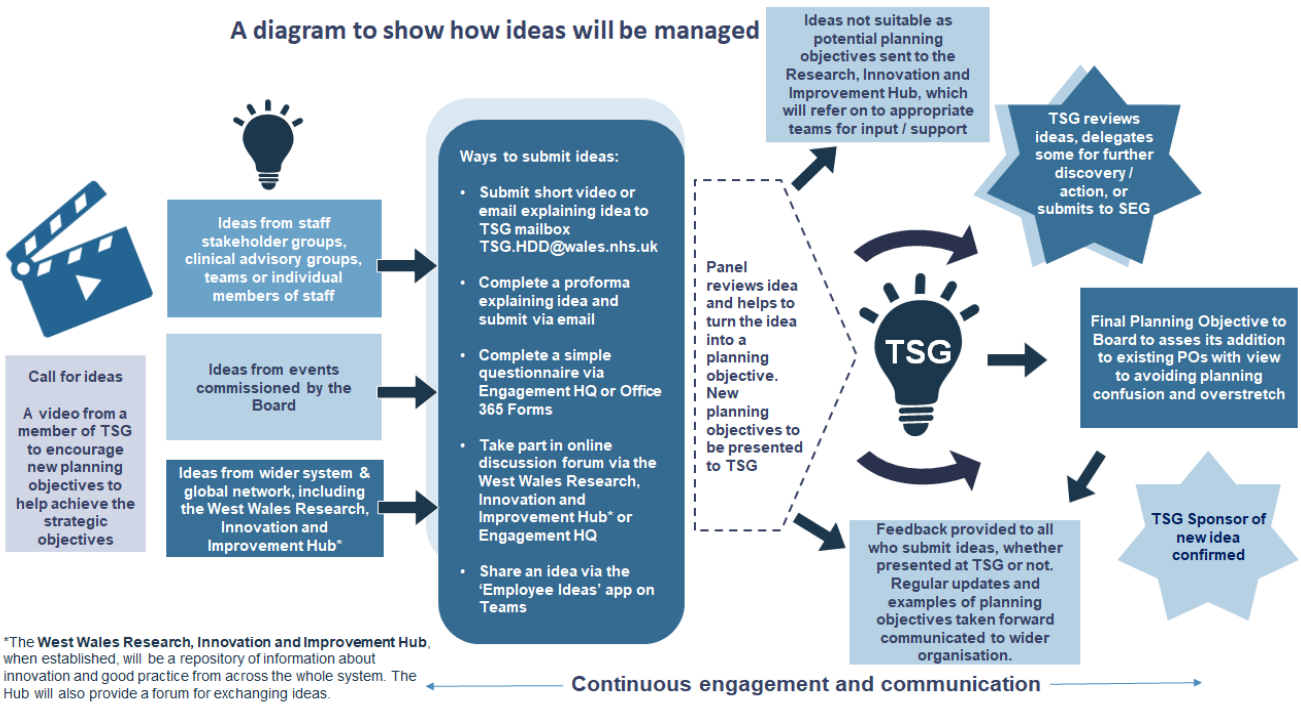
The product of this process will be newly formulated Planning Objectives which will be presented to Board for consideration in its Integrated Medium Term Plan.

Requests from the Board for Transformation Steering Group consideration will arise out of the operation of the Board Assurance Framework and an on-going assessment of where progress is insufficient in realising its Strategic Objectives, either through a lack of Planning Objectives or because existing Planning Objectives are not driving the progress the Board wishes to see.

The group will also reach out to its staff, partners, primary care clusters, stakeholders and the local population for proposals which they wish the Board to consider in the delivery of its Strategic Objectives. Set out below is a pictorial representation of the process the group will follow although as a new feature of the University Health Board's working, this will develop and evolve over time.

Section 3: Building for our future

Transformation Steering Group



Membership of the group includes the Chair, Independent Members, Executive Directors (or deputies) and External Advisors.

Section 3: Building for our future

Social model for health and wellbeing

Planning Objective 4N: Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest

Deliverables and milestones	Quarterly timeline
New planning objectives to optimise the food system agreed	Quarter 2

The Lead Executive Director for this planning objective has been engaged in a multi-partner process exploring opportunities to optimise the food system as a determinant of wellbeing. The outputs of this engagement will be reported to the Transformation steering Group [our forum for proposing new planning objectives], and new planning objectives will emerge as a result. This engagement will continue throughout 2021/22. We expect new planning objectives to be agreed during the first and second quarters of this planning year.

Planning Objective 4G: Develop a local plan to deliver Healthy Weight: Healthy Wales' and implement by March 2022

Deliverables and milestones	Quarterly timeline
Develop digital capacity and resources to support COVID secure service delivery	Quarter 3
Develop a communication plan to publicise the L3 adult service	Quarter 3
Convene a task and finish group to plan the expansion of the L2 service offer for adults in line with the adult pathway	Quarter 3
Convene a task and finish group to plan and design the model of delivery for children and families in line with the CYP pathway	Quarter 4

As part of the implementation of the Healthy Weight:Healthy Wales strategy, £374,000 has been allocated by Welsh Government for 2021/22 to help develop and implement specialist weight management services. Services will be required to meet the standards of the revised All- Wales weight management pathways - one for adults and another for children, young people and families. We will work together across the system to:

- Strengthen the capacity and reach of the level three weight management service for adults
- Develop a diversity of evidence based level two services to meet a range of needs
- Make progress towards establishing a model of dedicated weight management provision for children and families at levels two and three of the pathway working with those proximal to the child
- Strengthen healthy weight provision for expectant and new mothers

Regular update reports will be produced to support internal reporting, and to meet reporting requirements to Welsh Government.

Section 3: Building for our future

Social model for health and wellbeing

Planning Objective 4L: design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society

Deliverables and milestones	Quarterly timeline
Literature database on the Social Model for Health and Wellbeing continuously updated	Quarter 1
System leaders interviews, key partner and staff focus groups, and public engagement to feed into our understanding of the Social Model	Quarter 2
Delivery of a Discover Report that articulates the Social Model for Health and Wellbeing for the Hywel Dda region	Quarter 3
Co-production with our partners of a working model of the Social Model for Health and Wellbeing	Quarter 4

Our long term strategy is not solely about medical or clinical care, but also about how we change culture and focus more on prevention, early and proactive intervention within the community. It acknowledges this will only be achieved by working with a wide range of partners, including local people, on all elements of life that affect our health and wellbeing.

In 2021/22 we will:

- Complete a series of interviews with system leaders from around Wales, and the UK to capture their ideas and innovations to inform our Social Model for Health and Wellbeing
- Complete a series of focus groups with our key partners and our staff to understand their thoughts on what a Social Model for Health and Wellbeing looks like, and how their work to date reflects the Transforming Clinical Services Strategy
- Ensure the public engagement for the Programme Business Case feeds into our understanding of what a Social Model for Health and Wellbeing looks like and what it does, and could do, in our community.
- Complete a literature review on the Social Model for Health and Wellbeing
- Scope best practice from around the globe to enable our work to reflect innovative ideas from a variety of health systems
- Deliver a Discover Report on the Social Model for Health and Wellbeing for the Hywel Dda region
- Co-produce with our partners via the Public Service Boards and Regional Partnership Boards, a working model of the Social Model for Health and Wellbeing, and agree a process by which ideas and service change will respond to and meet its requirements

Section 3: Building for our future

Programme Business Case – Health and Care Strategy

The Programme Business Case addresses the following planning objectives:

Planning Objective 5C: Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.

Planning Objective 5D: Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the strategy published in November 2018

Planning Objective 5E With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic

Planning Objective 5F: Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic

Deliverables and Timelines	Quarterly Timeline
Submission of Programme Business Case to Welsh Government	Quarter 2

- The Programme Business Case (PBC) will be presented to the September 2021 Board which will encompass a new hospital build and the repurposing of the existing acute hospital sites and community infrastructure
- We will respond to the scrutiny comments made during the Transforming Adult Mental Health PBC

The Programme Business Cases will be based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears. Progress on the PBC is now being pursued with the University Health Board funding for both in-house and external resources. Specific planning objectives relating to this work have been endorsed by the Board were:

- Produce a Final Business Case (FBC) by March 2024 for the implementation of a new hospital in the south of the area for the provision of urgent and planned care (with architectural separation between them). Using the experience and change brought about by the COVID pandemic, the plan should be focused on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.
- Ensure the new hospital uses digital opportunities to support to minimise the need for travel;, maximise the quality and safety of care; deliver the shortest, clinically appropriate lengths of stay.
- FBC for the repurposing of the Glangwili and Withybush General Hospital sites completed and submitted by March 2024

Section 3: Building for our future

Programme Business Case – Health and Care Strategy

Business Continuity: the Interim Years including the 5 Year Capital Programme

Whilst discretionary capital is allocated to these areas, to make any impact at scale will require All Wales Capital Programme support. There are also service developments which will need to be supported by capital investment in the 'interim years.' The following are the schemes currently included in our forward look All Wales Capital Programme recognising that these are a mixture of being in construction; in Business Case development stage or still in scoping and to be agreed with Welsh Government.

Priority Actions for 2021/22:

Construction

- MRI Scanner - Withybush Hospital
- Second CT Scanner – Glangwili Hospital
- CT Scanner Replacement – Withybush Hospital
- Estates Funding Advisory Board Priorities

Business Case

- Diagnostic Imaging Priorities
- Aseptic Unit Withybush Hospital
- Cross Hands Health and Wellbeing Centre
- Regional Cellular Pathology Service
- Transforming Adult Mental Health Programme
- Mid & South West Wales Regional Pathology Service
- Welsh Community Care Information System
- Estate Major Infrastructure
- Aberystwyth Health and Wellbeing Centre

The Enabling Plan details the pressures associated with the backlog. Estate Infrastructure, Statutory Compliance, Equipment and IM&T. Moving forward the University Health Board will need to prioritise discretionary capital to this and seek All Wales capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale of this should not be under estimated and will require the infrastructure and resources to manage an investment programme.

Section 3: Building for our future

Green Health and Decarbonisation

Planning Objective 6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral and, by 2030, achieve the NHS Wales target of a 34% reduction.

Deliverables and Timelines	Quarterly Timeline
Engage with WG Energy Services to identify Decarbonisation opportunities on each asset owned by the Health Board (Buildings & Transport)	Quarter 2
Ensure existing Carbon monitoring processes are sufficient to monitor progress against the University Health Board targets and All Wales Decarbonisation Strategy objectives (16% by 2026 / 34% by 2030 from baseline year 20218/19).	Quarter 4

Green Health

The University Health Board is extremely fortunate to have an army of willing volunteers who, over a number of years, have demonstrated their passion and commitment to Green Health and the benefits that it offers the population of Hywel Dda. The volunteers' work has extended to creating and maintaining green spaces, supporting biodiversity, reducing waste and has extended through to education and stimulating behaviour change. This includes the creation of green spaces, the planting of trees and the introduction of fruit gardens.

The University Health Board has dedicated resources to further developing the Green Health agenda and maximising the benefits the people of Hywel Dda can gain from Green Health. This now forms part of a wider work stream to develop an enhanced Social Model for Health and Wellbeing.

Decarbonisation

A Group has been established to progress the decarbonisation agenda specifically focusing on identifying opportunities for carbon reduction. The key focus on Procurement, Buildings, land use and Transport. This Task Force is supported by sub-groups for each of these areas. The sub-groups are focusing on developing individual strategies and action plans to identify opportunities and schemes across our estate. The aim is to reduce our Carbon footprint in line with the requirements of the 'All Wales NHS Decarbonisation Strategic Delivery Plan'. As examples the key areas of focus to reduce this footprint will include;

- Buildings/Land Use/Utilities
  - identifying opportunities for low carbon heat technologies, low carbon fitting and controls,
  - renewable technologies, improving building fabric, reducing water consumption and waste.
- Transport
  - internal fleet transport, grey fleet travel, staff commuting and patient / visitor access.
- Procurement
  - review and create a robust governance system for all procurement projects including de-carbonisation projects such as Evaluation criteria / T's & C's, £ calculation of carbon on Carbon Trust formulas.
  - Alongside the core objectives, the University Health Board via the Decarbonisation Task and Finish Group will explore opportunities in other areas such as Digital, Agile Working and establish key links with wider University Health Board plans around Health & Wellbeing, Green Health, Climate Change & Adaptation etc.

Section 4: Building our capability to deliver

Overview of Section 4

WG Signposting
Research and Development
Communications and Engagement
New Technologies and ways of working

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
6. Sustainable use of resources

Section 4: Building our capability to deliver

Strategic Enabling Group

Role of the Strategic Enabling Group (SEG)

This section sets out how we will continue to build on our capabilities as an organisation to deliver on this and future plans. In order to bring the various work streams together and to compliment the establishment of a Transformation Steering Group (TSG - detailed elsewhere in this Recovery Plan), the Board has established a Strategic Enabling Group (SEG). Whereas TSG is focussed on providing new ideas through additional or revised Planning Objectives, SEG is focussed on building the general capabilities of the organisation to better or more effectively deliver the Planning Objectives already agreed. This section of our Recovery Plan sets out the initial work programme for this group from building our capabilities in quality management, performance improvement, Research & Development and innovation to realising our digital strategy and placing value based healthcare at the heart of our thinking.

The membership of SEG will include Independent Members, Executives and deputy/assistant directors and external advisors. It is Chaired by the Director of Finance with the Director of Strategic Development and Operational Planning as Vice Chair. It will report on progress in relation to this work programme to the Executive Team and through bi-monthly updates to the Board. Its workplan will be agreed at least annually by the Board as part of the organisation's planning cycle.

The current work plan is set out below:

- Improving Together
- Value Based Health Care and pathway redesign
- Digital Strategy
- Commercial development
- De-carbonisation
- Social Value
- Single point of contact, excellent customer service and personalised contact for elective care

Section 4: Building our capability to deliver

Improving Together

'Improving Together' addresses the following planning objectives:

Planning Objective – merged planning objective 3A & 2F: To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022

Deliverables and milestones	Quarterly timeline
Development and launch of the Quality management Framework	Quarter 2

• 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
	Quarter 3

Develop the following enablers to the Improving Together approach: • Setting Improvement Measures • Data Visualisation (including Lightfoot & dashboards) • Improvement Support • Adopt and Spread	Quarter 2
Introduce concept through an event and co-design implementation plan	Quarter 2

'Improving together' is a framework which aligns team vision to strategy and empowers teams to set key improvement measures aligned to that vision. Visualisation of key data sets including improvement measures and regular team huddles helps drive decision-making. The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. It will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way. Improving Together embraces and embeds some of the positive lessons learnt through the pandemic. It brings a number of key planning objectives across directorates into one scalable framework for growing and co-ordinating improvement activities aligned to organisational goals.

The governance and high level framework has been agreed. Work is currently being undertaken to develop the baseline and roadmap for rollout. The framework and approach will be tested and iterated with a small number of teams from June 2021. To ensure that Improving Together is sustainable, it will require a careful development and a measured and sustainable approach to embed the framework.

Actions for 2021/22:

- Establish the high level framework and governance
- Agree approach to high level vision & key improvement measures
- Commence the baseline for all elements of the framework to explore:
  - What work is currently being undertaken? What's working well? What could be improved?
- Review the baseline information; develop roadmap & implementation plan and test
- Roll out to agreed teams

Section 4: Building our capability to deliver

Clinical effectiveness

Planning Objective 5K: Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process

Deliverables and milestones	Quarterly timelines
Development and approval of an Effective Clinical Practice Strategy	Quarter 2
Development of underpinning processes and systems to support delivery of Strategy	Quarter 3
Clinical Engagement to support strategy delivery	Quarter 4

Clinical effectiveness supports the provision of Safe, Sustainable, Accessible and Kind Care and enables more sustainable use of resources. In line with the Welsh Government's design principles, clinical effectiveness is evidence driven, which ensures that the University Health Board is using research, knowledge and information to understand what works to provide the best outcomes for Teulu Jones and the Hywel Dda population; learning from and working with others; and using innovation and improvement to develop and evaluate better tools and ways of working.

Clinical effectiveness drives higher value care, achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.

Focusing on effective clinical practice provides safe health care that not only does no harm, but enables Teulu Jones to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Actions for 2021/22 :

- We will deliver a fully approved Effectiveness Clinical Practice Strategy. We will use an appreciative inquiry approach, securing clinical and operational engagement in order to produce a coherent and relevant strategy.
- We will develop underpinning processes and systems to support delivery of the Strategy, fully maximising the opportunities presented through the deployment of Office 365
- We will develop the Health Board Policies and Procedures relating to Effective Clinical Practice, to support the strategy
- We will deliver Improved participation in all agreed national and local audits (including mortality audits)
- We will deliver a clinical engagement programme to support strategy delivery
- We will align effective clinical practice with quality improvement, through the Improving Together Framework
- We will explore the establishment of a Quality Faculty

Section 4: Building our capability to deliver

Research and Development

Planning Objective 3G: Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). 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

Deliverables and milestones	Quarterly timeline
Develop a new clinical engineering, innovation, and research facility in Llanelli, with support for those developing new health and care technologies	Quarter 1
Develop an enabling approach to quality assurance, supporting researchers to ensure quality is designed into the study set up as well as during the ongoing management of the research	Quarter 2
In conjunction with Health and Care Research Wales and WG, arrange an external peer review of the R&D department, and use the findings to contribute to the strategic plan	Quarter 2
Undertake a feasibility study to examine the costs and benefits of expanding the biobank, to include access arrangements, governance, staffing, and market assessment. If assessed as feasible, biobank will be further developed, underpinning an increased number of research studies a year	Quarter 2
Develop and implement a tool for undertaking a research impact assessment to determine which studies we will support	Quarter 3
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	Quarter 3
Develop 'fit for purpose' facilities serving all our localities, with access to high quality patient consulting environments, laboratory space, and suitable office accommodation	Quarter 4

Section 4: Building our capability to deliver

Research and Development

In the context of the 'striving to develop and deliver excellent services' strategic goal, this section addresses how planning objective 3G will be met. Specifically, the approach has been and will be taken to develop and implement a three year plan to increase research, development, and innovation activity, and increase the number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets.

The past twelve months have demonstrated just how critical research and innovation is to clinical care. The ultimate mitigation of COVID and the resolution of the pandemic continues to rely on the outcomes of high-quality research and innovation. Whilst the importance of research in developing new vaccines and identifying new treatments for COVID has been very visible recently, the University Health Board has had a research department for much longer than this.

The research department enables residents in the Hywel Dda area to participate in many different research studies including cancer, respiratory disease, cardiovascular disease, gastrointestinal disorders and many more, thus contributing to improvements in care and outcomes. The University Health Board also have a BioBank and a new clinical engineering innovation and research facility; we have strong links with Bevan Commission fellows and with all three Universities in our geographical area; there are also opportunities for us through participation in ARCH (A Regional Collaboration for Health), and the Swansea Bay City Deal which includes the proposed Pentre Awel development in Llanelli.

In September 2020, the Research, Development, and Innovation Department embarked upon a comprehensive and consultative process to develop its next research and innovation strategic plan. In March 2021, this process reached its conclusion and in April, the University Health Board published its research and innovation strategic plan for the next three years.

The strategic plan sets out specific and purposeful actions that will strengthen our research and innovation capabilities, improving our services and bringing about improved outcomes. We will achieve this plan by focussing on twelve goals that are aligned in four main areas of activity. Through pursuing these clearly defined goals and the supporting actions, executed through an annually refreshed implementation plan, we will ensure that we are optimising the role of research and innovation in transforming our local health and care services.

Section 4: Building our capability to deliver

Research and Development

Our priority actions for delivery:

Activity 1. We will improve the quality and impact of our activities

- We will facilitate portfolio studies and other high quality research and innovation, in accordance with national and the health board directives, standards, and policies
- We will develop an approach that translates the knowledge acquired through research and innovation into every day practical impact
- We will deliver against current and emergent Welsh Government Health and Care Research Wales (HCRW) strategic priorities and targets

Activity 2. We will invest in our people and facilities

- We will develop a team with the right skills and experience to improve the quality and impact of research and innovation
- We will invest in our infrastructure to support the safe and effective conduct of research and innovation, congruent with wider health board facility plans
- We will increase and diversify the financial resources available to advance research and innovation

Activity 3. We will grow research and innovation activity in areas of strength and opportunity

- We will develop targeted plans that lever clinical, scientific, academic, and community strengths and opportunities across the different geographical areas of our health board
- We will develop a plan to increase research and innovation activities with primary care and social care organisations within the region
- We will diversify our activities to include new technology development

Activity 4. We will develop strong and effective partnerships with academic, healthcare, industry and research organisations

- We will develop a collaborative plan with each of our university partners, delivering mutual benefit in defined areas, agreed and monitored though our biannual meetings with them
- We will work with organisations that share our values to develop innovative solutions to local health and care challenges
- We will collaborate with other publicly funded organisations to undertake research and innovation where it is mutually beneficial

The strategic plan and the detailed action plan for year one is available. The latter includes time bound actions. The delivery of the action plan will be overseen by the Research, Development, and Innovation Sub Committee, which reports to the Quality, Safety, and Experience Assurance Committee.

Section 4: Building our capability to deliver

Value and Prudent Healthcare

Planning Objective 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

Deliverables and milestones	Quarterly timeline
Delivery of second cohort of the 'Bringing Value to Life' Education Programme.	Quarter 2
Planning and delivery of third cohort	Quarter 3
Review and development of the programme as a commercial offering	Quarter 2
Development of online case materials and access to resources and VBHC expertise	Quarter 2
Engagement with VBHC Clinical Leadership Groups.	Quarter 2

Planning Objective 6F: 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.

Deliverables and milestones	Quarterly timeline
Development of individual project plans in conjunction with clinical and operational leads, with clear milestones and objectives.	Quarters 1-4
First systemic tool – University Health Board income and expenditure analysis at county levels, linking financial and activity data where feasible	Quarter 2
Collaboration with VBHC and teams regionally and nationally to ensure that good practice is shared	Quarters 1-4
Development of a work plan for the roll out of TDABC by the Finance Value Team	Quarter 1

Section 4: Building our capability to deliver

Value and Prudent Healthcare

The University Health Board Value Based Healthcare Programme (VBHC) has been set up to help transform pathways by understanding the outcomes that matter to our patients and to align our resources to deliver better outcomes. This work builds upon the principles of Prudent Healthcare and will routinely engage with our patients to capture the outcomes that that matter to them and to use this information to guide how we use our resources. It is this patient focused and data driven approach that forms the fundamental premise of Value Based Healthcare.

Our approach to VBHC goes further than some other organisations by ensuring that there is a strong research and education foundation for the programme, operating alongside the work that many organisations do around using patient outcomes to inform pathway improvements. The approach also looks to lever the benefits associated with being a population health organisation, seeing to lever the wider societal, including economic, benefits associated with VBHC. This approach is paying dividends.
Progress has been recognised by the Welsh Government, which has recently made a further significant investment in our programme, which will enable a rapid acceleration and ensure the principles of VBHC underpin every aspect of the Healthier Mid and West Wales strategic plan. A detailed roll out plan exists with a definitive list of actions.

Our priority actions for 2021/22:

- We will Implement VBHC rollout plan, with outcomes measured in 25-30 clinical and service areas
- We will use outcomes as a part of routine care planning in target areas, including consultation and assessments with patients. This will be enabled through a visualisation tool designed into patient administration systems
- We will feed outcomes into national and local systems, and used to inform quality improvement plans, pathway reviews, and wider plans relating to the implementation of a Healthier Mid and West Wales
- We will conclude several innovation projects we have commenced, including our work on the persistent pain pathway and adoption of a palliative care pathway for those with heart failure
- We will continue to strengthening of the connection between the VBHC programme, our quality improvement plans, and our transforming clinical services strategy
- We will develop a local Patient Reported Outcomes Measurement (PROMS) visualisation tool, pending the development of a national solution, enabling a rapid assessment of PROMs at the point of consultation, and periodic consideration of aggregate data
- We will appoint and train additional staff to enable the implementation of our rollout plan.
- We will implement pathway analysis, including costing, proceeds in line with the implementation timeline
- We will deliver wider efficiency benefits associated with the rollout secured, including the adoption of digital correspondence, patient reminders etc

Section 4: Building our capability to deliver

Digital

Our digital strategy addresses the following planning objectives:

3E: Business intelligence and modelling – to establish real-time, integrated (across the patient pathway), easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024

5M: Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan and implement the full role out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated

Deliverables and milestones	Quarterly timeline
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	Quarter 2
Phase II: Will stand up a temporary platform in the Cloud to be used for day to day operations;	Quarter 3
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;	Quarter 3
Phase III (a) - Products are available to, and accepted by key stakeholders using "user acceptance testing".	Quarter 3
Phase IV: All employees will receive training on the Advanced Analytical Platform;	Quarter 3

Section 4: Building our capability to deliver

Digital

The University Health Board has a clear vision for the future of its digital services. This provides clarity on strategic investment in digital services for the next five years to meet the priorities outlined within our Health and Care Strategy. The Digital Response makes an important statement about our future strategic direction in terms of Digital. Digital technology plays a key role in making patient care more efficient and safe. Digital technology allows clinicians to easily record and share information centred on the patient. It has the potential to make care seamless and improve communications between services and organisations. It also has a huge potential to free up clinician / staff time to focus on patient care.

The opportunities that improvements in robotic process automation, artificial intelligence, digital medicine and genomics will have for us as a University Health Board and workforce, will need to be developed over the coming years. While this might feel futuristic, the University Health Board are already underway with exciting research and innovative collaborations, which will improve delivery of future care.

The new NHS Digital Health and Social Care Wales Board will encompass:

- Wales National Information Service,
- some NHS Wales Shared IT Services and
- number of services operated out of University Health Boards across Wales.

It will make a significant step change in the way the Digital agenda and improvements will pan out over the next few years. The University Health Board are fully committed to collaborating with and partnering NHS Wales Digital Health and Social Care Board and embrace the future improvement opportunities that it presents.

Fundamental to our health and care system transformation, will be the delivery of high quality, cost effective Digital Services. Our vision is to have; secure, resilient, accurate and timely information at the point of patient care; this will be delivered through an integrated application suite, combining; clinical and business applications, underpinned by a robust, cost-effective information infrastructure

Section 4: Building our capability to deliver

Our Digital Response

Our Digital Response is our commitment to improving digital technology in the University Health Board over the next five years. The Digital Response will help us meet our strategic vision of working together to drive excellence in care for our patients and communities. We will focus on addressing the key health and care objectives from a local, regional and national perspective. Our aim is to enable, secure and legitimate information and knowledge sharing, supporting user (Patient and Clinician) access and 'self-sufficiency'. We will develop digital services that will shift health to integrated care.

Our key focus areas will be:

- Integration with the partners to take forward the digital programmes and related population health initiatives
- Unlocking the power of information to improve decision making at the point of care ensuring that data is available in real time, also allowing for demand and predictive analysis to be undertaken routinely to test and inform service changes
- Exploiting digital technologies to deliver patient centred solutions in neighbourhoods and communities
- Keeping patient and service user's information safe, secure and up to date, and only used with appropriate governance and controls
- Improving organisational digital maturity, and user digital literacy to maximise the benefits of digital technologies
- Delivering digital services, paper-free at the point-of-care by 2022

When aligned with appropriate 'people' and 'process' improvements, digital services will provide the best possible care for the patients we serve, whilst at the same time deliver a range of health and care system transformations. The Digital Response supports our Health Board Values, and the importance of improving our digital systems and infrastructure, delivering technology fit to support our people in the future. The Digital Response provides more detail about our approach and how we will get there. Developing digital healthcare technology will help to build improvements across a number of strategic priorities.

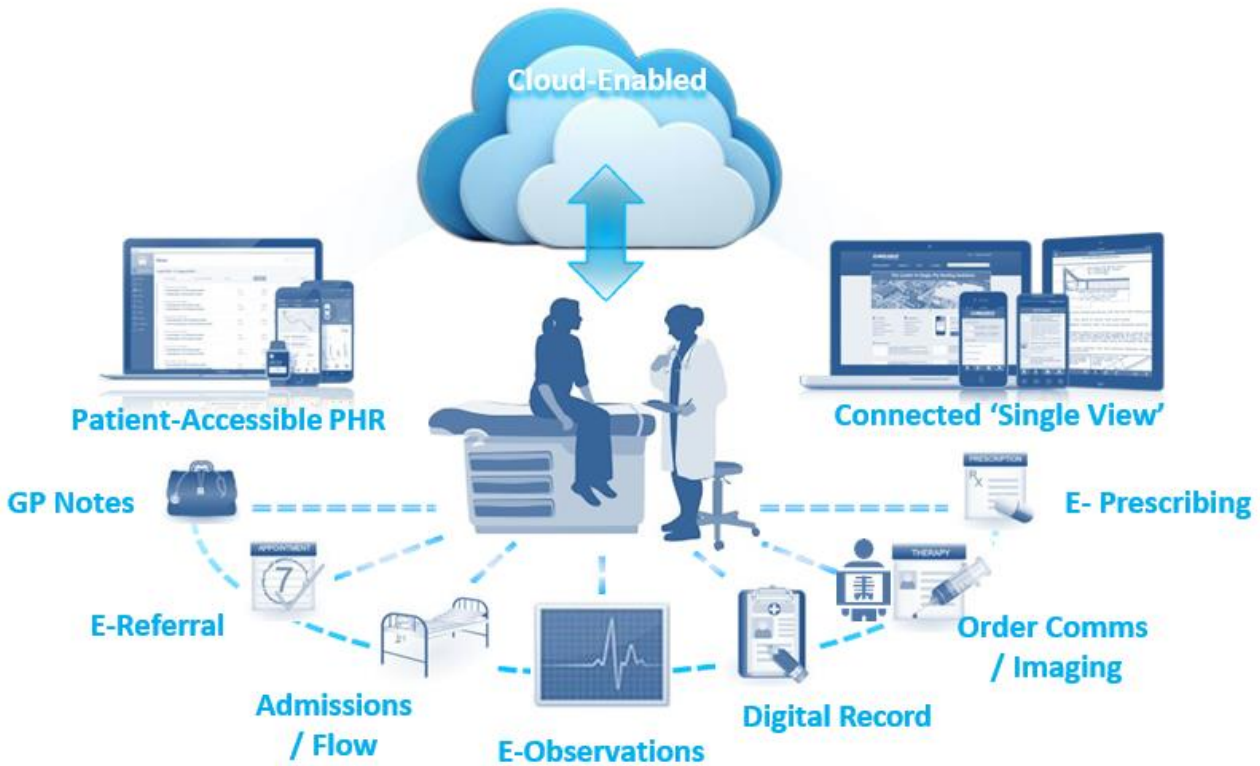
The Digital Response will complement the work of a number of enabling functions that will come together to deliver transformation across the University Health Board. These include:

- Workforce
- Quality Improvement
- Transformation
- Finance
- Estates
- Research and Innovation

Section 4: Building our capability to deliver

Our Digital Response at a glance

Our **digitally transformed future** healthcare vision…



In the future we will have digitised all of the events and information that relate to a patient's care into an easily accessible data store that can be shared with our partners. Clinicians will be able to view all the requests and results relating to a patient, including images, not only from our Health Board but also our partners in primary, secondary and community care.

By digitising the complete care pathway, from admission through medicines administration and onto discharge, patients will receive better and safer care as our teams will have a clear and easily understood picture of the patient's health. In summary we will take forward a number of key workstreams, namely:

- Digitise Patient Interactions
- Apps Integrated with Systems
- Accessible Records Across the Hywel Dda Community
- One Place for Patient Information
- Empowering Citizens
- Championing 'Connecting Care'
- Friction-Free Information Exchange
- Digital Inclusion

Section 4: Building our capability to deliver

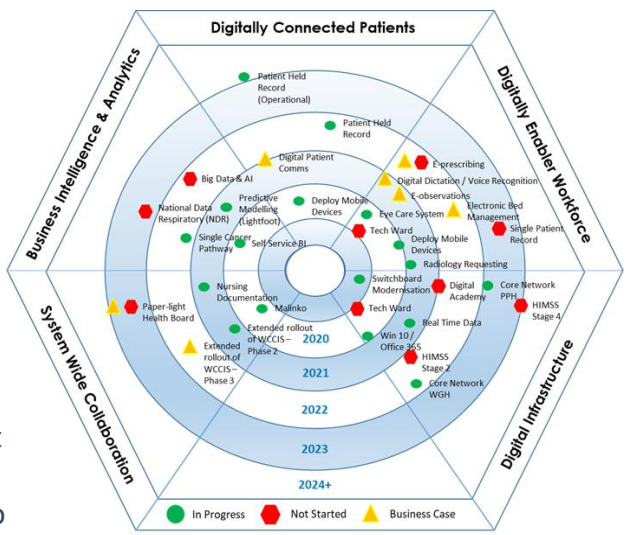
Our Digital Ecosystem

The University Health Board Digital Ecosystem will be run in partnership bringing together partners from health and social care, industry, academia, local authority and third sector organisations. We will focus on improving health across Hywel Dda through the spread and adoption of digital health solutions. As part of the Ecosystem, we have developed the following concepts that will be foundation:

- Digital Home
- Digital Ward
- Digital Hospital
- Digital Community

This diagram shows the key activities and timings planned within the digital strategy. It shows the timescale for rolling out the use of electronic patient records

Digital transformation is an important foundation upon which greater transformation can occur. The implementation plan will deliver a number of benefits against all of the University Health Board's strategic aims. The diagram is a summary of how each programme of work including the desired outcomes and key projects. More detail about the programmes can be found in the supporting implementation plan.



By pursuing our vision we will build solutions where the core aim is to benefit our citizens ahead of the University Health Board. We will act with the interest of the local health economy at the centre of everything we do and ensure collaboration is built into our digital solutions from the outset rather than added as an afterthought.

We will accelerate our digital transformation by assimilating existing best practice solutions into our organisation. As a Health Board we will learn from implementations elsewhere in the NHS and beyond, recognising that others also have the skills and ability to create transformational solutions which we can assimilate into our operations. Executing our response means quality, safety and patient experience will improve by using our digital solutions to create an environment in which the right information is available to our staff at the right time. By listening and co-designing our solutions with all stakeholders, we will provide innovative, intuitive and vastly improved ways of interacting with the NHS.

Our success to date is due in part to having a clear sense of purpose, strong and committed leadership combined with appropriate financial and human resource investments, but fundamentally our "can do attitude" is the reason we do what we do. Delivering our ambitions will also require different ways of working and culture change within the organisation, and we will build provision for that into our approach to project implementation. After two years, given the rapidly changing external environment, we will review this response and consider whether it requires a refresh.

Section 4: Building our capability to deliver

Engagement

Planning Objective 2C: Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year

Deliverables and milestones	Quarterly timeline
Engagement work programme to support the delivery of key Planning Objectives	Quarter 2
Investment in engagement structures and mechanisms to support our Continuous Engagement Framework, including: continuous engagement training module; development of partnership forums for engagement; triangulation of feedback from wide range of sources across the organisation	Quarter 4

Mechanisms to engage with stakeholders

We have a number of robust, well-established mechanisms to engage with stakeholders, service users, carers, staff, the Community Health Council, partners and the wider public. These include:

- 'Siarad Iechyd / Talking Health': our involvement /engagement scheme, with over 1,000 members
- Our stakeholder database, which has over 2,500 contacts across our communities
- We recently invested in a stakeholder management system (called 'Tractivity') to support our approach to improving our engagement with and management of stakeholders
- We also invested in an online engagement system Dweud Eich Dweud – Have Your Say (called 'EngagementHQ')
- Online mechanisms provide effective communication and engagement with staff, including Team Brief, regular 'Global' (organisation-wide) emails and an online closed Facebook Group
- Robust links and close working with our local politicians and key partners
- An effective working relationship with the Community Health Council through early involvement, effective partnership working and regular informal meetings as well formal meetings including the Services Planning Committee and County meetings
- Regular communication with the wider public through social media and press releases

Engagement around service changes

We invested in a programme of training from the Consultation Institute, to ensure that staff understand the legal requirements around engagement and consultation in relation to service changes. Our commitment and approach to engaging with key stakeholders, including patients, carers, clinicians, staff, local communities, and wider partners, is outlined in our high-level framework for continuous engagement. For specific service changes we will:

- Consider the information we already have about current services and seek further information where required
- Undertake Equality Impact Assessments and consider Health Impact Assessments to ensure we understand our current services and the implications of future proposals
- Complete stakeholder mapping and analysis to ensure we engage with the right people, groups and communities in the right way
- Develop and deliver engagement approaches that allow opportunities to engage and influence throughout the service change development process
- Communicate updates and opportunities to influence throughout the process

Section 4: Building our capability to deliver

The impact of the COVID-19 (COVID) pandemic on our population

In our health and care strategy A Healthier Mid and West Wales we made a commitment to continuous engagement. This means we work together every step of the way with our staff patients, carers, people who live and work in our communities and people or organisations delivering or interested in health, care and well-being.

During the past year, our conversation with our communities has been dominated by the COVID pandemic. It has had a major impact on all areas of our lives. We have worked hard to ensure our communities knew about and understood the operational changes we have had to make, as well as new ways to access care and support and how to protect ourselves and our population against this new disease.

This change happened dramatically in days and weeks, instead of months and years, as we had to adjust to new restrictions and guidance to keep Hywel Dda safe. Never before would we have imagined postponement of planned care (operations) to the extent required in 2020 and early 2021. But equally, we would unlikely have ever seen the speed and enablement of the digital advances and community based care that we have been able to provide in people's own homes, or closer to their homes.

As the vaccine roll-out is now well-underway and offers us all hope for a brighter future, it is important we understand the impact the pandemic has had on our population and what this has meant for both their experience of, and views about, health and care. We want to give an opportunity to people across our community, as we have done to our staff, to reflect on the pandemic and what it means for the future of health and care in the Hywel Dda area.

Our focused engagement exercise 'Building a Healthier Future after COVID-19' commenced on 10 May 2021, just after the Senedd elections and closed on 21 June 2021. The purpose of this engagement is to 'check in' with our communities and opening up a conversation – both about the pandemic and next steps to involve people in the delivery of our health and care strategy. We are asking people to talk to us about any new considerations and impacts as a result of the pandemic, and what new information we need to take account of when planning services.

The COVID-19 pandemic has meant we have had to think carefully about how we can engage in safe ways. We are talking to people in a number of ways, from using new online spaces for conversations about health and care, to more traditional means such as telephone conversations, a survey, or sending us their views in writing. We have reached out to our communities, encourage involvement through established community groups, as well as seeking the quiet voices and seldom heard. Anyone who wants to be directly involved, is encouraged to register as part of our involvement and engagement scheme Siarad Iechyd Talking Health by emailing Hyweldda.Engagement@wales.nhs.uk, writing to FREEPOST HYWEL DDA HEALTH BOARD, or telephoning **01554 899 056**

Section 4: Building our capability to deliver

Communication during the pandemic

The University Health Board and our three local authority partners have taken a regional approach to delivering COVID communications. This supports Welsh Government strategies and programmes (e.g. vaccination programme),and provides a consistent and localised approach to how we are experiencing the pandemic. This is co-ordinated through a Regional COVID Communications Strategy.

Underneath this structure, each organisation has its own communication strategies or plans which assist with setting objectives; outlining specific audiences and tactics to be used.
Where programmes of work are significant in terms of communications resource required, such as the vaccination programme, they have specific communication plans. Communication activities around the pandemic include:

- Weekly meeting between senior leadership and Local Authority leaders and politicians
- Weekly briefing and question & answer sessions with the Chair, Chief Executive and Medical Director for all local Members of the Senedd and Members of Parliament
- Stakeholder email cascade and weekly staff, stakeholder and public bulletin on vaccine programme
- Fortnightly meeting between the University Health Board and our Community Health Council
- Fortnightly informal briefings by the Chief Executive for Independent Board Members
- Joint COVID discussion session in public arena (using social media) between the University Health Board Chief Executive Officer and the Dyfed Powys Police and Crime Commissioner
- Regular video updates from the Chief Executive and members of the Executive Team for staff via our closed Facebook page

Some of the mechanisms used to engage with the public around the impact of the pandemic include:

- Daily proactive posting on COVID related comms
- Paid for social media campaigns to target vulnerable groups and geographical hotspots
- Joint University Health Board and local authority campaigns – such as Keep Cardigan Safe video
- Monitoring and responding to social media questions in-hours and out-of-hours
- Website, and dedicated web resources both internally for staff and externally for public

Section 4: Building our capability to deliver

Communication during the pandemic (continued)

Key deliverables for 2021/22:

- Along with our three Local Authorities, we will develop and deliver a refreshed Regional Communications Plan for COVID-19 Response and Recovery. The purpose will be to continue to keep our communities safe. It will amplify national communication campaigns, tailor national campaigns to reach local audiences, use local intelligence and experience to focus on priorities as experienced within the Hywel Dda region, and use behavioural science approaches and evaluation to continually improve. The plan will be approved in Quarter 1 and delivered through the year.
- Provide communication and practical interventions to support the re-starting of NHS planned services, through schemes such as the Waiting List project and single point of contact, as well as information and resources to keep people well whilst awaiting surgery. This work has already started and will continue through the entire year.
- Provide communication mechanisms and content to support the rest and recovery of NHS staff, and contribute to improvements in how staff feel valued and respected in the workplace by supporting special interest staff groups and championing innovation and dedication. This work is ongoing throughout the entire year and includes monthly case studies on staff success
- We will support listening to our communities by providing information and encouraging involvement in the engagement exercise – Building a Healthier Future After COVID-19, to be launched in quarter 1, and we will contribute to a feedback report in quarter 2. We will also continue to communicate key milestones and involvement in the transformation of NHS and care services through-out the year
- Continue the development of our new website to improve digital accessibility for all and work with our Informatics service to develop and deliver a local digital solution for provision of internal communications, by close of quarter 4,.

Section 5: Finance and Workforce

Overview of Section 5

WG Signposting
Finance
Workforce

This chapter addresses the following Strategic Objectives:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
6. Sustainable use of resources

Section 5: Finance and Workforce

Overview of Section 5

Introduction

Necessity is the mother of invention, and the past year has taught us that the NHS is capable of transforming the services we provide at pace. The agility and responsiveness of our colleagues across the organisation and across partner organisations; the scale of recruitment; the rapidity of planning and deployment; the responsiveness of service requirements; the embrace of technology and innovation all show that when change is needed, it can be delivered.

As part of this response, finance moved from being perceived as a constraint to being seen as a key enabler.

The coming year will be particularly challenging. The complexity of continuing to require the delivery of the testing programme, alongside vaccinations and system recovery issues will make accurate budgeting challenging. Quantifying system benefits arising from the transformation we have seen, and ensuring that the benefits arising from this new way of working are baked into the new normal will be critical as the service gradually moves into a new response phase.

The medium term outlook is a greater concern. Funding growth will likely be constrained, and the need to address inequalities across our communities which have been so vividly demonstrated by the impact of COVID will bring into stark reality the fact that health spend only accounts for 10% of the impact that is made in addressing health inequality . The period of transition from 20/21, where all resources which have been required by the NHS have been made available, to a fiscally constrained environment will be difficult.

The thinking within our long term strategy has been tested, and remains appropriate for our recovery. If anything, the need is to accelerate on its delivery.

Lessons learnt

In developing the financial response to our plan, it is imperative that the system learns and implements the lessons from the pandemic. These include:

- Ensuring that we put outcomes for our patients and population at the heart of our decision making
- System wide integrated planning and delivery is critical, including local authorities, independent providers and the third sector
- Addressing the impact of unwarranted clinical variation
- Preventing ill-health is more important than ever
- The wellbeing of colleagues is vital; and recognise that we don’t have sufficient workforce capacity in our system for the demands we face and so need to find alternative solutions
- The system needs robust intelligence and digital tools to transform
- Ensuring that transformation and service change is embedded

Our response to the pandemic has, by necessity, been short term. We must now bring that same energy to address the long term challenges we face.

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

The Financial Plan addresses the following Planning Objectives:

Planning Objective 6A: Develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight

Planning Objective 6B: Establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting.

Planning Objective 6C: Construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy "A Healthier Mid and West Wales" and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board

Planning Objective 6I: By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation

New Planning Objective: To develop, by 30 September, a plan to deliver £16m of recurrent savings based on opportunities for technical and allocative efficiencies across the Health Board's budgets. The savings will need to be deliverable on a pro rata basis by the end of the financial year to ensure that the underlying deficit does not further deteriorate. This will be based on the Health Board's developing opportunities framework, and developed in conjunction with budget managers across the organisation

Deliverables and Milestones	Quarterly Timelines
See Financial Enabling Plan	

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Planning Objective 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:
- Length and degree of fragility
- Opportunities for local sourcing in support of the foundational economy
- Carbon footprint
- Opportunities to eliminate single use plastics and waste
The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation

Deliverables and milestones	Quarterly timeline
Undertake supply chain analysis of key products, services and supplies in conjunction with NHS Wales Shared Services Partnership	Quarter 3
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	Quarter 3
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	Quarter 3
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	Quarter 2

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Unique Financial Planning Context

Whilst for 2021/22 Annual Plans will not receive Ministerial approval, scrutiny via a proportionate assessment will be undertaken and our approach has remained consistent with previous years in robustly reviewing and challenging the University Health Board cost base, opportunities, risks and plans.

Despite a usual health budget allocation being issued in December 2020, the pandemic aspects had to be kept separate and have been confirmed during May 2021 to allow the finalisation of submitted plans. Endeavouring here to clearly segregate both the costs and notified or potential income streams.

The Minimum Data Set (MDS) utilised during the pandemic has continued and accompanies this document and thereby replaces previous more familiar presentational documents. As noted the underlying work, including close liaison with all disciplines, specifically planning, performance and workforce has continued during this year's planning cycle.

It is expected that the MDS will be updated as the financial year progresses, this submission representing a best estimate of known issues at the time of creation and assumes that the pandemic will continue to have a material impact upon services and resources for the full financial year, although the operational drivers will continue to be reviewed and challenged to minimise the financial impact wherever possible.

Summary Financial Position

Given the considerable uncertainty that the global pandemic has brought, the University Health Board's financial plan for 2021/22 is to curtail further increases and maintain a £25.0m deficit following confirmation of non-recurrent WG funding in respect of the FY21 savings gap brought forward and continued non-recurrent support to the general and specific programme COVID-19 costs. It should be noted that this is a planning assumption, in line with our interpretation of funding guidance shared amongst Directors of Finance, and full validation of this with WG colleagues will follow. This is based upon:

- The brought-forward underlying financial position from 2020/21, comprising a £25.0m underlying deficit brought forward into that year and unachieved savings of £32.4m for that year, offset by the above referenced funding of £32.4m;
- A reasonable assessment of internal and external pressures;
- The additional allocations as detailed in the Allocation Letter received on the 22nd December from Welsh Government (WG);
- Risk assessed identified saving opportunities of £16.1m;
- COVID-19 Pandemic and associated funding assumptions have been separated and will be discussed at section 10;
- Confirmation July 2020 that the Health Board will not have to repay its historic deficit.

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

The table below illustrating the key elements of this assessment, followed by further comment on the construction of key elements. Further schedules are available within the technical financial annex.

Figure A		
Summary Financial Plan	2021/22 £'m	2021/22 £'m
Control Total for 2020/21	25.0	
Unachieved Recurrent Savings 2020/21	32.4	
Opening Position for 2021/22		57.4
Assessment of Pay, Prices and Growth		
Pay modelling	7.0	
Primary care prescribing - price	4.0	
Primary care prescribing - growth	1.3	
CHC – price	2.7	
CHC – growth	0.6	
Secondary care drugs – horizon scanning	2.6	
Revenue consequences of capital schemes	1.5	
Welsh Risk Pool	0.1	
WG core uplift 2021/22	(14.6)	
Pay, Prices and Growth Gap		5.2
Other identified pressures		
Secondary care drugs – price and growth	2.1	
WHSSC investment contribution	2.0	
LTA 2% uplifts (net position)	2.0	
LTA high cost drug recharge	0.3	
Birthrate Plus	0.6	
Medical variable pay	0.9	
Nurse Staffing Act (phase 2)	0.3	
Microsoft SLA uplift	0.3	
Legal redress	0.2	
Medical records digitisation	0.3	
Other identified pressures		9.0
Investments and Service Developments		
Malnutrition (phase 2)	0.2	
Major Trauma Network (step up)	0.1	
Flu vaccinations 50-65 years cohort	0.4	
Eye Care Sustainability	0.3	
Diabetes strategy	0.4	
Major Trauma Network consultant	0.1	
Specialist palliative care consultants	0.3	
Asylum seekers health needs	0.1	
Investments and Service Developments		1.9
Identified saving Opportunities		(16.1)
WG funding of b/f savings gap		(32.4)
Planned outturn (excluding COVID-19)		25.0

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Route Map to Financial Sustainability

Recognising that financial sustainability is essential as we seek to innovate and develop, we have established a risk assessed initial efficiency target of £16.1m for 2021/22. Aligned to University Health Board's six strategic priorities and longer term strategy. We have identified 4 themes for improvement which will provide a framework for us to design and develop opportunities for 2021/22 and beyond, underpinned by key components of our 2021/22 to 2022/23 planning objectives. These themes are:

- Providing system wide integrated community, social and mental health care, managing attendance and admission rates and Length of Stay
- Developing/nurturing our substantive workforce and reducing reliance upon agency / locum resource
- Developing commissioning opportunities; and
- Maintaining efficiency over our resources. Which includes a review of paused 2020/21 savings programme and insights from other Health Board programmes.

	Improvement theme	Integrated Care and LOS	Commis-sioning	Efficiency	Full Year Effect
		£m	£m	£m	£m
1	Maintaining unplanned care	5.1			5.1
	Long length of stay active management	2.5			2.5
	length of stay active management	1.0			1.0
2	Directorate productivity (locum & agency)			1.0	1.0
3	Commissioning		0.5		0.5
	Commercial income		0.5		0.5
	Research & Development sponsorship income		0.5		0.5
4	Procurement			1.0	1.0
	Estates			1.0	1.0
	Corporate and support function consolidation			1.0	1.0
	Productivity, digital, switchboard and command centre			2.0	2.0
	Total (recurrent)	8.6	1.5	6.0	16.1

These initiatives, may not begin to crystallise until after we exit the COVID-19 period, where planning assumption at present would be October 2021 onwards and may thereby reduce the in year opportunity accordingly on a recurrent basis, however we have identified non-recurrent savings opportunities to mitigate this. Over the medium term, the University Health Board is assessing the opportunities to deliver financial sustainability, with financial balance being achieved within five years. These include: Addressing excessive unscheduled care admissions (c£7m); Reassessing skill mix and addressing challenges in workforce recruitment (c£2m); Addressing high on-call and 24/7 rotas (c£2.5m); Unsustainable ED/MIU provision (c£15m); Addressing unsustainable 24/7 provision in support services (c £10m in the medium term, further £10m in the longer term)

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Further work will continue to be undertaken over Quarter 2 to assess the recurrent deliverable opportunity as part of the development of our Medium Term Financial Plan.

COVID-19 (COVID) Pandemic – Continued Response and Recovery

Continued Response

Projections here have been modelled based on COVID-19 prevalence as assessed at the start of the financial year and are summarised in Figure C below. As scenarios and modelling, both locally and nationally continue to evolve, the financial scenarios will be reconsidered for our forecast, however it should be noted that the finite supply of workforce resources will largely dictate bed capacity and therefore the financial ramifications of any significant changes in COVID-19 prevalence.

As previously noted the costs below do not form part of our summary financial plan, and further noted at section 4 income for these costs is assumed in full, with a risk that this has not yet been fully confirmed by WG, although it is our interpretation of the funding guidance shared amongst Directors of Finance.

Figure C	Profile	Pay	Non Pay	TOTAL
COVID-19 Response		£m	£m	£m
Testing	M01-12	1.4	0.2	1.6
Tracing	M01-12	0.2	5.8	6.0
COVID-19 Vaccination Programme	M01-12	5.9	6.9	12.8
Adult Social Care Provider Support	M01-12	-	2.2	2.2
Surge Capacity/Field Hospitals	M01-12	0.4	0.9	1.3
Cleaning Standards	M01-12	2.2	0.1	2.3
Primary Care Prescribing	M01-12	0.0	4.4	4.4
PPE	M01-12	0.0	2.3	2.3
Other COVID-19 related spend	M01-12	17.3	9.0	26.3
Sub Total COVID-19 additionality		27.4	31.8	59.2

Field Hospital assumptions:

- Bluestone and Plas Crug decommissioned by 31 March 2021;
- Parc Y Scarlets Barn decommissioning to be finalised during June 2021;
- Selwyn Samuel use reducing through Quarter 1 with peak requirement of 24 beds, contractually committed for full year, however no bed requirement modelled beyond Quarter 1;
- Carmarthen Leisure Centre held in moth-balled state, incurring consequential losses.

The key operational drivers of the "Other" classification above are:

- Housekeeping activities (in addition to Enhanced Cleaning Standards) for additional waste, laundry, front of house duties, cleaning and maintenance;
- Acute bed capacity for Red pathways, increased acuity in Critical Care and ward remodels;
- Pathway duplication, leading to additional staffing requirements;
- Palliative care family liaison officers;
- Community bed capacity for step down facilities;
- Loss of income in respect of non-contracted activity impacted by reduced tourism, reduced dental activity and third party enterprises;
- Drugs: acute changes to treatment regimes.

Section 5: Finance and Workforce

Finance – 2021/22 Financial Plan

Whilst the majority of these costs are expected to continue for the full financial year, this will be continuously reviewed in terms of clinical and financial appropriateness to determine if operational decisions can be made to reduce the financial impact.

Recovery

Figure D summarises the approved Recovery schemes for which WG funding is confirmed. Discussions are on-going in respect of plans for a continuation of improving access to emergency and unscheduled care, which is excluded from our Plan and will be recognised in year as plans and funding are finalised.

Figure D	
COVID-19 Recovery	2021/22 £'m
Additional Activity: Third Party Support (Outsourcing and Insourcing) for T&O, ENT, General Surgery, Dermatology, Urology and Neurology	7.2
Demountable capacity (Q4)	1.2
Ophthalmology (Outsourcing and internal capacity) for Cataracts	2.9
Mental Health Recovery Plans under development, focusing on Wellbeing: 1) workforce recovery and resilience, 2) retaining innovation and good practice, 3) service expectations, 4) additional service capacity and equality of access, 5) Children and Young People.	1.8
Total	13.1

Summarised Associated Risks

As has been detailed within the above, there are a number of assumptions that have been made, in congruence with guidance issued to the health board, which do pertain to risks to our financial delivery. These will be articulated and submitted via an accountable officer letter, with the summary of which listed below:

- A significant element of our ability to deliver a planned deficit of £25m is the working assumption, in line with current funding advice, that we shall receive £32.4m of non-recurrent funding for the brought forward impact of undelivered savings from FY21. These values are subject to a review and validation and could change our planned deficit position if they deviate from expectations.
- Having received confirmation, in the main, associated for the first 6 months of the financial year, in respect to our continued response for general and specific programme COVID-19 costs, there is an assumption that further funding will be made available for additional costs, for up to a 12 month period, after our planning submission. Should the additional funding not be confirmed, the organisation will need to review our proposed plan, and take appropriate action.
- Whilst confirmation has been received for our non-recurrent Recovery Plan in year 1, our Demountable solution requires a commitment of 3 years (current plan), and it is recognised that the Health Board will go at risk in entering into any contract that exceeds the confirmed funding, with clear governance to be followed in making this decision through Board Committee, and the affordability of our broader finance commitments.

Section 5: Finance and Workforce

Workforce Strategy

No one could have foreseen a global pandemic and one of the most challenging years ever for the NHS Wales workforce, it is anticipated that 2021/22 may have resonances with 2020/21, however, we have an opportunity over the next few months to support the rest and recovery of teams and consider their wellbeing and to continue to stabilise our workforce position. This is fundamental to moving forward and continuing to manage the implications of the COVID virus on our workforce and population.

Prior to the pandemic, our thoughts were on how to deliver "A Healthier Mid and West Wales: Our Future Generations Living Well'" and in some respects the pandemic has enabled changes that will help to facilitate progress. We know we have a motivated workforce that is competent, confident and engaged; who met the opportunities and challenges that presented, and it is more critical than ever that we develop a "sustainable" workforce model that will enable us to reset services, enable the delivery of a social model for health and wellbeing and sustain activity against the virus through public health programmes: Test Trace & Protect, Mass Vaccination and prepare for any future recurrences, whether due to vaccine efficacy or new variants in winter 2021/22.

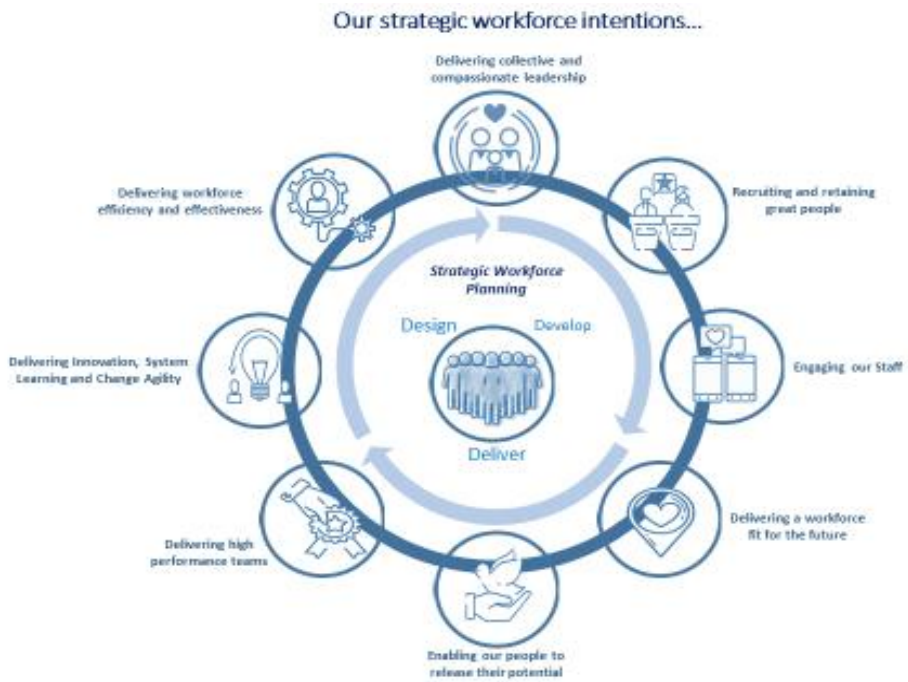
The scale of workforce opportunities and challenges are significant, as ever; and touches all aspects of design and delivery of services. We know that all health and social care organisations will face similar challenges and that now within the context of the global pandemic we are faced with additional challenges predicated on uncertainty and volatility of COVID and the impact/implications that lockdown and restrictions on health services will have taken on our local population and our workforce:

- Personal legacies for our workforce's own mental health and wellbeing and how this impacts at an individual and team level
- Uncertainty for those who have been shielding and the future of their work
- Resilience, recuperation and the need for restorative practices inside and outside the workplace
- Digital capacity and capability to respond to technological change at pace on an individual, team and on organisational level
- Complex public expectations in relation to COVID and wider recovery work; our workforce will be directly involved in managing this complexity

To support and take forward the ambitions set out in the strategic planning objectives, (the majority of which are either directly related to workforce and organisation development policy and practice or have a workforce planning implication), a transformative approach is required based on the type of care we want to deliver: safe, sustainable, accessible and kind. These principle are at the heart of our workforce strategy is available, which articulates our strategic intentions (below) and align to how we will measure our success for workforce as part of A Healthier Mid & West Wales and the imminent Programme Business Case.

Section 5: Finance and Workforce

Workforce Strategy



Workforce Analysis

We have explored a detailed workforce and service analysis to quantify and qualify the scope & scale of projects and workforce requirements (Workforce Technical Document available)

1. We increased our overall workforce by c800 Whole Time Equivalents (WTE) (for the 12 months from January 2020 to 2021)
    a. We recruited 2400 Headcount staff through our recruitment efforts during 2020/21

2.Overall, our workforce increased across all professional groups, most notably within: Estates & Ancillary (c48%) Additional Clinical Services (c20%)

3. Our workforce age profile has seen an increase across all age bands older and younger (TBC 75% increase below 20 years of age and 67% in the 40-80 age range)
    a. The average age of retirement is increasing when compared to 2015 and sits between 58-65 years of age dependent on staff groups.
    b. Staff continue to retire and return, in 2019/20 41% and in 2020/21 41.2%.
    c. To note for nursing & midwifery it is 54% for 2019/20 and 49% for 2020/21.

4. Our gender profile remains largely female (78/22 female to male). (A small increase in the male workforce c0.6% increase)

5.Our part-time/full-time ratio continues to marginally fluctuate from 50:50 for 2017 to closer to 40/60 2018 to 49/51 for 2019 and for 2020 is 52/48
    a. 45% of our total workforce is female and works part-time.
    b. 35% of our workforce is over 51 and works part time.
    c. Very little change in participation by age, gender, against overall work patterns.

Section 5: Finance and Workforce

Workforce Strategy

Workforce Analysis (continued)

6. Sickness absence continues to reduce each month and now sits at 6.5% (*NB assuming end of March- 9% in February)*

a. To note shielding: 104 staff identified as Clinically Extremely Vulnerable are at home and not working.

7. Compliance against all Wales targets for development: PADR and Mandatory training are noted. It is evident, performance against these indicators has suffered, due to COVID, however, only marginally and are steadily returning to pre-COVID levels i.e. 75% and 83% overall respectively.

Service Analysis and Workforce Implications

In order to sustain the delivery of the University Health Board's ambitious plans and achieve the overarching aim to be an employer of choice and ensure that the wellbeing and support for all our employees drives practice across all services and levels - our priority must be to stabilise our workforce and establish a framework for continued growth and resilience. Enabled by COVID there is an opportunity to build positively on the unintended positive consequences of technological adaptations and workforce responsiveness. The pandemic brought into sharp focus our underlying workforce deficits within services and professional groups as based on our funded establishment (Jan 21), our current position is:

- Medical & Dental: 251 WTE vacant posts
- Nursing & Midwifery: 416 WTE vacant posts reduced to -138 WTE after Bank & Agency usage and additional hours
- Additional Clinical Services: six vacant posts increase to 215 WTE over establishment after Bank usage to compensate for above deficit in nursing & midwifery above
- Professional, Technical and Other Professional Groups: 33.1 WTE vacant posts which are marginally mitigated to -31.5 WTE after Bank & Agency usage and additional hours
- Allied Health Professionals: 11.1 WTE vacant posts increased to 7.7 WTE over establishment after Bank & Agency usage and additional hours
- Healthcare Scientists: 17.1 WTE vacant posts deficit to -5.8 WTE after Bank & Agency usage and additional hours

We have assessed the workforce implications of our service delivery assumptions and noted the need for "additional workforce" required against our baseline workforce assumptions, across all services (COVID only). Further to this we have constructed a data set to assess immediate concerns in relation to retirement, turnover and absence and explored implications which are summarised below: (For detail please see Minimum Dataset and associated document here). Please note these do not take account of scenario 22 or 23 where further work would be needed.

For clarity we have looked at our COVID related workforce (or where significant workforce changes were made or anticipated due to further COVID activity during 2021/22) for Test Trace & Protect; COVID Vaccination Programme; Acute surge responses (Field Hospitals); and Enhanced Cleaning Provision. All are based on the current workforce operating model (with the exception of Enhanced Cleaning Services which sees an establishment uplift due to COVID) however work is ongoing to resource the desired workforce models, however, where there are residual gaps, alternative workforce models will be explored and are therefore subject to further change for all services.

Section 5: Finance and Workforce

Workforce Strategy

All are based on the current workforce operating model (with the exception of Enhanced Cleaning Services which sees an establishment uplift due to COVID) however work is ongoing to resource the desired workforce models, however, where there are residual gaps, alternative workforce models will be explored and are therefore subject to further change for all services.

To note based on reasonable assumptions (based on an average of 2019/20 and 2020/21 workforce data) we can identify the following:

High Level Workforce Demand - Risk Assessment (COVID/WINTER SURGE)
As set out our plan articulates a requirement to respond to COVID our workforce requirements (based on national profiling are identified as approximately 22-26 critical care beds and 1190-1245 beds.

As an estimated demand model this would equate to the following requirements of 2330.25 WTE based on the model below, however, if we assume the workforce associated with Planned Care activity resumes and our available workforce is only associated with Unscheduled Care (RN & ACS) our available workforce is c1598 WTE we would be forced to close services and deploy staff to meet the associated demand of 950 -1250 beds of between 1742.85 WTE and 2330.25 WTE. (NB This is a blunt measurement and requires further detailed analysis aligned to planned care to ensure cost centre alignment to workforce activity).

	Average Staff requirement (WTE)						
	RN	Unregistered	Supervisory	Ward Clerk	Frailty Worker	Rehab Assistant	TOTAL STAFF
No of Beds	Band 6 & 5	Band 2	Band 7	Band 2	Band 3	Band 3	
170	152.2	134.6	8	8.5	8.2	5.6	317.1
200	164.4	147.6	9	9.75	7.8	6.15	344.7
220	180.5	162.2	10	10.75	8.6	6.7	378.75
250	223.1	198.4	12	12.75	11.6	8.2	466.05
750	669.3	595.2	36	38.25	34.8	24.6	1398.15
800	713.92	634.88	38.40	40.80	37.12	26.24	1491.36
850	758.54	674.56	40.80	43.35	39.44	27.88	1584.57
950	833.7	742.8	45	48	42.6	30.75	1742.85
1000	892.4	793.6	48	51	46.4	32.8	1864.2
1250	1115.5	992	60	63.75	58	41	2330.25

We are assuming a functional bed base of 855 beds through 2021/22. Given the figures above do not account for retirement, absence or turnover we need to be alert of the need to maintain, retain and develop our current workforce to maintain a steady state.

On review of the MDS which includes our total workforce and COVID response (TTP, MVC and Surge) which equates to between c10000 WTE to c11000 WTE (inclusive of Bank, Additional Hours and assumes retention of all FTC COVID 19 recruits. To note agency usage is considered to be in additional at c270 WTE)

Section 5: Finance and Workforce

Workforce Strategy

Based on our current contracted workforce baseline equates of:

- 9407.9 WTE
    - c545 WTE are Bank & Additional Hours giving c10000 WTE
- Implications of turnover, absence, retirements and Fixed Term Contracts based on the workforce baseline:
    - Turnover equates to a possible loss of c778 WTE annually (based on 8.25% of total MDS profile - on average midpoint for 2019/20 – monthly between 30-76 WTE)
    - Absence based on an average of 7.5% could equate to c700 WTE on a monthly basis
    - To note: 567 COVID 19 FTC will end in September 2021 if not extended plus a further 853 of FTC are also in place across the Health Board i.e. over 10% of our workforce are currently fixed term.
    - Retirement historically is low (c500 WTE) and "return and retire" sits around 43% of those who retire. Due to pension changes/legal challenge this may change and need to be considered a future risk

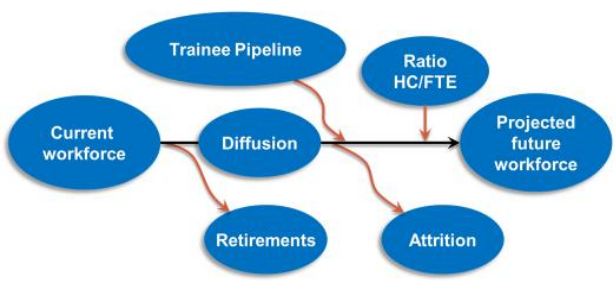
To illustrate this could (as a worst case scenario) reduce bed capacity by c500 beds. Therefore the resourcing programme for the University Health Board needs to be maintained to cover normal attrition.

Workforce Gap Analysis

To quantify the potential scale of workforce challenges we have expressed in indicative workforce figures on which to plan. As understanding on future evolves and our actions to stabilise the workforce take shape we would anticipate:

- a deeper understanding of implications and operational requirements
- deliver service reset based on our vacancy levels/known services gaps
- new service developments and
- anticipated sickness, turnover & retirements.

Our working assumptions for these areas are detailed in the MDS and associated workforce gaps against each professional group. (NB a detailed gap analysis has not been conducted).



Elements that we need to critically review from workforce planning perspective:

- Workforce needs for the social model of health and associated programme business case
- Increasing age profile of our workforce in totality with specific groups facing significant issues
- Implications of absence (COVID related and the impact on workforce availability)

Section 5: Finance and Workforce

Workforce Strategy

Workforce risks

To summarise risks:

- Known scale of gap in scenarios and availability of workforce that can be activated to respond with agility to new COVID pressures
- Resilience within workforce to respond to further prolonged and significant pressures without appropriate rest and recuperation
- Reduction in workforce availability due to retirement linked to pension changes/legal challenges
- Sustained levels of turnover with limited retention of workers across all professional groups

Mitigations to reduce risk

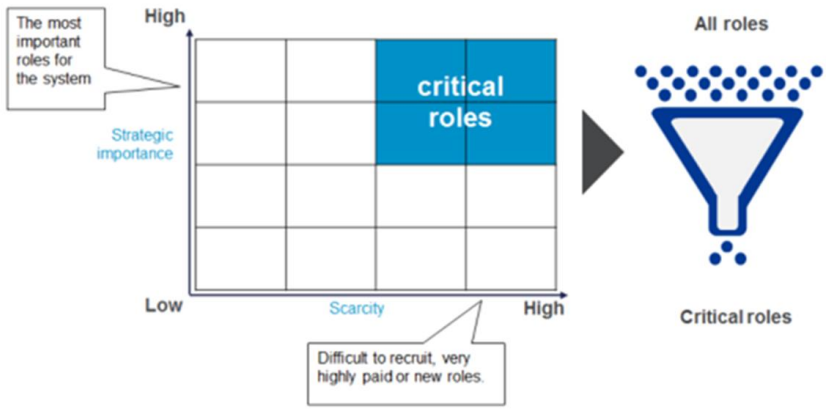
- Careful planning of services and corresponding workforce requirements, assessing potential risks to access and availability of required skilled workforce and the timescales needed to activate plans and align workforce/finances
- The organisation will plan for COVID related activity for the whole of 2021/22 but will plan its resources both financial and workforce on a quarterly basis. The first 6 months is planned to September 2021
- Resourcing and training plans based on the most plausible scenario we perceive our workforce will face building in the possible and associated challenges to generate agile responses i.e., contractual flexibility or extensions, responsive resourcing solutions, enhanced digital learning solutions
- Working with Partners and generating a system-based response to workforce challenges: Health Education Improvement Wales, University partners, Military supporters, ARCH & Mid & West Wales Health Board partnerships, Primary Care, Local Authority and wider public sector bodies and the Third Sector and the Regional Workforce Programme Board

Designing the workforce

We acknowledge the need for greater sophistication in our approach to modelling activity that will enable us to align workforce modelling assumptions to our overall capacity and demand activity/assumptions. We are keen to explore the use of scenario planning tools and benchmarking opportunities through initiatives such as “Lightfoot.” There is significant opportunity given the similarity in the Values Based Healthcare approach to Strategic Workforce Planning to align to two key workforce planning methodologies - a Population Health based approach and Competency Based approach. Development of these capabilities will be essential to managers leading transformational change, working to address critical workforce gaps. This level of granularity and alignment in approach will enable greater focus on patient outcomes and prudent healthcare; testing our assumptions around new role design and the “Team around the Patient” workforce model. Looking critically at roles and how they are designed to support competence, wellbeing, and prudence through active engagement. Building internal capacity and capability in these areas will be critical in 2021/22.

Section 5: Finance and Workforce

Workforce Strategy



We are alert to our role as a significant employer in the region and how our strategic choices for workforce can impact positively or negatively on our commitments to the Wellbeing of Future Generations Act and new Social Economic duty to contribute to the alleviation of health inequalities. Strategic workforce planning will be embedded in activity to develop our strategic planning objectives and create overall alignment to our strategic direction as a University Health Board. Consideration to how we can align opportunity for our local population with our longer-term strategic workforce aims will develop as our sophistication in this arena grows. We would hope to be able to demonstrate and evaluate our impact in these areas through a range of workforce initiatives over the long term through generational and social impact lenses, for example the Apprenticeship Academy, Kick-start initiatives underpinned by our overall grow your own philosophy for workforce development, placing education at the heart of our workforce strategy.

Therefore, strategic workforce planning can be embedded in all strategic planning objectives and a structured methodology for each adopted (as appropriate to the programme of work) and aligned to the Values Based Healthcare ethos and role design.

Delivering the workforce

At this juncture and given our sustained workforce challenges over a number of years, we know that our options will be limited within a 12-month period to make significant change and will require a longer-term focus, however, the development of the unregistered workforce will be critical to enable the development of the "Team around the Patient" model to be enacted. Much of this work started over the last 12 months as part of the response to COVID within Field Hospitals and Acute sites. For example, the development of the Family Liaison Officer Roles and the flexibility and duality of other roles such as facilities roles. Given the success of the mass resourcing activity undertaken throughout 2020/21 the University Health Board is in a strong position to address workforce gaps specifically within Estates and Ancillary and Additional Clinical Services. Continuing resourcing activity will be needed to cover 677 WTE vacancies however where there are significant recurrent/long standing vacancies exploration of other opportunities will be advocated via a development approach.

Section 5: Finance and Workforce

Workforce Strategy

Developing the workforce

Our education & commissioning plans for 2021/22 illustrate our in-year and 3 year proposition: it is critically important to flag the need for a longer-term view to create the workforce needed for the social model of health and to stabilise the workforce to create a sustainable pipeline. Critical elements within this will be an increase in extended and advanced practice roles across all professional groups.

The need to retain the workforce increases gained during the pandemic and develop new workforce models offers a unique opportunity to build a stable and sustainable workforce model. The central concept – the "team around the person" model: a multi-disciplinary team drawn from all professional groups to address health, wellbeing and social care needs has the potential to enable the development and implementation of career pathways from new workforce entrants in the short term to the potential for registered professionals in the long term. Our workforce plan, within the context of an annual plan will focus on the following key elements to build on the concept, develop the educational strategy and infrastructure and make gains towards implementation of the model.

To **rejuvenate** our workforce we will undertake the following activity in the short and long term:

1. Retention and development of our "COVID" recruits and enable the transition into substantive posts – our "growth" professional groups being ancillary and additional clinical services
2. Increase the number of Band 4 Assistant Practitioner roles via the Level 4 programme through funding of courses, development of processes to create roles and management support;
3. Continued investment in the Apprenticeship Academy for Nursing & Therapy Apprentices focused on Level 2, 3, 4 roles to support across acute, community and COVID related services;
4. Support for the development of Band 4 practitioners in other professional groups i.e. Biomedical Sciences
5. A review of educational practice within Pharmacy and pathways to facilitate Technician roles and access to Level 5 & 6 qualifications
6. Growth in the medical workforce and alternative roles i.e. Physician Associates, Surgical practitioners, Consultant roles in Nursing
7. Grow psychology and alternative practitioners delivering different interventions in different settings i.e. physical and mental health; and
8. Grow alternative Primary Care and community practitioners/connectors to support the urgent primary care model and ultimately the social model of health i.e. community connectors, social prescribers alongside movement of therapy and pharmacy colleagues moving into primary care.
9. Build on the successful work with partner organisations such as WAST in relation to the Advanced Paramedic Practitioner
10. Build on Advanced Practice education and development for all registrants

To support these intentions we will be rolling out a number of work streams to enable managers and teams to develop their capability and capacity in workforce planning and management through an operational and strategic lens for example, "Allocate" software to manage the temporary workforce, initiatives around role design, delegation and competency based workforce planning; and the introduction of OD Relationship Managers. These activities will not sit in isolation rather will form part of our "Improving Together Framework" and where appropriate aligning to Values Based Healthcare.

Section 5: Finance and Workforce

Workforce Strategy

Financial alignment to workforce stability

The workforce "additionality" has been aligned in the financial plan. Further work to model detailed scenarios would be required.

Measuring the workforce

A performance dashboard will be constructed aligned to the requirement of Welsh Government Framework.

Workforce Technical Document

Please note that detail relevant to the workforce section is contained within the Workforce Technical Document here.

Planning Objective 3B: Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies.

Over the next 12 months the re-start plan for job-planning is aiming to regain the high compliance rate achieved prior to the pandemic and attain over 90% completed and sign-off job plans for all Consultants and SAS doctors by 31/3/22. The plan for re-start will be phased and agreed with clinical leads.

Section 6: How will we deliver – our governance arrangements

Overview of Section 6

WG Signposting
Governance

This chapter addresses the following Strategic Objectives:

3. Striving to deliver and develop excellent services

Section 6: How will we deliver – our governance arrangements

Overview of Section 6

Planning Objective 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

Deliverables and milestones	Quarterly timeline
Revised Board Assurance Framework in place to align with our new Committee structure	Quarter 2

The Health Board has had a Board Assurance Framework in place for a number of years. However, reporting the Board Assurance Framework during 2020/21 was paused as the organisation's most significant risks related to the operational delivery of the Quarterly Plans which were developed in response to the Welsh Government NHS Wales COVID Operating Framework.

As we move into recovery in 2021/22, the Board Assurance Framework will now be realigned to our new strategic objectives.

The improved Board Assurance Framework will enable the Board to focus on those risks which may compromise the achievement of strategic objectives. The Board Assurance Framework will provide a structure and process which enables the organisation to focus on its significant risks; it also highlights any key controls that have been put in place to manage the risk and any areas requiring further action, it highlights sources of evidence or assurance and any gaps. Having an effective Board Assurance Framework will:

- Provide timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues
- Facilitate escalation of risk and control issues requiring visibility and attention by senior management, by providing a cohesive and comprehensive view of assurance across the risk environment
- Provide an opportunity to identify gaps in assurance needs that are vital to the organisation, and to plug them (including using internal audit) in a timely, efficient and effective manner
- Help to raise organisational understanding of its risk profile, and strengthen accountability and clarity of ownership of controls and assurance thereon, avoiding duplication or overlap
- Provide critical supporting evidence for the production of the Annual Governance Statement
- Help to clarify, rationalise and consolidate multiple assurance inputs, providing greater oversight of assurance activities for the Board/Audit and Risk Assurance Committee in line with the risk appetite
- Facilitate better use of assurance skills and resources
- Inform Board and Committee agendas particularly where the largest gaps are perceived to exist either in relation to confidence about the current position or the achievement against the strategic objectives

Section 6: How will we deliver – our governance arrangements

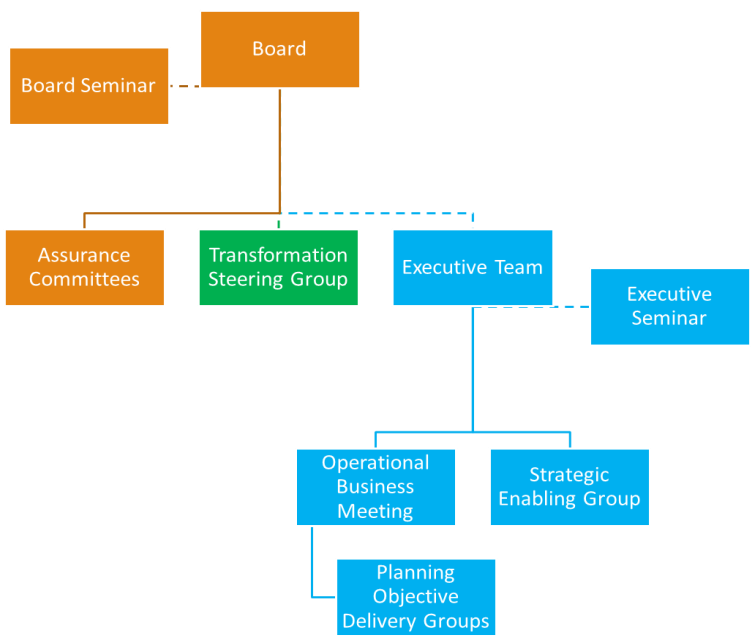
Governance and assurance

The Chief Executive Officer, with support from the Board Secretary and Head of Assurance and Risk, has led the development of the Board Assurance Framework with Executive Directors. A series of workshops were held throughout May where Executive Directors identified the principal risks associated with the delivery of the Health Board's strategic objectives for inclusion onto the Board Assurance Framework.

Work will continue in 2021/22 to further strengthen reporting of the Board Assurance Framework to better support the implementation of our strategy, review and align our risk appetite to the strategic objectives, and provide the Board with assurance on the achievement of our strategic objectives. Once the Board Assurance Framework is in place, it is important that we also develop a system that will capture, disseminate and report the learning when the organisation successfully delivers a planning objective. Conversely, this will also enables us to learn when things do not go so well.

Whilst the majority of principal risks will be identified in top down approach, risks are also identified bottom-up from within Corporate and Clinical Directorates and Services. They are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance.

As we emerge from the COVID pandemic, we have reviewed our governance arrangements to ensure we are set up to deliver this plan in a systematic and comprehensive way. The Command and Control Structure will be stood down from July 2021 and we are currently developing new operating arrangements with the reporting against the pandemic becoming an integral part of our recovery plan rather than the standalone item it has been required to be over the past 15 months. Outlined below is an overview of the proposed arrangements



Section 6: How will we deliver – our governance arrangements

Governance and assurance

Our **Board** will remain the pinnacle of our decision-making process and will approve our plan and our strategic objectives. A standard report will be produced for each Board meeting (to replace the COVID-19 Board report), drawing on the work undertaken and discussed at Executive Team in terms of performance against the strategic objectives. It is recognised that Gold Command will continue to be on standby should decisions be required at short notice. As in 2020/21 Gold Command requirements issued to the tactical group will be shared for ratification at the next Public Board meeting.

Following discussions with our Board, our Assurance Committees will be reconfigured from July 2021. These new arrangements will be based upon the lessons learned from the streamlining of assurance structures undertaken in response to the COVID-19 pandemic, and to align these more closely to the Strategic and Planning Objectives set out in this Annual Plan. These are set out as follows:

- Quality Safety and Experience Assurance Committee (QSEAC) – this Committee will be underpinned by an improved quality governance structure however Research and Development Committee will be moved to the new People, Culture and Organisational Development Committee. All other sub-committees will remain in place.
- Health and Safety Assurance Committee – No change to current remit.
- Strategic Development and Operational Delivery Committee (SDODC) – will be responsible for the seeking assurance on delivery of strategic objectives 4 and 5.
- People, Culture and Organisational Development Committee – This Committee would receive assurance on delivery of Planning Objectives under Strategic Objectives 1, 2 and 3.
- Sustainable Resources Committee – This Committee would receive an assurance on either all Planning Objectives under Strategic Objective 6, with a focus on financial performance and planning.
- Charitable Fund Committee – No change to current remit.
- Mental Health Legislation Assurance Committee - No change to current remit.

Our **Board Seminar** in part will be used to look forward to next year focusing on the opportunities, which can be secured. Using the work from the Transformation Steering Group reviewing the impacts ‘if we did this’ combined with the work from the Strategic Enabling Group ‘if we had the capability’, would this move the organisation forward at a faster pace.

Section 6: How will we deliver – our governance arrangements

Governance and assurance

Our **Executive Team** will meet formally on a weekly basis and will be used to co-ordinate, inform and review impact, focusing on a week on week delivery of our objectives with a review process built in. The Executive Team agenda will be built around the following aspects of the plan:

- Section 1 – Recovery for our Staff (staff recovery, reflection and thanks)
- Section 2 – Recovery for our Services
    - Planning Overview (assumptions and the year ahead)
    - Unscheduled care and essential services
    - Planned and cancer care
- Section 3 – Building for the Future
    - Actions this year to progress the implementation of our strategy
- Section 4 – Building our capabilities to deliver (through an update report from the
    - Strategic Enabling Group(SEG) demonstrating progress against the SEG workplan)
    - Enablers to support Sections 1 – 3 (e.g. workforce, digital, estates, Improving Quality, finance, risk)
- Section 5 Achieving Financial Sustainability (assurance through Finance Committee).
    - This will include the 2021/22 plan, our opportunities and road map to financial sustainability, resolving in-year problems and reviewing the deliverability of the workforce plan .
- Section 6 How we will Deliver (through the Board Assurance Framework) in terms of the key risks to our plan and how we will mitigate these.
- Section 7 Future Plan to Deliver when Pandemic Allows, with the Board being formally asked to approve that these are 'parked' during the 2021/22 financial year.

Executive Team Seminar

A fresh approach will be taken to the Executive Team Seminar meetings. Building on the team building work undertaken at previous Executive Team Seminars and the quarterly residential the Executive team will use some of its time together to work on significant and intractable tactical issues. This will be two to three issues per year. As well as helping the organisation find new solutions, it will be used as a team building opportunity. These issues will be agreed by the Executive Team through the weekly formal review meetings. The Executive Team will work together to resolve the risks and issues involved. An Escalation Framework will be developed to ensure only appropriate risks issues are referred.

Operations Business Meeting (to be confirmed)

The Operations Business Meeting will develop and oversee implementation of the planning objectives and will ensure these planning objectives are on track for delivery. Underpinning the Operations Business Meeting will be Delivery Groups (i.e. Bronze/Operational) established to deliver against the various planning objectives involved. It is recognised that each Executive Director is a tactical lead in their own portfolio area however for operational services we will embed the existing tactical group as an operational group supported by operational implementation teams. There are some planning objectives, whilst not owned by the Operations Directorate, will require operational input to deliver and these will also be overseen by the Operational Business Meeting.

Transformation Steering Group (TSG)/Strategic Enabling Group (SEG)

The role of TSG and the SEG is covered in detail earlier in the plan. Both the TSG and the SEG will report to Board as standing agenda items.

Section 6: How will we deliver – our governance arrangements

Performance reporting and monitoring

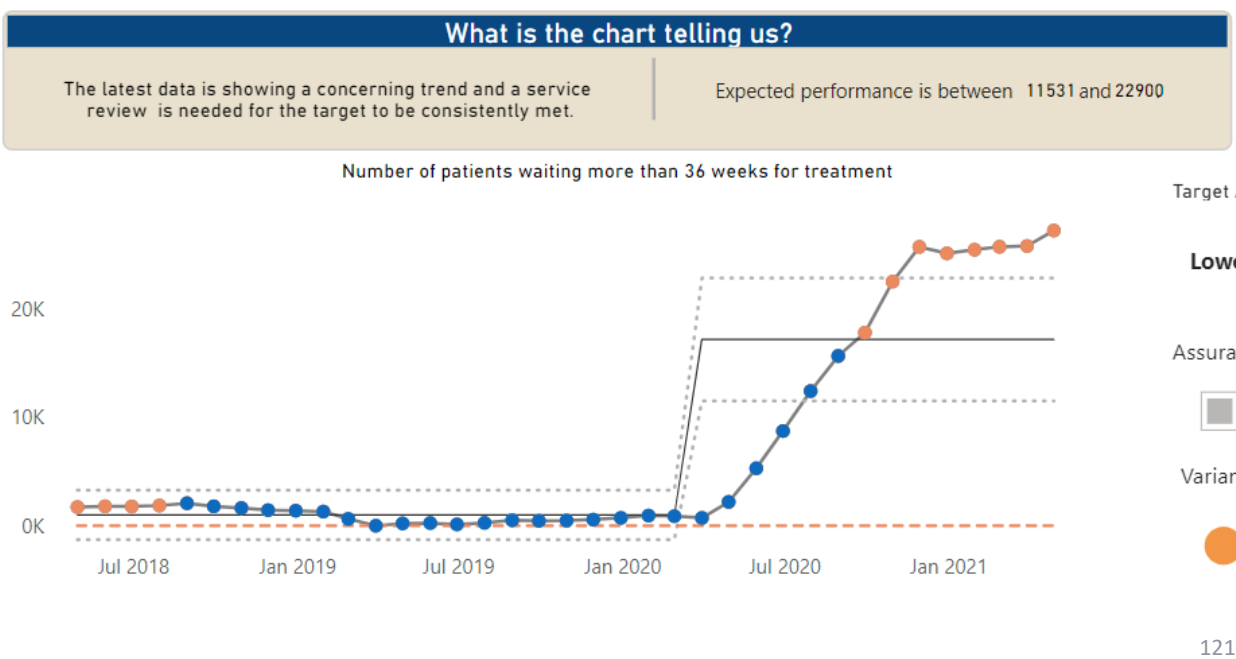
It is important we have robust performance monitoring and reporting mechanisms in place to help identify areas of concern that need to be addressed. This better enables us to improve outcomes for our patients and the wider Hywel Dda population.

Board and Committee reporting

Each month we produce a performance assurance report for Board and Committee. The report is being revised in a phased approach:

Phase	What it involves	When are we aiming to deliver?
1	• Migrating our performance report from Word into a Power BI dashboard. • Moving from RAG (red amber green) reporting to SPC (statistical process control) chart reporting • Developing short videos explaining why we are moving to SPC chart reporting and how the SPC charts should be interpreted	June 2021
2	• Adding a new section to the performance report dashboard for the our strategic objective outcome measures (as noted in the introductory section)	First iteration October 2021
3	• Automating as much of the processes as possible. This includes requests for narrative and updating the data in the dashboard	Will be actioned in a stepped approach over the next 18 months

An example of a SPC chart from the new performance assurance report dashboard is included below.



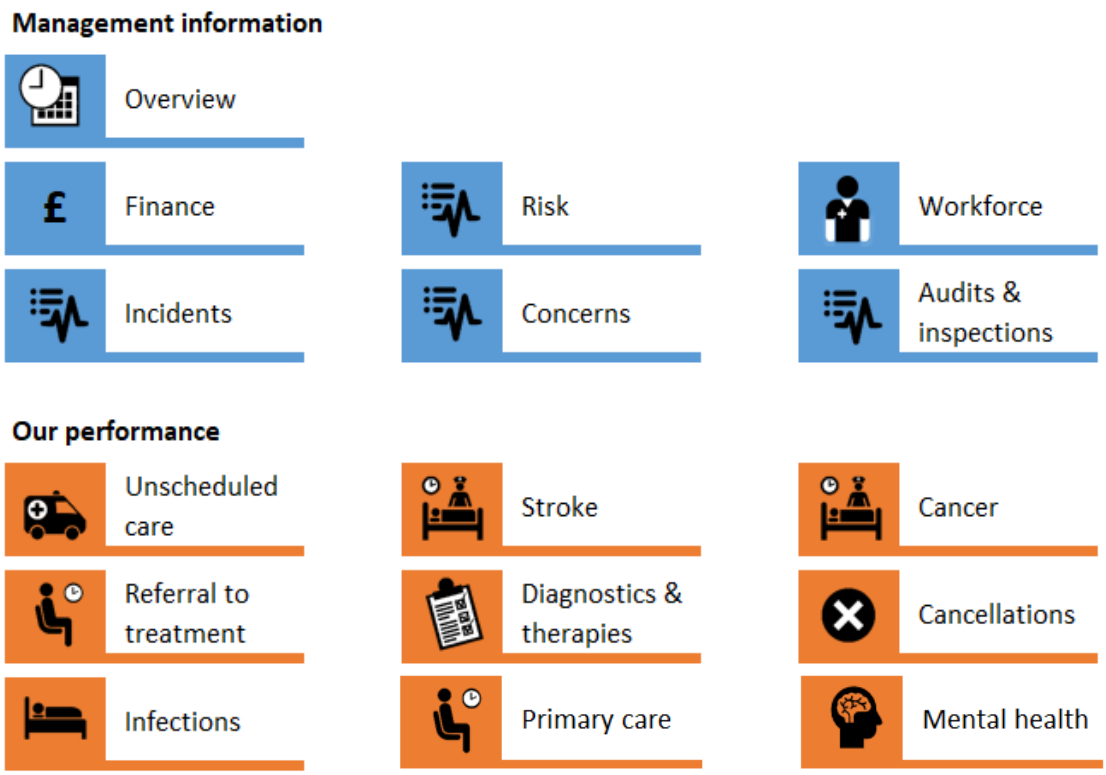
Section 6: How will we deliver – our governance arrangements

Performance reporting and monitoring

Internal performance monitoring

We are developing a series of performance monitoring dashboard apps. The dashboard apps will provide our Health Board managers with reliable performance data in an easily accessible format, helping them to spot areas of concern in the data and triangulate information.

Below is an illustration of how our managers will access the dashboard apps. Note, this is not a comprehensive list of dashboards, more will be added over time. The overview dashboard app will bring together two or three indicators from each relevant dashboard so that teams can triangulate their information.



Our timetable for publication of the first set of dashboards apps is as follows:

- **December 2020** — Risk
- **July 2021** — Workforce; Finance
- **August-October 2021** — Audits and inspections; Diagnostics and therapies; Incidents
- **November-December 2021** — Referral to treatment / risk stratification; Cancellations
- **January-March 2022** — To be confirmed

Section 6: How will we deliver – our governance arrangements

Statutory and Legislative Obligations

We continue to be cognisant of our Statutory and Legislative obligations, these include the Wellbeing of Future Generations Act; Socio-Economic Duty and Equality. These form a fundamental element of our Planning Objectives, examples of these objectives include:

Planning Objective	Page
2B: In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process	121
3D: During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.	68
4B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	122
4F: Develop a plan by September 2021 to improve the life chances of children and young people working with the "Children's Task Force" and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived.	121
4H: Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	122
4J: Publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024	121
4L: design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive "social model for health and wellbeing" and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	71
4N: Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	70
5L: Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	65

Section 6: How will we deliver – our governance arrangements

Statutory and Legislative Obligations

Welsh Language

The University Health Board wants to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). The University Health Board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace, and aims to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. We have approved a new Bilingual Skills Policy, which aims to ensure we deliver a bilingual healthcare service to the public and support staff to use Welsh naturally within the workplace. It details how we will improve the quantity and quality of data held on our workforce system, strengthen the Welsh language skills of our workforce and provide practical support for managers. We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website

Well-being of Future Generations

Our Health and Wellbeing Framework articulates our aspiration for current and future generations to live well in their communities throughout their lives and identifies strategic goals focused on people living well - or living life to the full - across the life course: starting and developing well; living and working well; and growing older well. Each has a set of long-term outcomes that reflect what success looks like and help us show we have made a difference. Our well-being objectives recognise that we need to increase the scale and pace of our work, in particular, de-carbonisation and biodiversity to address environment and climate change, and actions to support the development of a foundation economy and post-COVID recovery. Our well-being objectives are not confined to a single national outcome, and all align to more than one of the national well-being goals.

Much of the work progressed through 2020/21 will continue over the next few years, but a key priority during 2021/22 will be the University Health Board's participation in the refresh of the Well-being Assessments and supporting population engagement to understand both the impact of the pandemic on well-being and the key actions which partners could take to make the greatest impact for current and future generations. This work will be undertaken alongside a refresh of the Population Needs Assessment, a requirement under the Social Services and Well-being (Wales) Act. The University Health Board is a key partner in the regional working groups to contribute to these important assessments, the outputs of which will also be beneficial to our internal strategic and operational planning activities.

Section 6: How will we deliver – our governance arrangements

Statutory and Legislative Obligations

Equalities

Our Strategic Equality Objectives for 2020/24 set out our commitments to meeting the Public Sector Equality Duties. They are:

- Leadership by all - staff at all levels actively promote and facilitate a culture of inclusion and well-being across the organisation
- Working together - Working with our population, staff and partners to shape the design and delivery of services
- Improving health and well-being for all - our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities
- Being an employer of choice - we will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment

Socio-Economic Duty

Welsh Government commenced the socio-economic duty within the Equality Act 2010 on 1st April 2020 and this puts tackling inequality at the heart of strategic decision making. The duty requires the University Health Board, to consider how decisions might help to reduce the inequalities associated with socio-economic disadvantage when making strategic decisions such as deciding priorities and setting objectives. We have heard how the pandemic has impact disproportionately on some communities with high levels of socioeconomic deprivation. Over the next year we will explore how the pandemic may have impacted unduly on some of our communities, and what role the University Health Board could play to address socio-economic disadvantage, and support the recovery of communities as a major employer and contributor to the Foundation Economy in our 3 counties.

Liberty Protection Safeguards legislation

The University Health Board are required to develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st April 2022. This is to ensure we are able to prepare and support all relevant health professionals and managers to apply the Liberty Protection Safeguard scheme within their everyday practice, in order to ensure lawful authorisation when patients are deprived of their liberty as a consequence of the arrangements for their care and treatment, and do not have mental capacity to consent to those care arrangements. Key elements include:

- Ensure that we have sufficient Liberty Protection Safeguard Assessors trained to undertake the required assessments in all relevant areas by 1st April 2022.
- Broad awareness of the Liberty Protection Safeguard scheme among all relevant health professionals and managers.
- Statutory posts established.
- Arrangements in place to effectively support, administer and monitor the scheme.

Section 7: Future plans to deliver when the pandemic allows

Planning objectives not being taken forward during 2021/22

The list below contains a number of planning objectives delayed as a result of our response to the pandemic:

Planning Objective 2B: In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process:
1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff
2. establish a process to monitor and feedback to Board on progress and successes.

This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality Index, the first submission of which needs to be completed by the end of September 2021

Planning Objective 3H: From April 2021 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved

Planning Objective 4F: Develop a plan by September 2021 to improve the life chances of children and young people working with the "Children's Task Force" and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived.

Planning Objective: 4J: Publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024

Planning Objective 4K: By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by "Proportionate Universalism") and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.

Planning Objective 4O: Develop and implement a food health literacy programme for children by Year 5 with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal will be to make this routine for all children in the area within the next 10 years

Section 7: Future plans to deliver when the pandemic allows

Planning objectives in progress during 2021/22

Planning Objective 4A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years

Planning Objective 4B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years

Planning Objective 4D: Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years

Planning Objective 4H: Review and refresh the Health Board's emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this

Planning Objective 4I: Achieve Gold level for the Defence Employers Recognition scheme by March 2022

Planning Objective 4M: In relation to the Llwynhendy TB outbreak complete all outstanding screening and establish sufficient service capacity to provide appropriate treatment to all patients identified as requiring it by March 2021

Planning Objective 5O: Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established

Planning Objective 5A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"

Planning Objective 5B: Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"

Planning Objectives 5A and 5B – we will continue to deliver against the performance indicator elements of these objectives

Acronyms and Technical Documents

Acronym		Acronym	
ADHD	Attention Deficit Hyperactivity Disorder	OBC	Outline Business Case
ARCH	A Regional Collaboration for Health	OD	Organisational Development
BAF	Board Assurance Framework	PADR	Performance and Development Review
BI	Business Intelligence	PBC	Programme Business Case
CEO	Chief Executive Officer	PROMs	Patient Reported Outcome Measures
D2RA	Discharge to Recover and then Assess	PSB	Public Service Board
FBC	Finance Business Case	RPB	Regional Partnership Board
FTE	Full Time Equivalents	Rt	Rate of Transmission
ICT	Information and Communication Technology	RTT	Referral to Treatment
IMTP	Integrated Medium Term Plan	SEG	Strategic Enabling Group
IP&C	Infection Prevention and Control	SPoC	Single Point of Contact
JCVI	Joint Committee on Vaccination and Immunisation	TSG	Transformation Steering Group
LFD	Lateral Flow Device	TTP	Test, Track and Protect
LTA	Long Term Agreement	VBHC	Value Based Healthcare
MDS	Minimum Dataset	WG	Welsh Government
MECC	Making Every Contact Count	WTE	Whole Time Equivalent

Technical Documents(available on request)	
Bronglais Hospital Strategy	Mental Health and Learning Disabilities
Carmarthenshire Integrated County Plan	Pembrokeshire Integrated County Plan
Ceredigion Integrated County Plan	Planning Objectives 'Plans on a Page'
Cluster Plans (x7)	Prevention and Response Plan
Communication Plan	Primary Care
Digital Strategy	Research , Development and Innovation Strategy
Discover Report	Strategic Enabling Group Terms of Reference
Emergency and Unscheduled Care response to the National Priorities	Test, Track and Protect
Finance	Transformation Steering Group Terms of Reference
Green Health and Decarbonisation Strategy	Vaccination Plan
Infrastructure and Investment	Workforce

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

A Healthier Mid and West Wales
Our future generations living well

Hywel Dda University Health Board
Annual Recovery Plan Summary (2021/22)

Welsh Government submission
30th June 2021

Introduction and strategic context

A Plan for recovery from the pandemic

The primary focus of this Plan is how we the University Health Board recovers from the pandemic: how we support our staff to recover after what has been an exhausting year, and how we lay the foundations to recover our services and support our communities.

This summary document is drawn from the University Health Board's Annual Plan and represents a moment in time: our best estimate of how will support the recovery of staff, services, and communities over the planning year April 2021 – April 2022.

Our timeline for recovery depends on several factors, many of which are not wholly within our control, or our ability to predict. Over the next year, we will commission detailed modelling work which will help us better predict the medium and longer term impact of the pandemic on our services. This will help us plan when and where staff will be deployed over the coming months and years, and our plan to recover our services, especially our planned care services.

Until more detail becomes available, we are basing our plans on assumptions about the likely impact of the pandemic on our services and workforce over the next year. Our operational, financial, and workforce plans are all based on these assumptions. The assumptions are outlined on pages 5-6 of this summary document.

The pandemic has brought substantial challenges to the NHS and for our local communities. It will undoubtedly leave a lasting impact on the physical and mental health of our population, the NHS and social care services, and society at large. Nonetheless, the response to COVID has demonstrated the strength of our communities and the ability of the University Health Board to respond at pace, unleashing unprecedented transformational change.

Consequently, the emergence from the pandemic offers a once in a generation opportunity to reshape the model for health and care in Mid and West Wales. This document sets out the University Health Board's plans to deliver the ambitions set out in our strategy, building on the learning and urgency from the pandemic, and taking concrete steps to implement changes.

A Healthier Mid and West Wales

The University Health Board has an agreed strategy, which remains extant, including a major re-organisation of hospital based services in the south of the Hywel Dda area, and a shift towards a 'social model of health and wellbeing' and long-term community-driven focus on prevention. During 2021/22, the University Health Board's planning objectives are designed to move us towards the future we set out in our long-term health and care strategy, 'A Healthier Mid and West Wales'.

Our engagement

Following the first wave of the pandemic, we undertook a piece of 'Discover' (engagement and research) work to learn about the impact of the pandemic and the changes and innovations that took place as a result. Our findings were published in our 'Discover' report in July 2020. We learnt that some of our long term ambitions, articulated in our strategy, 'A Healthier Mid and West Wales', were partly delivered through necessity: for example, a shift towards delivering some services virtually, through digital platforms. This could have a positive impact on our productivity and decrease our carbon footprint by reducing the need for patients and our staff to travel.

The Board recently commissioned a second 'Discover' phase to understand more about the experience of staff during the pandemic. Learning from this

second 'Discover' phase will inform the organisation's approach to supporting the rest, recovery and recuperation of staff over the coming years. The results of this engagement will be analysed and published during the first quarter of this year.

A third 'Discover' phase is now underway with our communities across the Hywel Dda footprint. We want to understand the impact of the pandemic – both negative and positive – on communities, and we want to involve people in the next steps to deliver our health and care strategy.

We are engaging with people in a number of ways, including online spaces, telephone conversations, and a survey. We are also engaging through established community groups, and proactively reaching out to the quiet and seldom heard voices.

Our Strategic and Planning Objectives

During the Summer of 2020, our Chief Executive led a piece of work to take stock of the decisions made by the Board over the past three years, our progress to date in achieving our strategic vision, and our learning from the first wave of the pandemic.

From this, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation – the horizon we are driving towards over the long term – as well as a set of specific, measurable Planning Objectives, which move us towards that horizon over the next three years. Our Annual Plan for 2021/22 is based around this refreshed set of Strategic Objectives and Planning Objectives (a collation of our Planning Objectives are available on request).

This set of Strategic and Planning Objectives:

- Provides clarity about our priorities
- Provides a steer as to how work should be planned, informing our planning cycle
- Allows the Board to measure whether progress is being made

How our Annual Plan and Summary Document are structured

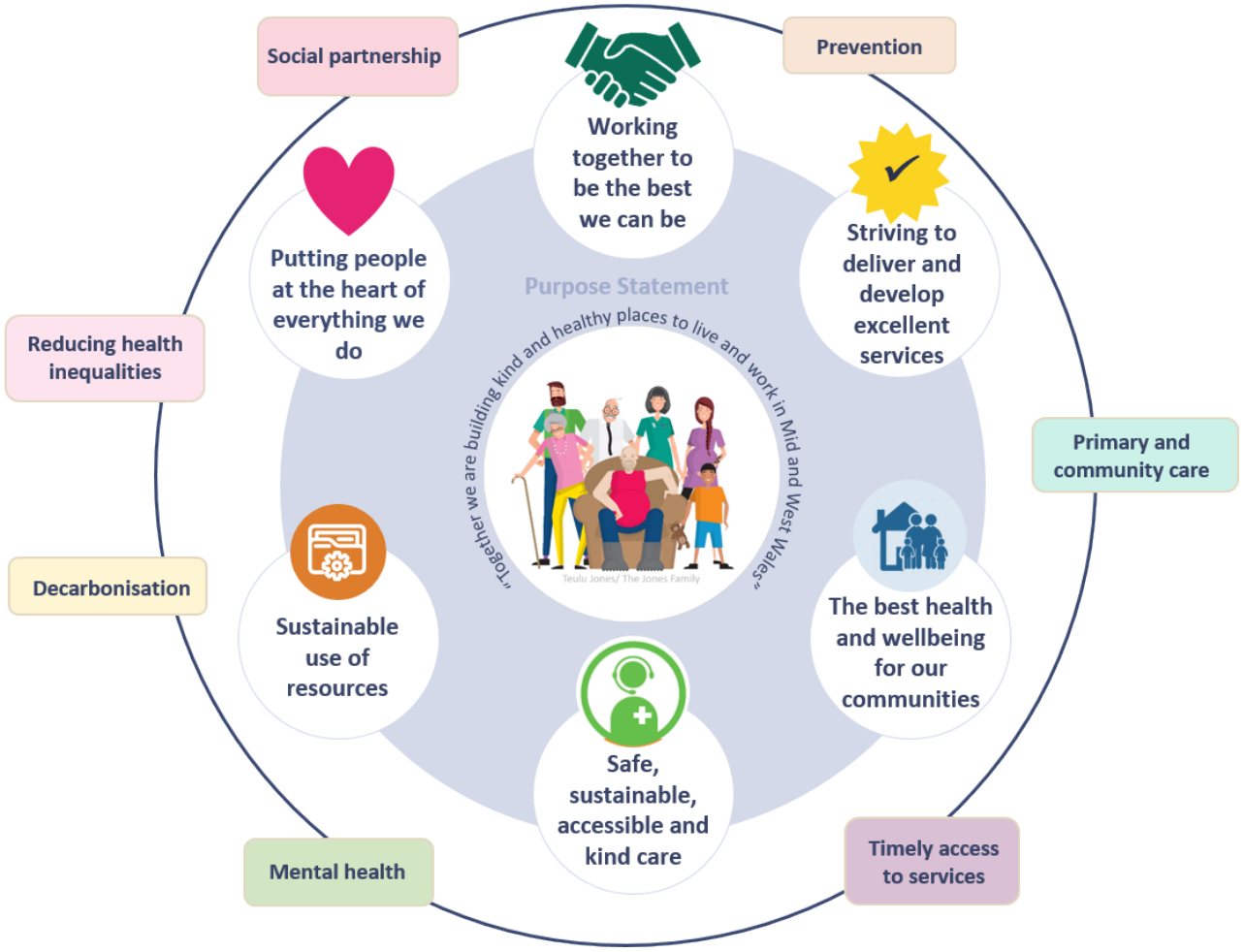
Our Annual Plan is structured around our Strategic Objectives and individual Planning Objectives. This summary document outlines the key messages in our Annual Plan (and its technical documents which are all available on request), and makes reference to the Ministerial Priorities for 2021/22.

The diagram below illustrates:

- Our Statement of Purpose
- Our Strategic Objectives
- The seven Ministerial Priorities for 2021/22

A programme of work (called 'Improving Together') is currently underway to establish primary and secondary measures for our Strategic and Planning Objectives.

Hywel Dda University Health Board's Statement of Purpose, Strategic Objectives and priorities to support the annual plan



COVID-19 modelling

A key challenge in planning for 2021/22 is the significant uncertainty about how the COVID pandemic will unfold through the year. The restrictions that have been in place since Christmas 2020 have played a significant part in reducing the incidence of COVID across the country and in particular amongst the population in Hywel Dda. As restrictions are eased, incidence is likely to rise, and although the vaccination programme is intended to have an impact on that, there is always the prospect of a further variant of concern that proves resistant to the vaccine.

In the absence of a flexible national model, our modelling cell developed scenarios for Hywel Dda that are aligned to the most recent national models, and will give some indication of the potential demand trajectories while remaining agile to future trajectory changes. The selected scenario 28 effectively forms the basis of a reasonable worst case for Hywel Dda. In order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine, it is suggested that the University Health Board develops its contingency plans on the basis of the upper confidence interval of scenario 28 (the reasonable worst case scenario).

The scenario is based on the following assumptions:

- As restrictions are eased, incidence and transmission will increase
- Restrictions will continue to ease using a phased approach
- There is an increase in transmission from June as restrictions ease
- General adherence to restrictions is reduced
- As Autumn arrives, the known seasonal impact maintains a Rt rate above 1, although transmission is reduced due to vaccine coverage
- Further restrictions are introduced nationally next Winter to prevent a return to the levels of system pressure seen in the recent second wave
- Rate of transmission (Rt) values:
    - Variable Rt based on expected restriction easing timeline
    - Factors in a reasonable variant estimation, Kent variant may further increase Rt by 0.4 - 0.7, while the Delta variant may increase Rt even further meaning actual Rt might be higher than expected
- Vaccine efficacy:
    - ~50% (based on AstraZeneca single dose)
    - Actual efficacy might be higher, though 50% is a reasonable worst case scenario for potential future variants of concern
- Vaccine delivery rate:
    - 0.45% daily vaccination rate to incorporate the need for two doses, although this may be lower than actual daily rate
- Non-COVID:
    - Twelve week short term forecast using recent actual demand
    - Twelve week assumption that a gradual increase or decrease to near normal demand
        1. All demand will return to 100% of historical normal demand
        2. If demand trajectory reaches normal demand sooner, then historical demand is used instead (ending the gradual increase or decrease sooner)
    - Remainder of 2021/22 using adjusted normal demand

Our most likely scenarios developed suggests that by late Summer, the vaccine will have had a significant impact on hospital admissions to the point where there are virtually no COVID patients in a hospital bed.

However, in order to provide a level of contingency against the potential risk of a variant of concern that is resistant to the vaccine and is more transmissible, the University Health Board's contingency plans are based on the upper confidence interval of scenario 28 (reasonable worst case scenario) which demonstrates a peak between mid and late Summer. The rationale for this is that it most closely represents the existing non-COVID demand figure in hospital, the peak occupancy is aligned to peak occupancy within the national models, and the maximum projected COVID position is lower to that which the

University Health Board has experienced during the second wave to reflect the success of the vaccination programme.

Our Predicted Bed Plan – 30th June 2021

The University Health Board has a maximum capacity of 1,231 beds, which includes 875 beds plus the potential for up to 157 surge beds as well as our paediatric/obstetric and mental health and learning disability beds.

Our local modelling forecasts a bed demand for 1,135 beds (Unscheduled Care COVID & Non-COVID) as well as Paediatrics/Obstetrics and Mental Health and Learning Difficulties), leaving a deficit of 43 beds. WG modelling (which we have assumed includes all specialties) identifies a peak requirement of 1,245 beds against our 1,231, leaving a deficit of 14.

As detailed below, we have highlighted our potential mitigation actions to manage these deficits, which could include the escalation action of suspending our elective flow if required. By doing that, we would effectively reduce our local modelling demand by up to 46 beds and hence would have enough beds to cover any forecasted maximum capacities.

Actions to Mitigate Forecast Bed Deficits (demand):

- 111 First / Clinical Flow Hub Plan
- PTAS
- Urgent Primary Care Centre (Virtual)
- SDEC expansion
- Frailty Approach to admission avoidance
    - Risk Stratification
    - Care Coordination
    - Intermediate Care
- Frailty Approach to Good Hospital Care
    - SAFER Bundle
    - Home First
    - Discharge to Recover & Assess
    - Right Sizing Community Services

Escalation Actions to Mitigate Forecast Bed Deficits (demand):

- Suspension of elective flows and prioritisation of elective bed capacity to support COVID/Unscheduled Care demand

	Inpatient Available Beds Total (Includes all specialties, except Mental Health)	Surge Beds Available
Bronglais	133	2
Glangwili	277	15
Prince Philip	165	23
Withybush	190	13
Community	110	11
Field Hospital	0	93
Total	875	157
Other Beds Available		
Paediatric and Obstetrics	98	
Mental Health	101	

Comparator vs Local Modelling		
Total Beds	Hywel Dda Modelled Peak Bed Requirement 2021/22	Deficit
1231	1135 (USC/Paediatrics); 46 (elective); 93 (MHLD) =1274 beds	43
Comparator vs WG Modelling (all specialties including Mental Health)		
Total Beds	WG Modelled Peak Bed Requirement 2021/22 (90% Occupancy)	Deficit
1231	1245 beds	14

Our key deliverables and milestones for 2021/22

Plan Headings	WG Priorities	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
Rest, recovery and recuperation of staff	Workforce	• Publish results of engagement with staff to discover how we support their recovery	✓			
		• Multi Disciplinary training and support for staff groups to 'grow our own' workforce		✓		
		• Comprehensive development programme of existing and new leadership training and coaching, and training needs analysis of future leaders (for succession planning)				✓
		• Design a training programme to build excellent customer service				✓
		• Co-design with staff every element of our HR offer to embody our values				✓
Recovery across the whole system: • Urgent and Emergency Care • Primary and Community Care • Mental Health • Planned Care recovery • National and Regional Partnerships	Recovery out of COVID Primary and community care Mental health Timely access to care National and Regional	• Create an integrated 24/7 single point of contact for urgent clinical assessment and patient 'streaming'				✓
		• Develop an integrated community model aligned to our localities		✓		
		• Support Primary Care to work through the contract reform process and support four key priorities: quality and safety, workforce, access to services, and cluster working.				✓
		• Hibernation of remaining Field Hospitals		✓		
		• Deliver vaccinations to the whole of the adult eligible population		✓		
		• Twice-weekly LFD testing of asymptomatic patient-facing staff and students	✓			
		• Develop implementation plans for remaining elements of Transforming Mental Health and Learning Disabilities programme	✓			
		• 111 'Single point of contact' triage (for Tiers one and two) piloted		✓		
		• Maximise our operating theatre capacity		✓		
		• Increase local capacity and usage of independent sector – cataracts				✓
		• Establishing cataracts lists at Amman Valley and Singleton Hospitals				✓
		• Increase use of 'seen on symptom' and patient initiated follow-ups				✓
		• Increase cancer surgical and diagnostic capacity during recovery phase				✓
		• Pursue solutions to increase capacity in diagnostics				✓
		• Roll out the contact and response service for patients on waiting lists				✓
		• Implement a plan to train all therapists in 'Making Every Contact Count'				✓
Building for our future: • Transformation Steering Group (TSG)	Prevention Reducing Health Inequalities	• Relaunch of TSG: to debate and refine new Planning Objectives for Board consideration	✓			
		• Requests from Board to TSG via operation of refreshed Board Assurance Framework				✓
		• 'Discover' report on the Social Model for Health and Wellbeing published				✓

Plan Headings	WG Priorities	Key Deliverables and Milestones	Q1	Q2	Q3	Q4
• Social Model for Health and Wellbeing • Programme Business Case and infrastructure • Green Health and decarbonisation • Social partnerships	Green health and decarbonisation	• Co-produce the working model for Social Model for Health and Wellbeing and process agreed for generating new planning objectives				✓
		• Discover the impact of pandemic on BAME communities via community outreach team				✓
		• Travel and transport workstream to support the Programme Business Case further developed				✓
Building our capability: • Strategic Enabling Group • Improving together • Clinical Effectiveness • Research and Development • Value and prudent Healthcare • Digital • Engagement and Communication	Research and Development New technologies and ways of working Communication and Engagement	• Relaunch of SEG: build capabilities of organisation to deliver agreed Planning Objectives	✓			
		• Develop and launch the Quality Management System framework		✓		
		• Test approach and framework with selected teams	✓			
		• Facilitate portfolio studies and other high quality research and innovation				✓
		• Invest in team/ infrastructure to support safe and effective research and innovation				✓
		• Deliver fully approved Clinical Effectiveness strategy, with underpinning processes and systems to support				✓
		• Deliver second and third cohorts of 'Bringing Value to Life' Education Programme			✓	
		• Improve use of Dashboards to provide enhanced analytics platforms which can identify variation, both in care and delivery, improving patient safety				✓
Workforce and Finance: • Our workforce plan • Our finance plan	Workforce and Finance	• A comprehensive attraction plan to recruit and develop local workforce				✓
		• A comprehensive workforce plan which supports workforce modernisation				✓
		• Deliver £16m of recurrent savings based on opportunities for technical and allocative efficiencies across the Health Board's budgets		✓		
		• Develop a roadmap to financial sustainability		✓		
How we will deliver - our governance arrangements: • Board Assurance Framework and review of committee structures	Risks	• Board Assurance Framework realigned to our new strategic objectives and the delivery of the planning objectives	✓			
		• Assurance committees reconfigured to align with Strategic and Planning Objectives		✓		
Statutory Duties • Welsh language, Equalities, Wellbeing of Future Generations, Socio-economic	Reducing Health Inequalities	• Work with partners to refresh our Wellbeing Assessments				✓
		• Continue delivering our Strategic Equality Objectives for 2020/24				✓
		• Support the recovery of communities as a major employer and contributor to the Foundation Economy				✓

Rest, Recovery and Recuperation of our staff

Looking after our staff

The Board continues to put health and wellbeing at the forefront of its COVID recovery plans. It has a range of measures and resources in place including a rapid access and response service to our in-house Staff Psychological Wellbeing Team, an Employee Assistance Programme, virtual listening spaces, a dedicated wellbeing intranet page, and wellbeing webinars (covering topics such as managing stress and team resilience).

Thanking our staff and volunteers

Our Chair has established a reference group of internal and external personnel who are working together to develop a 'thank you offering' for staff. The reference group will focus on how we celebrate our staff and patient stories; how we celebrate our success during and emerging out of the pandemic; how we recognise individuals and team contributions; and how we offer resources, time and space for staff recuperation.

Longer term recovery

We will put in place measures to support staff recovery in the longer term, including any emergence of post-traumatic stress, chronic exhaustion, and episodes of long COVID experienced by staff. We will clarify to staff what they can expect to support their rest, recovery and recuperation in practical terms, and how their needs will be balanced against continuing operational demands.

The benefits of green health principles are built into our approaches to estate management and our intentions for re-purposing our facilities and designing new ones.

Discovery and delivery of what matters to staff

In order to find out how we can best support the recovery of staff, we have undertaken an explorative piece of work to capture the experiences of staff working during the pandemic to understand what they valued, how they were supported to do their job, and the challenges they faced.

Over 100 staff have engaged in interviews, the majority of which were frontline workers. We have also received over 150 feedback forms from local staff feedback; a further 67 staff completed a staff experience survey; and 65 managers completed a leadership experiences survey.

The results of this engagement are currently being analysed, and a report will be presented to the Recovery Group in June, providing insight into:

- What can we learn from the way people worked during the pandemic compared to how they normally work;
- How did people look after themselves and each other and what did they value during this challenging time;
- What tools and techniques helped people to cope;
- Did we see any improvement or innovation during the pandemic that should be celebrated and sustained;
- What can we do as an organisation to show staff how much we value them in a way that supports rest, recovery and well-being at work;
- What it felt like to work during the pandemic and what aspects of that culture need to remain.

An organisation-wide staff survey was circulated during Quarter 1 to ask staff and front line managers about their experiences of working during the pandemic, working culture, and what things would help or hinder staff recovery. The results are currently being analysed and will be reported during Quarter 1.

Some early themes emerging from the engagement include:

- Staff are keen to share their experiences and want to talk. This dialogue and capturing learning and experiences needs to be sustained post-COVID so that we can be a truly employee-led organisation;
- In parts of our system, we are dealing with an extremely fatigued workforce who may now be expected to deal with new pressures;
- We also have managers and leaders who are not necessarily equipped to manage a fatigued workforce – there is a need to reinforce the principles of compassionate leadership;
- There is a fear that we are already starting to return to 'old ways of working' – people want to see positive change and progress rather than revert back to pre-COVID ways of working.

Using our charitable funds

Our charitable funds have been used to support our staff during the pandemic. Over the last 12 months ,we have been overwhelmed by the generosity of our local communities and the eagerness of our public to fundraise and support the NHS in so many different ways. The Hywel Dda Health Charities NHS COVID Appeal received donations from the general public who wished to thank their local NHS for caring for our local communities at such unprecedented times. The Board recently agreed a new planning objective of developing implementation plans (from July 2021) for new or extended health and wellbeing programmes for our staff using charitable funds.

We will also develop a programme of activities to increase our income from both new and existing opportunities and income streams to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board.

Delivering our planning objectives

Our staff-focused planning objectives prioritised for this year include:

- Writing the first phase of our training and development programme to build excellent customer service across the University Health Board for all staff in public and patient facing roles
- Co-designing with staff every stage and element of our HR offer to embody our values, including: recruitment and induction; HR policies; the management of employee relations; and equitable access to training and wellbeing services;
- Developing and implementing a plan to roll out OD Relationship Managers to every directorate in the Health Board. This will create a shift from a HR to an OD approach to how we manage and support our staff, linking in with our talent management and compassionate leadership programmes;
- Constructing a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development;
- By December 2021, develop a clinical education plan to develop from within and attract from elsewhere the very best clinicians, and to set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates;
- By October 2021, construct a comprehensive workforce programme to encourage our local population into NHS and care related careers, thereby supporting the recovery of our communities and future generations as a major employer and contributor to the Foundation Economy.

Recovery across our whole system

This section sets out our plans to recover services across the whole system.

Urgent and Emergency care

Our vision is to create an integrated 24/7 single point of contact for urgent clinical assessment and 'streaming' so that patients access the right service at the right time in the right place. It will cover the following key areas (the 4Cs):

Conveyance reduction and Self Presentation to Emergency Departments,

- Clinical Streaming Hub
- Physician Streaming, Assessment & Triage (PTAS) of the WAST 'stack'
- Urgent Primary Care 'eyes on' assessment (GP led)

Conversion rate reduction,

- Same Day Emergency care (SDEC) including comprehensive frailty assessment
- Urgent Primary Care

Complexity – Implement best practice for frail older patients in the community, in Emergency Departments and on the ward

- Urgent Primary Care (including intermediate care)
- Frailty Assessment Units
- Embed Home First principles
- Discharge 2 Recover then Assess.

Capitalise on discharges within a 72-hour period

- Good Hospital Care for the non-frail
- Frailty Assessment Units

Phase 1: 'Contact First' ED/MIU dispositions and scheduling, by the end of July 2021

- Establishment of Clinical streaming hub
- PTAS go-live during core hours Mon to Fri 11:00 – 14:00
- Contact First Readiness Matrix Review
- Approval Process '111' Soft Launch – MOU/SOP Sign off

Phase 2: 'Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021

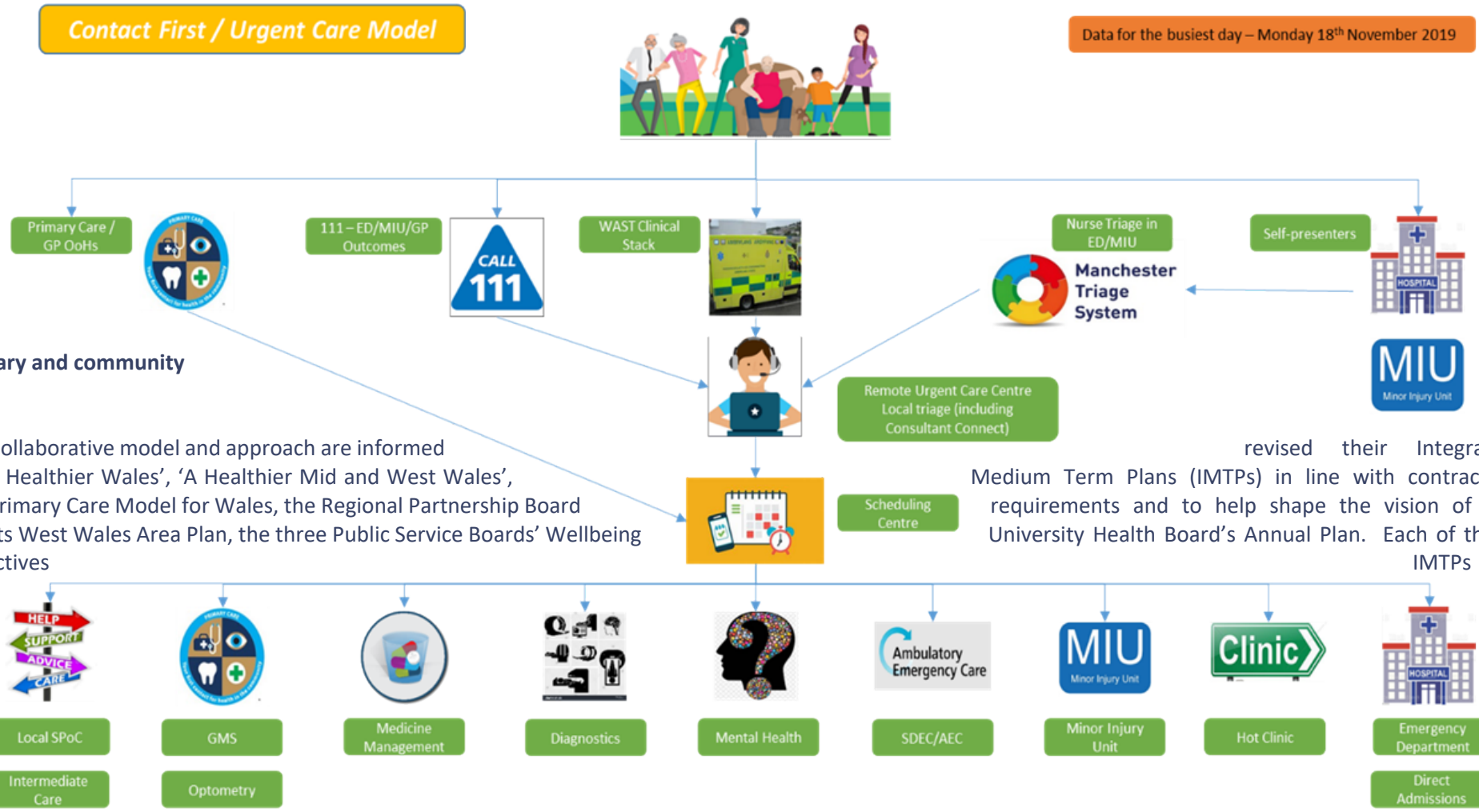
- Development of SDEC and Hot Clinics at each Acute Hospital Site as a minimum
- Define and implement Urgent Primary Care offer in each cluster

Phase 3: Fully Operational Streaming Hub, by end of July 2021

- Agree scope and principles of Locality Single Points of Contact for local delivery of alternative pathways based on population need and demand
- Directory of Services robustly updated and tested against a checklist pre-launch to maximise opportunities to divert to alternative pathways

Target Areas of Improvement – the '4Cs'

Conveyance and Self Presentation Reduction	**Conversion** Rates	**Complexity** (Frailty Management)	**Capitalise** on optimising discharge for 'non frail' and discharges < 72 hour hrs
Contact First / Urgent Care Component			
Clinical Streaming Hub (as part of Contact First offer) PTAS Urgent Primary Care 'eyes on assessment (GP Led)	Same Day Emergency Care (SDEC) (including Comprehensive Frailty Assessment) Urgent Primary Care	Frailty Clinic (including Comprehensive Geriatric Assessment) Urgent Primary Care	Good Hospital Care for the 'non frail'
Specific Area of Focus			
Encourage public uptake of '111' Enhancement of urgent dental / optometry services Reduction of the number of frail older people conveyed by health Care Professionals Investment in ANPs, APPs, general Therapy Techs & Care Co-ordinators to support GPs to manage urgent on the day assessment at home & proactive management of 'at risk population' Improving use of alternative pathways to hospital admission e.g. palliative care, intermediate care Direct access / referral to a scheduled SDEC and/ or Hot Clinic Hospital at Home Targeted Monitoring / Risk Stratification of Complex Caseload	SDECs need a generalist focus for comprehensive frailty assessment Reduction in proportion of frail older people admitted to hospital	Embed 'Home First' culture to the 'front door' Review Frailty teams at the 'front door' as part of discharge to recover & Assess (D2RA) Pathway 1 Enhance assess at the 'front door' to alternative pathways e.g. Intermediate Care & Palliative Care Frailty Assessment Unit (max stay 72 hours)	



Primary and community care

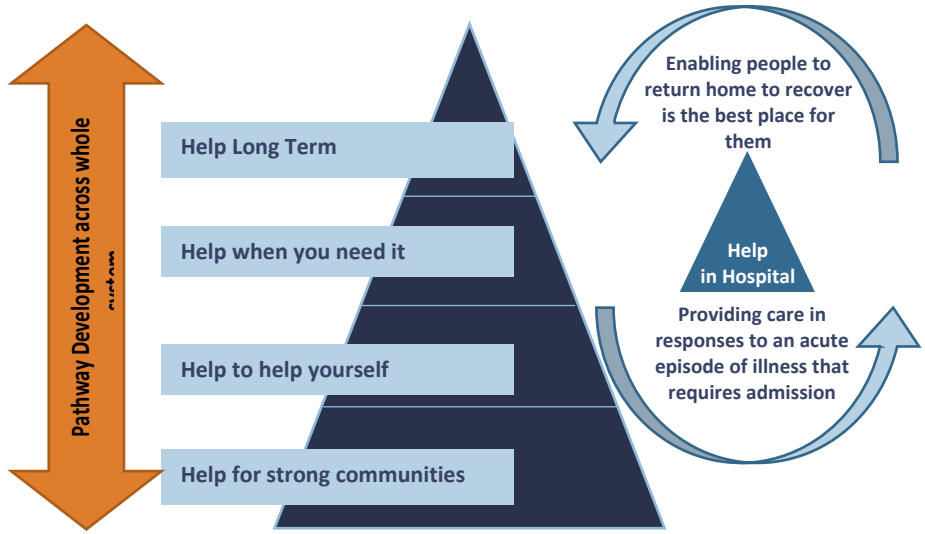
Our collaborative model and approach are informed by 'A Healthier Wales', 'A Healthier Mid and West Wales', the Primary Care Model for Wales, the Regional Partnership Board and its West Wales Area Plan, the three Public Service Boards' Wellbeing Objectives and the priorities articulated by the seven Primary and Community Cluster Plans. The seven Clusters remain at the forefront of our work programme and each Cluster has fully reviewed and revised their Integrated Medium Term Plans (IMTPs) in line with contractual requirements and to help shape the vision of the University Health Board's Annual Plan. Each of these IMTPs articulate:

- Reflections of 2020 COVID service delivery and impact on Cluster working and Cluster planning

- One year in reflections on the 2020/23 Cluster Plan content and ongoing relevance to direct future Cluster working
- Key Cluster Actions for 2021/22
- Cluster workforce Implications for 2021/22; Cluster financial implications for 2021/22, and
- Strategic influence / links / alignment with University Health Board Annual Plan 2021/22.

The University Health Board's integrated primary and community plans are focused on the principles of sustainable and resilient communities, timely advice and support on health and wellbeing, maintaining social connection, independence and activity, a social model for health and wellbeing. We will continue to work in partnership with Local Authority Partners and the Third Sector in 2021/22 to deliver our agreed priorities. In order to deliver the integrated plan, responding to the learning from COVID and the current assessed needs of the population, our plan has been themed around five key areas and supported by workforce, IM&T, quality improvement, estate and finance enabling plans:

1. **Helping Strong Communities** – to work with the local population in the development of resourceful, responsive and networked communities.
2. **Help to Help Yourself** – to work in a place based way supporting self-care, carers and proactive care building on self-management services that are in place and have capacity to expand and provide the skills to enhance self-care.
3. **Help when you need it** - increasing time spent at home by maintaining people in their communities with temporary enhanced levels of support, safely admitting to hospital where required and facilitating timely discharge to assess and recover at home.
4. **Ongoing Help when you need it** – supporting those who have an ongoing need for care and support, particularly those with multiple or complex needs.
5. **Help in Hospital** – ensuring safe transfer and response when needed whether for a planned need, diagnostic or urgent or emergency care. Each of our four acute hospitals has articulated how it will meet each of the six urgent and emergency care targets.



Helping Strong Communities:

We will focus on strengthening our communities to care for themselves through embedding community connectors/social prescribers and co-ordinators into our six Integrated Community Networks. We will actively pursue opportunities to enable continuous engagement, support for carers and a model which enables community led initiatives to thrive. This relates to the wider determinants of health and wellbeing and ensures that we retain a strong and clear focus on the co-production needed with and within our communities. Some key actions we will take are during 2021/22 are as follows:

- Develop and implement social prescribing/community connectors framework/role integrated within each Integrated Care Network and aligning to the cluster scale and spread project;

- Work closely with partners to further develop and embed the Community Hub as the first point of contact for community information and support;
- To explore the further developmental opportunities for usage of the Connect Platforms, as well as, strengthen links with Connect to Kindness.

Help to Help Yourself:

We will develop six Integrated Community Teams which align to the Integrated Community Networks above and will deliver integrated care the population. We will increasingly align our services and the co-ordination of care around our population, based on their needs and the shared understanding of what matters most. The integration will start with Community Nursing and Community Connectors aligned to named GP Practices to support proactive care planning for risk stratified populations and will connect to wider health and social care workforce to deliver place based care. Some key actions we will take during 2021/22 are as follows:

- Implement virtual and digital solutions to Education Programmes for Patients;
- Establish the District Nursing Hub to provide a single point of contact for new referrals and urgent communication;
- Implement the Malinko scheduling system across the community nursing service;
- Establish an Occupational Therapy single point of contact for community referrals;
- Establish projects to further embed and develop Multi-Disciplinary Teamwork in clusters, with the introduction of care coordinators to ensure continuity of Multi-Disciplinary Team support outside of meetings;
- Integrated Cluster and County project in the South will enhance proactive care in the community including a range of skills and professionals;
- Food wise has been digitised for virtual delivery by dietetic assistant practitioners; we will increase delivery of virtual groups and programmes post current COVID demands;
- Support hydration and nutrition programmes in the community, through additional dietetic resource;
- Expand access to Occupational Therapy in Primary Care and across all clusters.

Help when you need it:

We will develop, implement and embed a new Integrated Intermediate Care Service for our population based around a single point of access to co-ordinate step up, step down care and flow through acute services for our population. It will enable rapid care response to enable people to be cared for within their own homes and contribute to a reduced length of stay in an acute hospital bed so that people can recover, rehabilitate and re-able in their own home environment. Here are a few of the actions planned for 2021/22:

- Rapid Response Intermediate Care to ensure the resource is available to meet rapid access to service, preventing unnecessary admission and facilitating earlier discharge;
- Discharge to Recover and Assess Pathways for all pathways to ensure the earlier identification and support for those patients whose transfer home may be more complex and reduce unwarranted delays to transfer;
- Embed the Integrated Falls Prevention Service in a robust pathway and team to reduce avoidable admissions and readmissions.

Ongoing Help when you need it:

Care for those who have long term or enduring needs and need careful co-ordination, communication and multi-professional and agency working. It is recognised that there are differences in access to services across the three counties and we will develop plans to ensure equity of access and outcomes for our population for community based services. Actions include:

- Enhanced support to care homes, develop a consistent approach bringing cluster and county staff together in Integrated Community Teams to support care homes and risk stratified patients;

- Health Psychology Service Development of clinical health psychology workforce for Integrated Care Networks. Deliver a training model for health and social care professionals for timely wellbeing/psychosocial interventions for adults with long term physical health problems and meet NICE guidance for tiered delivery approach. Develop integrative service delivery models with chronic conditions services and community integrated networks e.g. Living well with Heart Failure Groups;
- Integrated frailty, chronic conditions and dementia model: develop a combined nursing approach for frailty, dementia and chronic conditions, introducing specific roles or specialisms based on population need;
- Integrated Frailty working across community and acute to prevent avoidable admissions to hospital.

Help in Hospital

During 2021/22, we will:

- Develop the rehabilitation potential within our hospitals and use the evaluation and learning from COVID to inform the next level of engagement with our communities;
- Implement digital pathways to support self-care and rehabilitation;
- Continue to implement and stabilise the Discharge to Recover and Assess Pathways, to support the co-production of the future bed model;
- Implement discharge planning discussions within 24 hours of admission, managing patient expectations around Length of Stay;
- Implement the SAFER Bundle and Home First ethos with a consistent process, measurement and evaluation of all community bed based offers, to reduce unnecessary time spent in hospital and the risk of deconditioning and hospital acquired infection;
- Implement Same Day Emergency Care and Primary Care Urgent Care Pathways – develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model;
- Improve ward based nutritional care to optimise patient outcomes and support reduction in Length of Stay;
- Implement University Health Board agreed Nutrition Champion model and associated Quality Improvement work on each ward incrementally.

Our key deliverables over the next twelve months are:

- Presentation to Board of Integrated Community Model by August 2021.
- Proposed structure for Integrated Locality Plans by August 2021.
- Approval of locality plans by September 2021.

Primary Care Contract Reform:

With the national focus considering contract reform across all professional groups it is hoped that this will lead to greater parity and transparency of contractual arrangements across all four contractor professions.

The University Health Board continued with the work of its Access Forum during the pandemic and has an identified work programme for 2021/22. A programme of work, agreed with the Local Medical Council to undertake a systematic review of Local and National Enhanced Services will be completed in 2021/22 with a view to adjusting content and remuneration to ensure they remain fit for purpose and deliver timely and cost-effective care to patients.

Key Actions for delivery in 2021/2022:

- Commission a Five Facet Survey of our General Medical Practice estate to underpin the development of a Primary Care Estates Strategy;
- Evaluate the use of digital solutions to improve timely access to care
- Develop a proactive package of sustainability support;
- Develop a plan to allow the return of University Health Board Managed Practices back to independent contractor status;
- Undertake a systematic review of National and Local Enhanced Service Specifications;
- Support the scale up and roll out of Cluster identified priority projects;
- Reinstate contract management in line with the reset of services.

Key actions for Community Pharmacy delivery in 2021/22:

- Publish the Pharmaceutical Needs Assessment by October 2021;
- Implement the Community Pharmacy Cluster Lead role;
- Roll-out the Community Pharmacy Walk-In Centres aligned to sustainable service provision and unscheduled care pathways;
- Reintroduce the suspended Enhanced Services e.g. Sore Throat Test and Treat, and roll out training for Triage and Treat to increase the number of pharmacies offering the services,
- Invest in Independent Prescriber roles linked across Pharmacy and General Medical Practice;
- Reinstate contract management in line with the reset of services;
- Commission any ongoing vaccination programmes directed by COVID pandemic response plan;
- Maximise the use of digital solutions to support the ongoing modernisation of service provision.

Key actions for Community Dental delivery in 2021/22:

- Implement the Contract Reform in line with national guidance;
- Complete a review of the commissioning arrangements for in hours urgent access and out of hours dental services;
- Complete a review of the pathway for Paediatric, special care and tier 2 minor oral surgery dental services, including the development of a specialist services and a review of General Anaesthetic provision;
- Complete a review of the pathway for Paediatric dental services, including the development of a specialist service and a review of General Anaesthetic provision;
- Complete a review of the orthodontic waiting lists which have been generated as a result of the COVID pandemic;
- Maximise the use of digital solutions to support the ongoing modernisation of service provision.

Key actions for Optometric Service delivery in 2021/22:

- Implement the pathways developed throughout the red phase of the pandemic with a shift of resource to support service development;
- Reinstate contract management in line with the reset of services;
- Maximise the use of digital solutions to support the ongoing modernisation of service provision;
- Complete a review of the Glaucoma pathway through regional working with Swansea Bay University Health Board;
- Develop and implement an improved service specification to support the Complex Contact Lens pathway;
- Work with South West Wales Regional Optometric Committee (SWWROC) and Optometry Wales to establish urgent eye care access via 111. This service will allow patients to access the most appropriate advice and services for eye related advice or care.

Primary Care: Reset and Recovery

In seeking to support the return to pre COVID-19 contract delivery it is recognised that some of the Infection Prevention and Control parameters and continuation of social distancing measures may have some impact on the ability of Primary Care Contractors to deliver services in the way that they used to. Additionally, this is now the time to reflect on those services that need to be reviewed in order to address any backlog as well as looking to the opportunities to scale up and roll out new models of care that bring services into primary and community services. The following list, split by contractor, sets out the aspiration for this piece of work. There is some potential for some of the areas identified to be delivered across a number of the contract professional groups.

General Medical Services

Whilst Practices were encouraged and supported to continue with their chronic disease management work throughout the pandemic, a number of key clinical areas may require additional time to be reviewed, in order to ensure that

timely and appropriate patient care is delivered in future. In reviewing current service provision, there is also scope to consider new ways of working e.g. secondary care generated phlebotomy, GP led reviews of waiting lists etc:

- Anticoagulation reviews in primary care
- GP-led review of waiting lists – pilot in clusters
- Primary Care Musculoskeletal Pathway and self-help applications
- Diabetic reviews and patient education programmes
- Cervical screening clinics in primary care
- Dermoscopy education programme and dermatoscopes for primary care
- Digital Programme for long COVID-19
- Introduction of remote blood pressure monitoring tools in primary care
- Additional spirometry testing clinics
- Implement asthma / COPD prioritisation tools
- Commission mental health and wellbeing capacity and training for staff
- Annual Health Checks for people with learning disabilities
- Children and Young People's counselling services
- Tier 0 Adult Mental Health services
- Supporting secondary care generated phlebotomy in GMS
- Online patient education programmes (Pocket Medic etc)

Community Pharmacy

Work had already progressed prior to the pandemic on the development of Community Pharmacy Walk-In Centres. It is now time to reflect on their development and to scale up the roll-out of the initiative to more Community Pharmacies as well as consider enhancing the range of services that they can deliver to support the wider system pressures:

- Care home medication reviews conducted by Community Pharmacies
- Respiratory Inhaler Review Service
- Specialist Clinical Pharmacist to pilot chronic pain and medication reviews
- Ear Wax removal

General Dental Services

Undoubtedly, this is one of the areas where the biggest impact of the suspension and a slow reset of services has led to a significant increase in patient demand across all sectors of the service. Despite increasing current urgent access sessions throughout the pandemic (three-fold) demand is still outweighing the ability of the service to deliver timely care to patients. Furthermore, due to the provision of AGPs in some of the more specialist services such as Minor Oral Surgery, additional time and investment is needed to assist in clearing the backlog of patients now waiting for care.

- Additional in-hours dental access – (Sedation / OOH Capacity)
- Oral Surgery Service to address backlog
- In-hours urgent dental appointments (Dental Helpline)
- Additional in-hours dental access – all Patient Groups
- Orthodontic care for children/young people
- Vulnerable adults requiring general anaesthesia for dental procedures

Optometric Services

Work to develop a number of pathways during the pandemic to shift services from secondary care to primary care services has proved to be successful which sets a sound baseline for future scale up and roll out of optometric led services:

- Glaucoma Follow ups not booked
- Independent Prescribing Optometric Services (IPOS) including Domiciliary Emergency Eye Care Service (DEECS)

Prevention and Response Plan

The University Health Board as part of The West Wales Regional IMT (Prevention and Response Partnership) has been instrumental in leading on the Local (COVID-19) Prevention and Response Plan (2021/22), and is based around the following model.

Mass Vaccinations

Faced with the biggest contribution to population health in decades, our ambition is to deliver the largest vaccination programme through unprecedented challenges. Our challenges are due to changes to policy and supply of vaccines and the competing demands of accelerated COVID transmission and increased pressures across the NHS system.

In 2021/22, our COVID vaccination programme will protect those who are at most risk from serious illness or death from COVID and deliver the vaccine to them, and to those who are at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment.

Based on the advice from the Joint Committee on Vaccination and Immunisation (JCVI), the University Health Board administered/offered vaccination to its population in priority groups 1-9 by mid-April 2021 with a first dose and have completed a second dose vaccination where due. We are on track to offer vaccination to the rest of the eligible adult population according to the latest Joint Committee guidance by the end of July 2021. Planning is ongoing and takes account of supply, the latest Joint Committee guidance and the delivery environment. We have set up a Vaccine Equity Group to ensure equitable Access to the vaccine to vulnerable groups.

Our plan sets out our delivery channels, volumes to be delivered in each, vaccine handling/storage and equitable distribution arrangements. Data entry, handling, security and data quality arrangements are also included as well as a robust and effective call/recall system. Weekly public facing and management facing dashboards are also included in the implementation plan to support communications and transparency. (A Technical document is available)

Test, Trace and Protect

Testing and Sampling

The University Health Board has developed a testing infrastructure to ensure that anyone who needs a RT-PCR antigen test can access one. The University Health Board delivers sampling in the community for asymptomatic pre-operative and pre-chemotherapy patients, symptomatic care home residents, whole home testing in care homes where a positive case is found, and in hospital for emergency admissions and within ward settings. We will implement testing every five days for all inpatients across acute, community and mental health and learning disability beds. Testing for all these categories is undertaken via the Public Health Wales laboratories.

All community symptomatic testing for the general public and critical workers is undertaken via the UK Portal and the Department of Health and Social Care

Lighthouse Laboratories. Routine testing of asymptomatic care home staff is also undertaken via this route.

The University Health Board has a number of community testing sites across all three counties, with plenty of capacity, and has the ability to flex additional testing at speed in response to local outbreaks.

The University Health Board will provide the offer of twice-weekly testing using Lateral Flow Devices (LFDs) to all asymptomatic patient-facing University Health Board staff and students. The roll-out plan will be complete by 31st May 2021. This offer is also being extended to Primary Care Contractors.

Routine asymptomatic Lateral Flow Device testing is being offered extensively across other sectors, including social care, education and private businesses. The detail regarding COVID sampling and testing can be found in the Testing Operational Delivery Plan.

Contact Tracing

Contact tracing is undertaken regionally on a county basis. The University Health Board has provided leadership and direct support to the Regional Response Cell for coordination of the RRC and to support the contact tracing within the hospitals. In addition, there is the ongoing work of the Infection, Protection and Control teams in both the hospital and community. The core elements of the contact tracing are undertaken by the local authority teams working in partnership with the Regional Response Cell staffed by Public Health Wales and the University Health Board admin and nursing team.

Future of Track, Trace and Protect

We will develop and implement the medium and long-term plan for TTP in line with Welsh Government guidance. Public Health Wales, the University Health Board and Local Authorities will review plans once further information is available. This will include the need to be agile and flexible, to respond to any changing circumstances, including the easement of lockdown and the potential impact of the vaccination programme and Variants and Mutations of Concern.

Mental health

Our plans for 2021/22 will build on the changes we made in response to the pandemic, which accelerated some of our ambitions for our 'Transforming Mental Health' programme of work. A detailed implementation plan for the next stage of this programme is being developed during Quarter 1.

Our response to the pandemic

A core principle of our vision was the development of 24/7 community services across Hywel Dda footprint. Before the pandemic, we piloted the integration of Community Mental Health Teams to deliver a 24/7 drop in service in Ceredigion. During the pandemic, we built on this by co-locating and integrating our Crisis Resolution Home Treatment Teams and Community Mental Health Teams to provide seven-day mental health services. We also tested the development of a temporary centralised 136 Assessment Unit.

Places of safety for people in mental distress

During the pandemic we worked with partners, including the third sector, to provide 'out of hours' sanctuaries and pilot hospitality bed provisions, providing places of safety for people in mental distress who are detained by the police under Section 136 of the Mental Health Act.

Specialist Child and Adolescent Mental Health Services (S-CAMHS)

S-CAMHS will focus on the development of the workforce through increasing skills and competencies in order to improve emotional resilience in children and young people.

Objectives and deliverables for 2021/22 include:

- Develop a new integrated service model for children with mental health and learning disabilities.
- Develop a multi-disciplinary Perinatal Mental Health with collaborative service development with partners.
- Extend the current provision within the Perinatal Mental Health Service by developing infant mental health services.
- Work towards meeting the RCP Standards for Perinatal Mental Health.
- To deliver timely multi-disciplinary assessments and interventions in Autistic Spectrum Disorder services (all ages).
- Increase capacity to meet demand in Autistic Spectrum Disorder services.
- Restructure S-CAMHS Crisis & Assessment Teams to extend service delivery over seven days.
    - Undertake evaluation of primary care mental health services in line with future third sector commissioning needs.
    - Strengthen pathways with adult services in line with Transforming Mental Health agenda and to improve transition pathways.
    - Further develop School In-Reach programme from pilot phase to extend across all three local authority areas.
- Develop an Eating Disorder Service which will align closely to the adult service to increase access to timely assessment, treatment and transition.
- Undertake Organisational Change Process.

Evaluate Primary Care Services and identify service needs and gaps in provision.

- Develop new pathways linked to Adult Mental Health services.
- Expand School In-Reach Programme.

Partnership work with the Third Sector

During the first wave of the pandemic, Third Sector-commissioned services adapted to offer telephone/online services on a three-county basis where possible. Throughout the pandemic work has continued to work closely with the third sector and referrals to those services are up by 20% during the pandemic. They also do a huge amount of work to continually update the local directories of services.

Mental Health and Learning Disabilities Single Point of Contact (SPoC)

After the first wave of the pandemic, work to develop a Mental Health and Learning Disabilities single point of contact (SPoC) halted, due to competing priorities. Since then, work to develop this service has progressed at pace, and the Directorate secured Welsh Government funding to pilot a SPoC for mental health services via 111. The pilot began in January 2021 and triages calls from people requiring mental health support at all levels of need, including calls from carers. Over time, we will build a multi-disciplinary team element to this 111 service, providing a 'one-stop shop' approach to people requiring mental health support. We are training primary care staff to take part in the pilot, so that locally staff will know how to signpost people to services.

Timely access to care

Planned Care Recovery Planning – Quarter 1/2 2021/22

Our planned care recovery capacity assumptions for the remainder of 2021/22 are based on the modelling reflected earlier in this plan. These anticipate the continuing challenges we expect to face in managing increasing unscheduled care related demands on our system in the months ahead whilst endeavouring

to protect 'green' planned care pathways on each site, all against the backdrop of a significant and sustained staffing challenge.

Due to the continuing impact of latest available guidance regarding Infection Prevention and Control precautions and appropriate social distancing of patients and staff (including continuing provision for separate pathways for COVID and non-COVID patients), we do not expect our available planned care capacity to match that available prior to March 2020. The actions identified in this plan are therefore designed to enable patients with the highest clinical priority to access care, maximising capacity available to us across our existing facilities and supplemented by utilisation of the independent sector.

Our planned care recovery focuses on the following priority areas:

- Outpatient transformation and improvement
- Maximising theatre capacity
- Utilisation of the independent sector
- Progress towards sustainable medium term expansion of day surgical and endoscopy capacity via a demountable facility solution
- Phased progress towards a sustainable, regional recovery plan for cataract surgery in partnership with Swansea Bay University Health Board
- Maximising Endoscopy Capacity
- Maximising Therapy Capacity
- Maintenance and further improvement of essential cancer pathways

The University Health Board has provided a breakdown of the monthly activity figures for the specialities required on the Planned Care Minimum Dataset activity tab. These figures are approximate based on available theatre capacity as outlined on the Core Activity tab and whilst providing best estimates, these are likely to fluctuate in terms of actual activity as the procedures will be based on risk stratification of need and theatre availability. This work will also support the University Health Boards approach to reduce our 36 week waiting times. To note, general surgery includes breast and colorectal work.

Maintaining contact with and support for patients awaiting access to care

We will use a risk stratification model, supported by NHS Wales and the Royal College of Surgeons, to assess and prioritise all existing and new patients, taking into account length of wait and clinical urgency, including suitability for virtual or Face-to-Face appointments categorising patients according to five levels of urgency. This will also be supported by our Single Point of Contact initiative, which is detailed later in this section.

Outpatient Transformation and Improvement

We will continue our approach to deliver services differently and maximise the use of digital tools in our recovery planning. We have committed additional resources to support the transformation work at pace with key actions in 2021/22:

- Digital innovation has been a key part in the delivery of outpatient services during COVID. We will continue to roll out digital services across the system (e.g. Consultant Connect; Attend Anywhere; Patient Knows Best; Microsoft Teams / Booking App), including virtual clinics; Seen On Symptom and clinical validation;
- All scheduled care services are encouraged to utilise Seen On Symptom and Patient Initiated Follow-Up. Targeted resources have been deployed to those specialities where it is anticipated this option could be more widely utilised;
- Those services that are receiving electronic referrals have been configured to now enable the receiving clinician to indicate the preferred consultation method, enabling services to manage face-2-face and virtual booking processes more effectively and only using face-2-face outpatients' slots where necessary. This also identifies patients suitable for straight to test/one stop from point of referral, e.g. Dermatology, Cardiology, and Respiratory. There are four services that require this update to the system,

which is in progress. Those services that are not yet receiving referrals will have this update added during configuration.

To supplement this and help support further progress towards our outpatient transformation priorities, we have submitted an Outpatient Transformation Plan with proposals for additional funding to be sourced via the WG Outpatient Transformation Fund for 2020/21. This plan has been designed to achieve the following strategic aims:

- To reduce the numbers of patients waiting for a follow up appointment;
- To reduce the length of time patients are waiting for a new and follow up appointment;
- To achieve the identified targets agreed in the Outpatients Strategy; and
- To transform the way, outpatient services are delivered and that these are sustainable.

Maximising Operating Theatre Capacity

In recent months, with the improvement of staff movement and flow we have been able to gradually re-open elective sessions across all sites. Prior to the pandemic, funded elective session capacity, excluding Obstetrics, per week totalled 171.5 sessions. The table below illustrates both the current position and planned further increases in sessions to July 2021 (122 sessions):

% of Sessions Achieved (relative to pre-COVID template)	
May 2021 work plan	51.3%
June 2021 work plan	64.7%
July 2021 work plan	71.1%

With the anticipated continuing impact of COVID-19 Social Distancing Guidance for healthcare work areas remain as per current, the July 2021 template of 122 sessions across the four sites is expected to continue in subsequent months. Session list loading is dependent on patient priority and balancing procedure basket to timelines; and numbers of patients can vary each week.

Utilisation of Independent Sector

To supplement our plans to maximise internal core outpatient and theatre capacity, we have also agreed plans with WG to commission additional capacity via the independent sector. The planned volumes which are supported financially via the WG initial Planned Care Recovery Fund Commissioning of these activity volumes via the independent sector is being progressed via the NWSSP Framework. As part of this process, we are seeking to establish scope for independent sector providers to deliver further volumes across a range of specialties, additional to those reflected above. We anticipate confirmation of available independent sector capacity by the end of June 2021 and would welcome further discussions regarding appropriate funding streams to take advantage of these additional activity opportunities.

Medium-terms plans for the potential expansion of Planned Care capacity (Quarter 3/4 2021/22 and beyond)

It is clear that in order to address the backlog on non-urgent cases which have developed through COVID, a different approach will be required. With this in mind, we are developing proposals for a modular solution at our Prince Philip Hospital site, which is designed to further enhance our ability to provide protected ‘green’ pathway capacity for planned care patients.

The proposed solution is for two Day Surgical Theatres (with Laminar Flow capability) and a Dual-Endoscopy Suite, although this is unlikely to be operational before Quarter 4 2021/22 at the earliest(subject to the resolution of procurement and planning processes), this would enable an approximate increase of up to 5,000 patients per annum beyond our current plans. The benefits are threefold:

- All appropriate Orthopaedic day cases can be carried out in a dedicated DSU laminar flow theatre, ultimately freeing space in main theatres and Trauma and Orthopaedics ward to treat a greater number of inpatients. Demand in the facility can be utilised to create revenue for the University Health Board and elevate the Orthopaedic department as a go to location in Wales.
- Increased Endoscopy sessions will result in a higher number of patients treated within a facility fit for purpose.
- The vacated departments within the main hospital site can be utilised to support alternative pathways.

Non-recurrent funding support for this development has been secured for 2021/22.

Regional Cataract Recovery

The University Health Board and Swansea Bay University Health Board have both experienced significant gaps in capacity and demand for cataract surgery, which have been previously managed through high levels of outsourcing to private sector organisations using non-recurrent funding. The impact of severely reduced theatre activity in both Health Boards during the COVID-19 pandemic has worsened the position to the point where traditional solutions to lengthy and high-volume waiting lists are insufficient and undesirable.

The overall regional plan is as follows:

- **Short term** (quarters 1-2): Incrementally increase local capacity and utilisation of independent sector.
- **Medium term** (quarters 3-4): Establish Cataract lists at Amman Valley DSU and increase lists at Singleton SDU, whilst continuing the utilisation of the independent sector.
- **Long term** (2023/24): Develop regionally located Eye Care Centres (2 – 3) across South West Wales. 1 main centre and 1-2 satellite centres due to the demography of the South West.

Paediatric Respiratory Syncytial Virus

In response to direction from Welsh Government, the University Health Board has been directed to prepare to support a 20% - 50% increase in presentations of the Respiratory Syncytial Virus (RSV) with anticipation that cases will begin to rise ahead of the NHS Winter period, commencing in August 2021 and an anticipatory peak in November 2021. In respect of High Dependency Unity (HDU) presentations, the surge planning is to focus on a 32-52% increase, recognising the pressures and restrictions within the wider critical care pathway.

Cancer

Our recovery priorities for our cancer pathways and improvement in respect of the Single Cancer Pathway are as below:

- Increase surgical capacity during recovery phase.
- Increase diagnostic capacity to address required levels of activity to support the Single Cancer Pathway (Radiology, Pathology & Endoscopy).
- As per the Wales Bowel Cancer Initiative, continue the use of FIT10 screening in the management of Urgent Suspected Cancer patients on a colorectal pathway.
- Continue to work on the implementation of the National Optimal Pathways.
- Cancer Tracking Team to continue to proactively track patients through their treatment pathways via the Welsh Patient Administration System (WPAS) tracking module, working in partnership with all the supporting services and clinical teams.

- Continue to work closely with tertiary providers to address tertiary centre delays.
- Continue with the Cancer Helpline to support cancer patients, relatives and any health care professionals.
- Introduction of Rapid Diagnostic Clinic (RDC) within the University Health Board.
- Introduction of Patient Pathway Reviews for those waiting 104+ Days for their first definitive treatment.

Endoscopy

Since the onset of the pandemic, endoscopy capacity has been significantly impacted due to impact of the PHE COVID-19 IPC Guidance. From June 2021, our local capacity will increase from 56% to 81%; allowing a number of lists to return to a standard 11 point list.

Pharmacy and Diagnostics

Key actions for Pharmacy and Medicines Optimisation in 2021/22:
In line with "Pharmacy: Delivering a Healthier Wales, through health, well-being and prevention, working with our population and healthcare professionals to optimise the benefit obtain from medicines", **we will:**

- Enhance patient experience by developing clinical pharmacy to support key clinical pathways across the interfaces e.g. Pain Management Team, Antimicrobial Stewardship, Polypharmacy in Frailty & Palliative Care, anticoagulation.
- Extend pharmacy led discharges and improve compliance (in collaboration).
- Develop learning and leadership plans including integrated training posts, increasing non-medical independent prescribing & development of roles at all levels to reflect changes to the way we work (e.g. Tech administration at ward level).
- Implement Health and Social Care medicines optimisation in collaboration with Local Authority partners to improve movement across interfaces, reduce risk of delayed discharges and improve Medicines Optimisation for patients in the care setting (whether that's in their own home or a care home).
- We will maximise innovation through Technology by:
  - Transforming access to Medicines Services (TrAMS),
  - Implementing the new pharmacy system, and the progression of e-prescribing and medicines administration,
  - Expansion of Dose Error Reduction System library network to maintain and respond to changes in practice,
  - Roll-out of current technology to deliver efficiently (e.g. dispensary robots), call switching technology in Medicines Information,
  - Promote research and development.

Key actions for Diagnostics in 2021/22:

- Additional resource will be investigated via private suppliers however, radiographers to staff the additional capacity remains problematic;
- We will pursue national discussions when additional resources are made available for regional or national solutions to reduce the backlog;
- We will complete a review of the radiography workforce as part of the transformation programme.

Single Point of Contact (SPoC) - The Hywel Dda Health Hub

A Command Centre was set up as part of the COVID response, to provide staff with a single point of contact, and has proven capable of receiving and responding to queries in a timely way through phone and email. Patients contacting the University Health Board have multiple pathways to services, such as switch boards or direct service numbers with varying levels of call response due to the type of call handler.

Key actions for delivery in 2021/22:

- We will develop a contact and response service in order to effectively develop the personalised SPoC strategy for the significant number of patients that have been identified as routine (risk category 3 and 4 in current Welsh Government guidance) and who would not be covered under current direct Consultant contact.
- Our Orthopaedic Services will be the initial pilot service for this work in 2021/22 and will shape the initial development of the SPoC prior to other services being brought into the programme, with otorhinolaryngology and ophthalmology next. In line with professional body guidance, Orthopaedic Consultant teams have considered those who are on their waiting lists and have made contact with patients directly. This will allow us to understand the demand and develop a robust response mechanism for all contacts. This will be a pathfinder for roll out to other specialty routine waiting list cohorts throughout 2021/22, informing and shaping the development of the COVID Command Centre and its transition to the Hywel Dda Communication Hub.

Therapies

During the next twelve months we will:

- Implement a plan to train all University Health Board Therapists in "Making Every Contact Count" and offer to their clients by March 2022. Making Every Contact Count (MECC) is an approach that supports public-facing workers to use opportunities during their routine contacts to enable people to consider their health and wellbeing through the delivery of brief advice (1-2 minutes) or brief interventions (5-10 minutes);
- The 'Making Nutrition Matter' dietetics expansion plan will be developed and implemented over the next twelve months. This centres on reducing the risk of malnutrition in our patients both in acute and community settings – 'Make Malnutrition Matter'. This work has begun during 2020/21 and will continue through 2021/22.
- Develop Acute and Community Rehabilitation Pathways for those impacted directly by COVID (Population 1);
- Deliver stratified, multi morbidity, symptom Management programme Levels 0 – 3 across the University Health Board, including for those directly impacted by COVID;
- Define capacity for community response and rehabilitation for those impacted by COVID, linking with County Plans to review Integrated Care Fund/Transformation Fund funded posts to develop plans for 2022/23 and beyond;
- Agree the Long COVID and Level 3 Multi-Disciplinary Team Service model.

Infection Prevention and Control

Infection Prevention team will continue to work on the reduction trajectory achieved in 2019/20. In addition, preparation for any third wave of COVID 19 will continue and this plan will be reviewed and updated on a six monthly basis to maintain a flexible responsive approach. This will include:

- Ensure staff and patient safety around patient management and the use of Personal Protective Equipment,
- Improve patient safety through aseptic non-touch technique compliance,
- Ensure Infection Prevention and Control training is easily available to staff.

National and Regional Partnerships

Welsh Health Specialised Services Committee (WHSSC)

We recognise that there is an on-going need to work with partners across Wales to understand the assumptions of our commissioning approach. Furthermore, we continue to review areas of opportunity to align pathways and through holistic regional collaboration approaches, we seek to address the increasing PTLs across both Hywel Dda and Swansea Bay. We agreed to block contracts in 2021/22 in order to support the cash flow between organisations and focus on patient quality and recovery. As part of our regional collaborative working across Health Boards, we continue to not only monitor waiting lists, but actively support and engage with the Directorates at other Health Boards.

In parallel to this, there continues to be a number of service developments and improvements between Hywel Dda and Swansea Bay. These include moving towards Quality Based Outcomes which will be intrinsic in our strategy to commissioned services. Commissioning for Outcomes will have a multitude of areas of focus. These will include areas such as patient harm, patient experience and other feedback mechanisms. This will support a comprehensive review of commissioned services from a patient and service user experience.

The University Health Board continues to work with and support WHSSC. Both organisations are fully cognisant of the challenges facing Specialist Commissioning and the respective Providers. There remains constant and open dialogue around the challenges within Specialist Services. However, in order to ensure that Specialist Services are ready for any and all patients, we continue to agree our strategic priorities etc. The purpose of which is to support and influence Specialist Services in the current, medium and long term for our Hywel Dda population.

Welsh Ambulance Services NHS Trust (WAST)

Building on the close working relationship established with WAST, we will continue to work in close collaboration to develop, implement and evaluate a range of key transformational service change work streams that impact the University Health Board and the core services provided by WAST including the Emergency Medical Services (999), Non-Emergency Patient Transport (NEPTs) and 111 service.

Key programmes of work currently identified, but not exhaustive, include support to develop the TCS Programme Business Case, roll out of the 111 First service, ongoing COVID-19 planning & recovery and delivery of operational service change plans that may impact EMS / NEPTs. These arrangements are built on a robust relationship with planning and frontline operational leads from both organisations.

Emergency Ambulance Services Committee (EASC)

We will continue to work with EASC on their three priority areas, namely:

- Emergency Ambulance Services
- Non-Emergency Patient Transport Services
- Emergency Medical Retrieval and Transfer Service

EASC have set out their commissioning cycle, which the University Health Board will work to meet.

Swansea Bay

The ARCH Partnership has agreed three priority areas for 2021/22.

- Priority one: Service Transformation for coordinated regional planning, service transformation project delivery, recovery from COVID, providing equitable and sustainable regional services.
    - Regional Pathology Services Project: will deliver an agreed Regional Pathology Outline Business Case to WG.
    - Regional Eye Care Services: Develop a regional eye care service for South West Wales by focusing on several areas of the regional eye care service, we will introduce a regional Glaucoma service to recover from COVID and deliver sustainable Ophthalmic Diagnostic Treatment Centres. We will deliver our agreed regional Cataract services business case.
    - Regional Dermatology Services: We will develop an OBC to address the whole system workforce sustainability challenges faced by the regional service in both primary and secondary care. This will include strengthening the GP training programme to increase the number of GP Integrated Fellowship numbers and the GPs with Extended Roles (GPwER) in Dermatology, and using Teledermoscopy in line with the all-Wales Teledermoscopy model.
    - Neurological Conditions Regional Services – We will continue to develop the regional model for Neurological services with a focus on joint business case for a Functional Neurological Disorder (FND) service. We will continue to strengthen the regional Epilepsy service and inpatient model ensuring equity of access to expert advice across all hospital sites.

- Cardiology Regional Services – We will standardise the chest pain pathway across the region. We will work with diagnostic services to improve the provision of cardiac imaging and continue to improve and put in place agreed cardiac pacing arrangements for the region.
- Pipeline Regional Projects being developed in 2021/22: Cancer and Palliative Services, Endoscopy, Elective Orthopaedic, Interventional Radiology, HASU Regional Stroke (Hyper Acute Stroke Unit), Prehabilitation (Cancer), Regional Cancer Project, Morriston Road development.

- Priority two: Workforce, Education, & Skills ensures that education programmes meet the services needs and underpin NHS service transformation projects by developing targeted educational programmes.
- Priority three: Research, Enterprise & Innovation supports the foundational economy, research excellence, underpins and enables our innovative approach to NHS service transformation projects, enables collaboration with industry, and maximises income from grant and commercial income opportunities. We will work with the ARCH partners to support major infrastructure investment in Health, Wellbeing, and Sport Campus development at Singleton and Morriston, and we will continue to support the Pentre Awel development. We will promote the ARCH Innovation Forum and supporting innovation and research projects by providing guidance, resources, and funding.

Swansea Bay Key priorities for 2021/22:

- Eye Care – joint approach to cataract recovery through the provision of outsourced services and standardising the role of Community Optometrists. Agreement for implementation of Open Eyes.
- Dermatology – Recruitment of joint consultant posts, for dermatology and plastic surgery, and strengthened links with GP training programme to maximise those with Extended Roles in Dermatology. The CNS workforce developed to ensure more are working to the top of their level.
- Endoscopy – All work will align with the national programme to establish regional facilities and the wider focus on the provision of planned care.
- Pathology – Development of the Mid and South Wales Regional Pathology Outline Business Case will continue throughout 2021/22, with an aim for completion mid 2022.
- We are also working on regional workforce solutions for orthopaedics, radiology and ophthalmology
- Cancer – the development of a Programme Business Case for the South West Wales Cancer Centre, to secure capital funding for the enhancement of the current facilities at Singleton Hospital.

Mid Wales Joint Committee

Key actions for the Mid Wales Joint Committee in 2021/22:

- Ophthalmology: We will implement consistent Primary Care support in the Ophthalmology pathway and address the continued gaps in Optometry service provision across the South Meirionnydd area.
- Cancer: We will complete a review of the pathways for community based oncology services to identify opportunities for increasing provision across community sites together with the development of a plan to deliver chemotherapy services in the community.
- Urology: We will re-establish services at Bronglais General Hospital and develop a Mid Wales focused pathway with outreach services.
- Respiratory: We will develop and outline the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.
- Digital: We will complete a review of digital platforms introduced for clinical pathways to inform a clinically agreed digital development plan.

- Dental: We will complete a review of existing community dental service provision and current waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery planning.
- Cross Border Workforce arrangements: We will develop cross border workforce arrangements including joint induction and training programmes, and establish a nurse training centre in Aberystwyth.
- Rehabilitation: We will develop a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach.
- Clinical Strategy for Hospital Based Care and Treatment and regional solutions: We will implement the Bronglais General Hospital Clinical Strategy. This includes capitalising on the opportunities afforded by our excellent theatre provision at Bronglais. This expansion of Bronglais services is fully in line with the Bronglais Strategy and delivers on our commitment to provide local services to the people of Mid Wales.

Delivery of Sexual Assault Referral Centre (SARC) for Mid and West Wales

A regional 'hub and spoke' model of care with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. To support this work, the University Health Board is participating in the Independent Sexual Violence Advisor review of services in Mid and West Wales which concludes in September 2021.

Building for our future:

Transformation Steering Group

The Transformation Steering Group (TSG) membership of which includes the Chair, Independent Members, Executive Directors (or deputies) and External Advisors, was initially established in June 2020 with three aims:

- Learn from the pandemic and our response to it,
- Translate that learning into practical applications,
- Enable the Board to continue transforming our services today and over the lifetime of our health and care strategy.

The role of the TSG has continued to develop, in order to debate and hone new Planning Objective proposals for the Board to consider. The TSG does this by sponsoring or undertaking research in areas requested by the Board, and also directly from our staff, partners, stakeholders, public and thought/industry leaders. The product of this process will be newly formulated Planning Objectives which will be presented to Board for consideration in its Integrated Medium Term Plan.

Requests from the Board for TSG consideration will arise out of the operation of the Board Assurance Framework and an on-going assessment of where progress is insufficient in realising its Strategic Objectives, either through a lack of Planning Objectives or because existing Planning Objectives are not driving the progress the Board wishes to see.

The TSG will reach out to its staff, partners, primary care clusters, stakeholders and the local population for proposals which they wish the Board to consider in the delivery of its Strategic Objectives.

This section sets out how we will continue to build on our capabilities as an organisation to deliver on this and future plans.

Social Model for Health and Wellbeing

Our long term strategy is not solely about medical or clinical care, but also about how we change culture and focus more on prevention, and early and proactive intervention within the community. This will only be achieved by working with a wide range of partners, including local people, on all elements of life that affect our health and wellbeing. In our strategy we call this approach a 'Social Model of Health and Wellbeing'. Our 'Discover' report published in July 2020 presented our initial findings about the potential impact of the pandemic on health inequalities.

In 2021/22 we will:

- Interview system leaders from across Wales and the UK to capture their ideas to inform our Social Model for Health and Wellbeing,
- Undertake focus groups with key partners and staff to understand their views on the Social Model for Health and Wellbeing,
- Ensure the public engagement for the Programme Business Case feeds into our understanding of what a Social Model for Health and Wellbeing looks like and what it does, and could achieve, in our community,
- Complete a literature review,
- Scope best practice from around the globe to embed innovative ideas from a variety of health systems
- Publish a 'Discover' Report on the Social Model for Health and Wellbeing for the Hywel Dda region (this will summarise our learning from research and engagement),
- Co-produce with our partners via the Public Service Boards and Regional Partnership Boards, a working model of the Social Model for Health and Wellbeing, and agree a process by which ideas and service change will respond to and meet its requirements,
- Work with our partners to engage regionally for the assessment for local Wellbeing, which will cover issues such as prevention, access to service, health inequalities etc.

We are currently engaging with our partners and communities to discover the impact of the pandemic on our population, including access to services, and potential negative impacts on groups of people in terms of their protected characteristics, with potential to lead to or exacerbate health inequalities.

We have secured one year's funding for a community development outreach team; whose task is to discover the impact of the pandemic on our Black and Minority Ethnic (BAME) communities and how we could reduce health inequalities.

Programme Business Case (PBC) and infrastructure investment

The Programme Business Case (PBC) will be presented to the September 2021 Board which will encompass a new hospital build and the repurposing of the existing acute hospital sites and community infrastructure. We will respond to the scrutiny comments made during the Transforming Adult Mental Health PBC.

The PBC will be based on the public consultation which concluded the need for a new Urgent and Planned Care Hospital in an identified geographic zone between Narberth and St Clears. Progress on the PBC is now being pursued with the University Health Board funding for both in-house and external resources. Specific planning objectives relating to this work have been endorsed by the Board were:

- Produce a Final Business Case (FBC) by March 2024 for the implementation of a new hospital in the south of the area for the provision of urgent and planned care (with architectural separation between them). Using the experience and change brought about by the COVID pandemic, the plan should be focused on minimising the need for patients and staff to attend

and, for those who require overnight care, the shortest clinically appropriate length of stay.
- Ensure the new hospital uses digital opportunities to support to minimise the need for travel; maximise the quality and safety of care; deliver the shortest, clinically appropriate lengths of stay.
- FBC for the repurposing of the Glangwili and Withybush General Hospital sites completed and submitted by March 2024.

Business Continuity: The Interim Years including the 5 Year Capital Programme

Whilst discretionary capital is allocated to these areas, to make any impact at scale will require All Wales Capital Programme support. There are also service developments which will need to be supported by capital investment in the 'interim years.' The following are the schemes currently included in our forward looking All Wales Capital Programme, recognising that these are a mixture of being in construction, in Business Case development stage, or still in scoping and to be agreed with Welsh Government.

Priority Actions for 2021/22:

Construction

- MRI Scanner - Withybush Hospital
- Second CT Scanner – Glangwili Hospital
- CT Scanner Replacement – Withybush Hospital
- Estates Funding Advisory Board Priorities

Business Case

- Diagnostic Imaging Priorities
- Aseptic Unit Withybush Hospital
- Cross Hands Health and Wellbeing Centre
- Regional Cellular Pathology Service
- Mid & South West Wales Regional Pathology Service
- Transforming Adult Mental Health Programme
- Welsh Community Care Information System
- Estate Major Infrastructure
- Aberystwyth Health and Wellbeing Centre

The Enabling Plan details the pressures associated with the backlog. Estate Infrastructure, Statutory Compliance, Equipment and IM&T. Moving forward the University Health Board will need to prioritise discretionary capital to this and seek All Wales capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale of this should not be under estimated and will require the infrastructure and resources to manage an investment programme.

Green Health

The University Health Board is fortunate to have an army of willing volunteers who, over a number of years, have demonstrated their passion and commitment to Green Health and the benefits that it offers the population of Hywel Dda. The volunteers' work has extended to create and maintain green spaces, supporting biodiversity, reducing waste and has extended through to education and stimulating behaviour change.

As part of a refreshed commitment to climate and environmental stewardship, the University Health Board has dedicated resources to further developing the Green Health agenda and maximising the benefits the people of Hywel Dda can gain from Green Health. This now forms part of a wider work stream to develop an enhanced Social Model for Health and Wellbeing.

Decarbonisation

A Decarbonisation Task Force Group has been established to progress the University Health Board's decarbonisation agenda specifically focusing on identifying opportunities for carbon reduction. The key focus on Procurement, buildings, land use and transport. This Task Force is supported by sub-groups

for each of these areas. The sub-groups are focusing on developing individual strategies and action plans to identify opportunities and schemes across our estate. The aim is to reduce our carbon footprint in line with the requirements of the 'All Wales NHS Decarbonisation Strategic Delivery Plan'.

As examples the key areas of focus to reduce this footprint will include;

- **Buildings/Land Use/Utilities**
  - Identifying opportunities for low carbon heat technologies,
  - Low carbon fitting and controls,
  - Renewable technologies, improving building fabric,
  - Reducing water consumption and waste.
- **Transport**
  - Internal fleet transport,
  - Grey fleet travel,
  - Staff commuting and patient / visitor access.
- **Procurement**
  - Review and create a robust governance system for all procurement projects including de-carbonisation projects such as Evaluation criteria / Terms and Conditions, financial calculation of carbon on Carbon Trust formulas.
  - Alongside the core objectives, the University Health Board via the Decarbonisation Task Force will explore opportunities in other areas such as Digital, Agile Working and establish key links with wider University Health Board plans around Health and Wellbeing, Green Health, Climate Change & Adaptation etc.

Social partnerships

Our work on social partnerships is integral to the approach we take as a University Health Board. Examples of our approach are demonstrated throughout this plan. Examples include how we work with our Local Authority and Third Sector organisations to deliver our integrated County and Cluster plans.

Through 2021/22 we will develop detailed implementation plans to:

- Deliver an integrated primary and community model through learning the lessons and hearing the stories of our staff, partners and population,
- Design our organisational and partnership structures for effective delivery of cluster, county, regional and national needs and priorities,
- Deliver care and support through an integrated multi-disciplinary workforce in the community where teamwork, career progression and excellence of care are central to our culture,
- Deliver through a technology enabled care first approach, based on our regional learning,
- Redesign our community estate to better meet the place-based needs of our population,
- Demonstrate improving outcomes and patient experience for our populations, patients, carers, and staff wherever they live based on 'what matters' to them.
  - Implementing our new Charter for Improving Patient Experience, which sets out a number of pledges or 'always experiences' which are those parts of the care that service users can expect to happen, such as being treated with dignity, respect and kindness.
  - Introducing a new patient experience feedback system for all of our services, so that we can capture feedback to inform our culture of safe and compassionate care and ensuring that the experience of our service users informs our priorities and decision-making.

Other examples noted in this document include our Social Model for Health and Wellbeing, our approach to Mental Health, Foundational Economy, and the work programme of the Strategic Enabling Group. Many of these are being developed in conjunction with our Regional Partnership Board, and Public Service Boards, for example:

- Care Homes: We will undertake a Market Stability Assessment regionally. We will review the Pre-Placement Agreement with our partners in the independent sector and Local Authorities. We will embed the use of the Findaplace website in order to provide bilingual information about care homes and vacancies for patients, families and carers. We will work with care homes and care agencies to enhance sustainable models of care for our local populations including testing and vaccination to support care home residents and staff,
- Domiciliary Care: We will work with our Local Authority partners to develop plans to address sustainability in the market. This includes our commitment to reducing deconditioning of patients in hospital and proportionate assessment of care requirements on discharge to optimise capacity of this finite resource. Further we will explore models that will compliment domiciliary care provision whilst not destabilising the sector.

Building our capability

Strategic Enabling Group (SEG)

Whereas the Transformation Steering Group is focussed on providing new ideas through additional or revised planning objectives, the SEG is focussed on building the general capabilities of the organisation to better or more effectively deliver the planning objectives already agreed.

Chaired by the Director of Finance, membership of SEG will include Independent Members, Executives, deputy/assistant directors, and external advisors. It will report on progress in relation to this work programme to the Executive Team and through bi-monthly updates to the Board. Its workplan will be agreed at least annually by the Board as part of the organisation's planning cycle.

The current work plan is set out below:

- Improving Together
- Value Based Health Care and pathway redesign
- Digital Strategy
- Commercial development
- De-carbonisation
- Social Value
- Single point of contact, excellent customer service and personalised contact for elective care

Improving together

'Improving together' is a framework which aligns team vision to strategy, and empowers teams to set key improvement measures aligned to their team vision. The visualisation of key data sets, including improvement measures, along with regular team huddles, will help drive decision-making.
The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way. Improving Together will embrace and embed some of the positive lessons learnt through the pandemic. It brings a number of key planning objectives across directorates into one scalable framework for growing and co-ordinating improvement activities aligned to organisational goals. The table below shows some key actions, milestones and indicative timescales for this programme of work:

Actions for 2021/22:

- Establish the high level framework and governance,
- Agree approach to high level vision & key improvement measures,
- Commence the baseline for all elements of the framework to explore:
    - What work is currently being undertaken?
    - What's working well?
    - What could be improved?
- Review the baseline information and develop roadmap & implementation plan and test with selected teams,
- Roll out to agreed teams.

Clinical effectiveness

The University Health Board clinicians and healthcare professionals to assess and review their work which in turn provides opportunities to improve the quality of care they provide. We will engage with clinical and operational colleagues and key stakeholders on the co-design of this Strategy, in order to ensure that it focuses on the right priorities and is something that we can all work together to deliver.

Actions for 2021/22:

- We will deliver a fully approved Clinical Effectiveness Strategy. We will use an appreciative inquiry approach, securing clinical and operational engagement in order to produce a coherent and relevant strategy.
- We will develop underpinning processes and systems to support delivery of Strategy, fully maximising the opportunities presented through the deployment of Office 365.
- We will develop the University Health Board Policies and Procedures relating to effective clinical practice.
- We will deliver improved participation in all agreed national and local audits (including mortality audits).
- We will deliver a Clinical Engagement programme to support strategy delivery.
- We will align effective clinical practice with quality improvement, through the Improving Together Framework.
- We will explore the establishment of a Quality Faculty.

Research and Development (R&D)

The past twelve months have demonstrated just how critical research and innovation is to clinical care. The ultimate mitigation of COVID and the resolution of the pandemic continues to rely on the outcomes of high-quality research and innovation. Whilst the importance of research in developing new vaccines and identifying new treatments for COVID has been very visible recently, the University Health Board has had a research department for much longer than this.

The University Health Board also have a BioBank and a new clinical engineering innovation and research facility. We have strong links with Bevan Commission

fellows and with all three Universities in our geographical area; there are also opportunities for us through participation in ARCH (A Regional Collaboration for Health), and the Swansea Bay City Deal which includes the proposed Pentre Awel development in Llanelli.

In September 2020, the Research, Development, and Innovation Department embarked upon a comprehensive and consultative process to develop its next research and innovation strategic plan. In March 2021, this process reached its conclusion and in April, the University Health Board published its research and innovation strategic plan for the next three years.

The strategic plan sets out specific actions that will strengthen our research and innovation capabilities, improving our services outcomes. We will achieve this plan by focussing on twelve goals that are aligned in four main areas of activity. Through pursuing these clearly defined goals and the supporting actions, executed through an annually refreshed implementation plan, we will ensure that we are optimising the role of research and innovation in transforming our local health and care services.

During 2021/22 we will:

- Develop an action plan for 2021/22 to identify the objectives that need to be achieved in order to deliver the strategy;
- Identify areas in the action plan where individuals can contribute to the achievement of the objectives as part of PADRs;
- Develop a new clinical engineering, innovation, and research facility in Llanelli, with support for those developing new health and care technologies;
- Develop an enabling approach to quality assurance, supporting researchers to ensure quality is designed into the study set up as well as during the ongoing management of the research;
- In conjunction with Health and Care Research Wales and WG, arrange an external peer review of the R&D department, and use the findings to contribute to this plan;
- Undertake a feasibility study to examine the costs and benefits of expanding the BioBank, to include access arrangements, governance, staffing, and market assessment. If assessed as feasible, BioBank will be further developed, underpinning an increased number of research studies a year;
- 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;
- Develop 'fit for purpose' facilities serving all our localities, with access to high quality patient consulting environments, laboratory space, and suitable office accommodation.

Value and Prudent Health Care

The University Health Board Value Based Health Care Programme has been set up to help transform pathways by understanding the outcomes that matter to our patients and to align our resources to deliver better outcomes.

This work builds upon the principles of Prudent Healthcare and will routinely engage with our patients to capture the outcomes that that matter to them and to use this information to guide how we use our resources. It is this patient focused and data driven approach that forms the fundamental premise of Value Based Health Care.

Our approach to Value Based Health Care goes further than some other organisations by ensuring that there is a strong research and education foundation for the programme, operating alongside the work that many organisations do around using patient outcomes to inform pathway improvements. The approach also looks to lever the benefits associated with being a population health organisation, seeing to lever the wider societal, including economic, benefits associated with Value Based Health Care. This

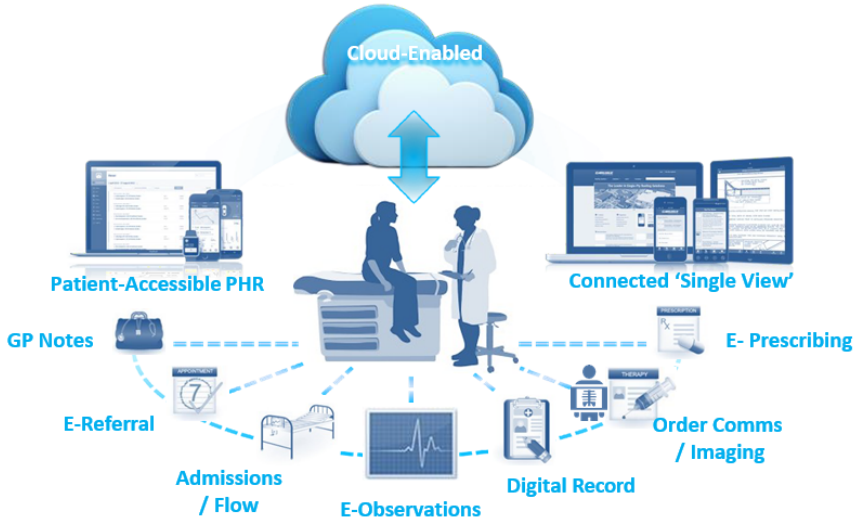
approach is paying dividends. Progress has been recognised by the Welsh Government, which has recently made a further significant investment in our programme, which will enable a rapid acceleration and ensure the principles of Value Based Health Care underpin every aspect of the Healthier Mid and West Wales strategic plan. A detailed roll out plan exists with a definitive list of actions.

During 2021/22 we will:

- We will implement Value Based Health Care rollout plan, with outcomes measured in 25-30 clinical and service areas;
- We will use outcomes as a part of routine care planning in target areas, including consultation and assessments with patients. This will be enabled through a visualisation tool designed into patient administration systems;
- We will feed outcomes into national and local systems, and use to inform quality improvement plans, pathway reviews, and wider plans relating to the implementation of a Healthier Mid and West Wales;
- We will conclude several innovation projects we have commenced, including our work on the persistent pain pathway and adoption of a palliative care pathway for those with heart failure;
- We will continue to strengthen the connection between the Value Based Health Care programme, our quality improvement plans, and our transforming clinical services strategy;
- We will develop a local Patient Reported Outcomes Measurement (PROMs) visualisation tool, pending the development of a national solution, enabling a rapid assessment of PROMs at the point of consultation, and periodic consideration of aggregate data;
- We will appoint and train additional staff to enable the implementation of our rollout plan;
- We will implement pathway analysis, including costing, proceeds in line with the implementation timeline;
- We will deliver wider efficiency benefits associated with the rollout secured, including the adoption of digital correspondence, patient reminders etc.

Digital

Our Digital Response is our commitment to improving digital technology in the University Health Board over the next five years. The Digital Response will help us meet our strategic vision of working together to drive excellence in care for our patients and communities. We will focus on addressing the key health and care objectives from a local, regional and national perspective. Our aim is to enable secure and legitimate information and knowledge sharing, supporting user (Patient and Clinician) access and 'self-sufficiency'. We will develop digital services that will shift health to integrated care.
The diagram below shows our vision for a digitally transformed future and some of our key priorities:



During 2021/22 we will:

- Improve the use of dashboards within the University Health Board, developing and making the links between each of the data sources to provide an enhanced analytics platform which can identify variation, both in care and delivery improving patient safety;
- Improve the data contained within the underlying architecture, and developing new data sources that can add value to the organisation's analytical platform;
- Begin developing an analytical toolkit that provides projected demand and activity data for informing plans to reconfigure priority services but is also transferable to future service reconfiguration (this work will continue until March 2023).

Work with Digital Health and Care Wales

The new NHS Digital Health and Social Care Wales Board will encompass:

- Wales National Information Service
- Some NHS Wales Shared IT Services
- A number of services operated out of University Health Boards across Wales.

It will make a significant step change in the way the Digital agenda and improvements will pan out over the next few years. The University Health Board is fully committed to collaborating and partnering with the NHS Wales Digital Health and Social Care Board and embrace the future improvement opportunities that it presents.

Fundamental to our health and care system transformation will be the delivery of high quality, cost effective Digital Services. Our vision is to have secure, resilient, accurate, and timely information at the point of patient care. This will be delivered through an integrated application suite, combining clinical and business applications, underpinned by a robust, cost-effective information infrastructure.

Engagement

The University Health Board has a number of robust, well-established mechanisms in place to engage with stakeholders, service users, carers, staff, the Community Health Council, partners and the wider public, including:

- 'Siarad Iechyd / Talking Health', our involvement and engagement scheme, which has over 1,000 members,
- Our stakeholder database, which has over 2,500 contacts across our communities,
- Our stakeholder management system 'Tractivity',
- An online engagement system Dweud Eich Dweud – Have Your Say (called 'Engagement HQ'),
- Robust links and close working with our local politicians, key partners, and Community Health Council,
- Regular communication with the wider public through mechanisms including social media and press releases.

During 2021/22 we will:

- Develop engagement work programme to support the delivery of key planning objectives – Quarter 2,
- Invest in engagement structures and mechanisms to support our Continuous Engagement Framework, including: continuous engagement training module; development of partnership forums for engagement; triangulation of feedback from wide range of sources across the organisation (e.g. Patient Experience, Workforce and OD).

Communication during the pandemic

The University Health Board and our three Local Authority partners have taken a regional approach to delivering COVID communications. This supports Welsh Government strategies and programmes (e.g. vaccination programme), and provides a consistent and localised approach to how we are experiencing the pandemic. This is co-ordinated through a Regional COVID Communications Strategy, which evolves and is implemented through weekly communication lead meetings.

During 2021/22 we will:

- Develop and deliver a refreshed Regional Communications Plan for COVID-19 Response and Recovery;
- Provide communication and practical interventions to support the re-starting of NHS planned services, through schemes such as the Waiting List project and single point of contact, as well as information and resources to keep people well whilst awaiting surgery;
- Provide communication mechanisms and content to support the rest and recovery of NHS staff, and contribute to improvements in how staff feel valued and respected in the workplace;
- Support the current engagement with our communities around the impact of the pandemic, health and wellbeing, our strategy, and Programme Business Case;
- Communicate key milestones and involvement in the transformation of NHS and care services;
- Continue to develop our new website to improve digital accessibility for all and work with our Informatics service to develop and deliver a local digital solution for internal communications.

Communications

The University Health Board and three local authorities within the Hywel Dda area have taken a regional approach to delivering COVID communications through 2020/21. We have widened our audiences and reached out to communities when there has been concerns or specific local issues. We have developed partnership structures to assist joint communications and collaboration, maximised use of existing communication tools, and tested new forms of communication. This has been critical in maintaining lower than expected rates of COVID-19 in our communities, addressing specific local concerns during the course of the pandemic, and achieving good take up of the COVID-19 vaccine.

Our key deliverables for 2021/22 are:

- Along with partners in our three Local Authorities, the Health Board will develop and deliver a refreshed Regional Communications Plan for COVID-19 Response and Recovery. The purpose of this plan will be to continue to keep our communities safe. It will amplify national communication campaigns, tailor national campaigns to reach local audiences, use local intelligence and experience to focus on priorities as experienced within the Hywel Dda region, and use behavioural science approaches and evaluation to continually improve. The plan will be approved in Quarter 1 and be delivered throughout the planning year.
- Provide communication and practical interventions to support the restarting of NHS planned services, through schemes such as the Waiting List project and ‘Single Point of Contact’, as well as information and resources to keep people well whilst awaiting surgery. This work has already started and will continue through the year.
- Provide communication mechanisms and content to support the rest and recovery of NHS staff, and contribute to improvements in how staff feel valued and respected in the workplace by supporting special interest staff groups and championing innovation and dedication. This work is ongoing throughout the entire year and includes monthly case studies on staff success (through Employee/Team of the month).
- Support our communities by providing information and encouraging involvement in the engagement exercise, ‘Building a Healthier Future After COVID-19’. This was launched in Quarter 1, and we will contribute to the feedback report in Quarter 2. We will also continue to communicate key

milestones and involvement in the transformation of NHS and care services through-out the year.
- Continue to develop our new website to improve digital accessibility for all and work with our Informatics service to develop and deliver a local digital solution for provision of internal communications, by close of Quarter 4, in response to the cessation of the national platform for NHS intranets and new opportunities offered by Microsoft 365.

Workforce and Finance

Workforce

Links with National Organisations

The Workforce and OD Directorate undertakes extensive national activity to maintain alignment with national workforce strategy, policy and the implementation of initiates covering all aspects of the employee lifecycle. Predominantly, we engage with Health Education and Improvement Wales, the Shared Services Partnership and Digital Health and Care Wales. To give examples of the extent of our involvement, a number of initiatives are noted below:

- Health Education and Improvement Wales
    - 'Train: Work: Live' and All Wales Registered Nurse Attraction, Recruitment and Retention;
    - All Wales Workforce Planning Network: Integrated Medium Term Planning/Education and Commissioning and associated All Wales Workforce Projects: Mental Health, Cancer, Sexual Assault Referral Centres etc;
    - Development of All Wales approaches to education and development across multiple workstreams: Health Care Support Workers Career Framework, Allied Health Professionals, Ophthalmology.
- Welsh Ambulance Service NHS Trust/ 111
    - Pilot and development of new workforce models in relation to Advanced Paramedic Practitioners and Mental Health triage practitioners.
- Digital Health and Care Wales
    - Electronic Staff Record development.
- National Welsh Shared Services Partnership
    - National Responsiveness programme.
    - Transforming access to Medicines Services Programme for Pharmacy related workforce.

This is not an exhaustive list but hopefully gives a sense of our commitment to an All Wales approach to drive key national initiatives as outlined in A Healthier Wales and the Health & social care workforce strategy.

Our workforce plan

Our workforce plan is focused upon how we develop a stable workforce, one based on a sustainable workforce model – this is complex and will not be resolved within the context of an annual plan, however, we have a strong motivated workforce that is competent, confident and engaged; who have met the opportunities and challenges presented.

Only with a stable and sustainable workforce model will we be able to respond and recover, enable the delivery of a social model for health and sustain activity against the virus through public health programmes: Test Trace and Protect,

Mass Vaccination, and prepare for any future recurrences, whether due to vaccine efficacy or new variants in winter 2021/22 and beyond. Within this context the workforce opportunities and challenges are significant, as ever, and touch all aspects of design and delivery of services. Our residual workforce gap (which sits at **c400 WTE Registered Nurses and 200 WTE Medical**) is partly due to rurality, population and education commissioning, and the need for significant investment in the development of the workforce is a critical priority.

There is a need to retain the increased workforce gained during the pandemic, and develop new workforce models. Our experience of the pandemic offers a unique opportunity to build a stable and sustainable workforce model. We are working around the central concept of a "team around the person" model, which is a multi-disciplinary team drawn from all professional groups to address health, wellbeing and social care needs. This has the potential, in the short term, to enable the development and implementation of career pathways from new workforce entrants, and in the longer term, to increase the number of registered professionals. Our workforce plan, within the context of an annual plan will focus on the following key elements to build on the concept, develop the educational strategy and infrastructure and make gains towards implementation of the model.

To rejuvenate our workforce, we will be looking to undertake the following activity in the short and long term:

1. Retention and development of our "COVID" recruits and enable the transition into substantive posts – our "growth" professional groups being ancillary and additional clinical services;
2. Increase the number of Band 4 Assistant Practitioner roles via the level four programme through funding of courses, development of processes to create roles and management support;
3. Continued investment in the Apprenticeship Academy for Nursing & Therapy Apprentices focused on level two, three and four roles to support across acute, community and COVID related services;
4. Support for the development of Band 4 practitioners in other professional groups i.e. Biomedical Sciences;
5. A review of educational practice within Pharmacy and pathways to facilitate Technician roles and access to level five and six qualifications
6. Growth in the medical workforce and alternative roles i.e. Physician Associates, Surgical practitioners, Consultant roles in Nursing
7. Grow psychology and alternative practitioners delivering different interventions in different settings i.e. physical and mental health; and
8. Grow alternative Primary Care and Community Practitioners/connectors to support the Urgent Primary Care Model and ultimately the Social Model of Health i.e. community connectors, social prescribers alongside movement of therapy and pharmacy colleagues moving into primary care;
9. Build on the successful work with partner organisations such as WAST in relation to the Advanced Paramedic Practitioner;
10. Build on Advanced Practice education and development for all registrants.

To support these intentions we will be rolling out a number of work streams to enable managers and teams to develop their capability and capacity in workforce planning and management through an operational and strategic lens for example, "Allocate" software to manage the temporary workforce, initiatives around role design, delegation and competency based workforce planning; and the introduction of OD Relationship Managers. These activities will not sit in isolation rather will form part of our "Improving Together Framework" and where appropriate aligning to Values Based Healthcare.

High Level Workforce Demand - Risk Assessment (COVID/WINTER SURGE)

As set out our plan articulates a requirement to **respond** to COVID our workforce requirements (based on national profiling) are identified as approximately 22-26 critical care beds and 1190-1245 beds.

As an estimated demand model this would equate to the following requirements of **2330.25 WTE** based on the model below, however, if we

assume the workforce associated with Planned Care activity resumes and our available workforce is only associated with Unscheduled Care (RN & ACS) our available workforce is **c1598 WTE** we would be forced to close services and deploy staff to meet the associated demand of 950 -1250 beds of between 1742.85 WTE and 2330.25 WTE. (NB This is a blunt measurement and requires further detailed analysis aligned to planned care to ensure cost centre alignment to workforce activity).

	Average Staff requirement (WTE)						
	RN	Unregistered	Supervisory	Ward Clerk	Frailty Worker	Rehab Assistant	TOTAL STAFF
No of Beds	Band 6 & 5	Band 2	Band 7	Band 2	Band 3	Band 3	
170	152.2	134.6	8	8.5	8.2	5.6	317.1
200	164.4	147.6	9	9.75	7.8	6.15	344.7
220	180.5	162.2	10	10.75	8.6	6.7	378.75
250	223.1	198.4	12	12.75	11.6	8.2	466.05
750	669.3	595.2	36	38.25	34.8	24.6	1398.15
800	713.92	634.88	38.40	40.80	37.12	26.24	1491.36
850	758.54	674.56	40.80	43.35	39.44	27.88	1584.57
950	833.7	742.8	45	48	42.6	30.75	1742.85
1000	892.4	793.6	48	51	46.4	32.8	1864.2
1250	1115.5	992	60	63.75	58	41	2330.25

NB The above staffing structure has taken into consideration the main ward staff based on the rota review of staff undertaken in October 2020 for each ward in line with the Nurse Staffing Act (Wales). This does not include additional staff involved in the day to day running of a ward e.g. Medical staff, AHP, Pharmacy, Domestics, Porters, Catering facilities

We are assuming a functional bed base of 855 beds through 2021/22. Given the figures above do not account for retirement, absence or turnover we need to be alert to the need to maintain, retain and develop our current workforce to maintain a steady state.

On review of the MDS which includes our total workforce and COVID response (TTP, MVC and Surge) which equates to between c10000 WTE to c11000 WTE (inclusive of Bank, Additional Hours and assumes retention of all FTC COVID 19 recruits. To note agency usage is considered to be in additional at c270 WTE).

Based on our current contracted workforce baseline equates of:

- 9407.9 WTE
- c545 WTE are Bank & Additional Hours giving c10000 WTE;
- Implications of turnover, absence, retirements and Fixed Term Contracts based on the workforce baseline:
- Turnover equates to a possible loss of c778 WTE annually (based on 8.25% of total MDS profile - on average midpoint for 2019/20 – monthly between 30-76 WTE);
- Absence based on an average of 7.5% could equate to c700 WTE on a monthly basis;
- To note: 567 COVID 19 FTC will end in September 2021 if not extended plus a further 853 of FTC are also in place across the University Health Board i.e. over 10% of our workforce are currently fixed term.
- Retirement historically is low (c500 WTE) and “return and retire” sits around 43% of those who retire. Due to pension changes/legal challenge, this may change and need to be considered a future risk.

To illustrate this could (as a worst case scenario) reduce bed capacity by c500 beds. Therefore, the resourcing programme for the University Health Board needs to be maintained to cover normal attrition.

To mitigate risk, we will continue to careful plan services and corresponding workforce requirements, assessing potential risks to access and the availability of the required skilled workforce and the timescales needed to activate plans and align workforce/finances. The organisation will plan for COVID 19 related activity for the whole of 2021/22 but will plan its resources both financial and workforce on a quarterly basis. The first 6 months is planned to September 2021.

Finance

Context

Our strategic response from a financial perspective will focus on the following key themes:

1. Lessons learnt from the pandemic;
2. Resource allocation, specifically planning to address prevention, value based intervention and minimising risk;
3. Resource utilisation in respect of productivity, transformation and deficit management;
4. Social and economic value, focusing on the foundational economy, decarbonisation, the wellbeing of future generations, value based health and care, and reporting social value;
5. Governance, with our strategies for Improving Together, commissioning, procurement and commercial, performance, value and regional working.

Recognising that financial sustainability is essential as we seek to innovate and develop, we have established a risk assessed efficiency target of £16.1m for 2021/22. Over the medium term, the University Health Board is assessing the opportunities to deliver financial sustainability, with financial balance being achieved within five years. These include:

- Addressing excessive unscheduled care admissions;
- Reassessing skill-mix and addressing challenges in workforce recruitment;
- Addressing high on-call and 24/7 rotas;
- Unsustainable ED/MIU provision;
- Addressing unsustainable 24/7 provision in support services.

Further work will continue to be undertaken over Quarter 2 to assess the recurrent deliverable opportunity as part of the development of our Medium Term Financial Plan.

Summary Financial Position

Given the considerable uncertainty that the global pandemic has brought, the University Health Board financial plan for 2021/22 is to curtail further increases and maintain a £25.0m deficit following confirmation of non-recurrent WG funding in respect of the Financial Year 2021 savings gap brought forward and continued non-recurrent support to the general and specific programme COVID-19 costs. This is a planning assumption, in line with our interpretation of funding guidance shared amongst Directors of Finance, and full validation of this with WG colleagues will follow. This is based upon:

- The brought-forward underlying financial position from 2020/21, comprising a £25.0m underlying deficit brought forward into that year and unachieved savings of £32.4m for that year, offset by the above referenced funding of £32.4m;

- A reasonable assessment of internal and external pressures offset by core funding uplift;
- Risk assessed identified saving opportunities of £16.1m;
- Confirmation July 2020 that the University Health Board will not have to repay its historic deficit.

Summary Financial Plan	2021/22 £'m
Opening Position for 2021/22	57.4
Pay, Prices and Growth Gap	5.2
Other identified pressures	9.0
Investments and Service Developments	1.9
Identified saving Opportunities	(16.1)
WG funding of b/f savings gap	(32.4)
Planned outturn (excluding COVID-19)	**25.0**

Continued COVID-19 Response and Recovery

Projections have been modelled based on COVID-19 prevalence as assessed at the start of the financial year for up to a full 12 months. As scenarios and modelling, both locally and nationally continue to evolve, the financial scenarios will be reconsidered for our forecast, however it should be noted that the finite supply of workforce resources will largely dictate bed capacity and therefore, the financial ramifications of any significant changes in COVID-19 prevalence.

The "programme" response to COVID-19 in respect of Testing, Tracing, PPE, Mass Vaccination Programme, Adult Social Care Providers and Enhanced Cleaning Standards total £27.2m, with other key operational drivers totalling £32.0m being:

- Housekeeping activities (in addition to Enhanced Cleaning Standards) for additional waste, laundry, front of house duties, cleaning and maintenance;
- Acute bed capacity for Red pathways, increased acuity in Critical Care and ward remodels;
- Pathway duplication, leading to additional staffing requirements;
- Primary Care prescribing price increases;
- Palliative Care Family Liaison Officers;
- Community bed capacity for step down facilities;
- Utilisation of Field Hospital bed capacity during Quarter 1 only;
- Loss of income in respect of non-contracted activity impacted by reduced tourism, reduced dental activity and third party enterprises;
- Drugs: acute changes to treatment regimes.

Approved Recovery Schemes for which WG funding is confirmed relate to additional elective activity, predominately delivered through outsourcing, of £11.3m and Mental Health Recovery of £1.8m. Discussions are on-going in respect of plans for a continuation of improving access to Emergency and Unscheduled Care, which is excluded from our Plan and will be recognised in year as plans and funding are finalised.

Associated Risks

There are a number of assumptions that have been made, in congruence with guidance issued to the University Health Board, which do pertain to risks to our financial delivery. These will be articulated and submitted via an accountable officer letter, with the summary of which listed below:

- A significant element of our ability to deliver a planned deficit of £25m is the working assumption, in line with current funding advice, that we shall receive £32.4m of non-recurrent funding for the brought forward impact of undelivered savings from Financial Year 2021. These values are subject to a review and validation and could change our planned deficit position if they deviate from expectations.

- Having received confirmation, in the main, associated for the first six months of the financial year, in respect to our continued response for general and specific programme COVID-19 costs, there is an assumption that further funding will be made available for additional costs, for up to a 12 month period, after our planning submission. Should the additional funding not be confirmed, the organisation will need to review our proposed plan, and take appropriate action.
- Whilst confirmation has been received for our non-recurrent Recovery Plan in year 1, our Demountable solution requires a commitment of 3 years (current plan), and it is recognised that the University Health Board will go at risk in entering into any contract that exceeds the confirmed funding, with clear governance to be followed in making this decision through Board Committee, and the affordability of our broader finance commitments.

How will we deliver – our governance arrangements

Risk

The University Health Board recognises that there are risks associated with the delivery of the plan it has set out for 2021/22. The most significant risks and mitigations in respect of its ongoing COVID response and recovery plans, have been outlined throughout the plan, and the University Health Board will, through its governance structures, monitor delivery of the plan and that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed in the full knowledge of these risks, and the University Health Board is also cognisant that there are some key uncertainties that are out of its control, such as the impact that a new variant may have on its COVID response and recovery plans.

Corporate and Clinical Directorates and Services are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Board Assurance Framework

The University Health Board has had a Board Assurance Framework (BAF) in place for a number of years. However, as the University Health Board moves into recovery in 2021/22, the BAF will now be realigned to our new strategic objectives and the delivery of the planning objectives outlined within our Annual Plan, and will be in place by end of quarter 2.

The BAF will enable the Board to focus on those risks which may compromise the achievement of strategic objectives. The BAF will provide a structure and process which enables the organisation to focus on its significant risks; it also highlights any key controls that have been put in place to manage the risk and any areas requiring further action, it highlights sources of evidence or assurance and any gaps. Having an effective BAF will:

- Provide timely and reliable information on the effectiveness of the management of major strategic risks and significant control issues;
- Facilitate escalation of risk and control issues requiring visibility and attention by senior management, by providing a cohesive and comprehensive view of assurance across the risk environment;
- Provide an opportunity to identify gaps in assurance needs that are vital to the organisation, and to plug them (including using internal audit) in a timely, efficient and effective manner;
- Help to raise organisational understanding of its risk profile, and strengthen accountability and clarity of ownership of controls and assurance thereon, avoiding duplication or overlap;

- Provide critical supporting evidence for the production of the Annual Governance Statement;
- Help to clarify, rationalise and consolidate multiple assurance inputs, providing greater oversight of assurance activities for the Board/Audit & Risk Assurance Committee in line with the risk appetite;
- Facilitate better use of assurance skills and resources;
- Inform Board and Committee agendas particularly where the largest gaps are perceived to exist either in relation to confidence about the current position or the achievement against the strategic objectives.

Performance reporting and monitoring

It is important we have robust performance monitoring and reporting mechanisms in place to help identify areas of concern that need to be addressed. This better enables us to improve outcomes for our patients and the wider Hywel Dda population.

Board and Committee reporting

Each month we produce a performance assurance report for Board and Committee. The report is being revised in a phased approach:

Phase 1 (June 2021)
- Migrating our performance report from Word into a Power BI dashboard.
- Moving from RAG (red amber green) reporting to SPC (statistical process control) chart reporting.
- Developing short videos explaining why we are moving to SPC chart reporting and how the SPC charts should be interpreted.

Phase 2 (First iteration October 2021)
- Adding a new section to the performance report dashboard for the our strategic objective outcome measures.

Phase 3 (Will be actioned in a stepped approach over the next 18 months)
- Automating as much of the processes as possible. This includes requests for narrative and updating the data in the dashboard.

Internal performance monitoring

We are developing a series of performance monitoring dashboard apps. The dashboard apps will provide our University Health Board managers with reliable performance data in an easily accessible format, helping them to spot areas of concern in the data and triangulate information. The overview dashboard app will bring together two or three indicators from each relevant dashboard so that teams can triangulate their information. Our timetable for publication of the first set of dashboards apps is as follows:

1. December 2020: Risk.
2. July 2021**:** Workforce; Finance.
3. August-October 2021: Audits and inspections; Diagnostics and therapies; Incidents.
4. November-December 2021: Referral to treatment / risk stratification; Cancellations.
5. January-March 2022: To be confirmed.

Review of Committee Structures

Following discussions with our Board, our Assurance Committees will be reconfigured from July 2021. These new arrangements will be based upon the lessons learned from the streamlining of assurance structures undertaken in response to the COVID-19 pandemic, and to align these more closely to the Strategic and Planning Objectives set out in our Annual Plan.

Planning Objectives not taken forward during 2021/22

A complete list of Planning Objectives not taken forward during 2021/22 is contained within the full version of the Annual Plan.

Statutory Duties

Welsh Language

The University Health Board wants to be the first health board in Wales where both English and Welsh are treated with equal status (Health and Care Standards: Dignified Care). The University Health Board aims to deliver a bilingual healthcare service to the public and facilitate staff to use the Welsh language naturally within the workplace, and aims to be an exemplar in this area, leading by example by promoting and facilitating increased use of Welsh by our own workforce. We have approved a new Bilingual Skills Policy, which aims to ensure we deliver a bilingual healthcare service to the public and support staff to use Welsh naturally within the workplace. It details how we will improve the quantity and quality of data held on our workforce system, strengthen the Welsh language skills of our workforce and provide practical support for managers. We will report progress on this, and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published on our website

Well-being of Future Generations

Our Health and Wellbeing Framework articulates our aspiration for current and future generations to live well in their communities throughout their lives and identifies strategic goals focused on people living well - or living life to the full - across the life course: starting and developing well; living and working well; and growing older well. Each has a set of long-term outcomes that reflect what success looks like and help us show we have made a difference. Our well-being objectives recognise that we need to increase the scale and pace of our work, in particular, de-carbonisation and biodiversity to address environment and climate change, and actions to support the development of a foundation economy and post-COVID recovery. Our well-being objectives are not confined to a single national outcome, and all align to more than one of the national well-being goals.

Much of the work progressed through 2020/21 will continue over the next few years, but a key priority during 2021/22 will be the University Health Board's participation in the refresh of the Wellbeing Assessments and supporting population engagement to understand both the impact of the pandemic on wellbeing and the key actions which partners could take to make the greatest impact for current and future generations. This work will be undertaken alongside a refresh of the Population Needs Assessment, a requirement under the Social Services and Wellbeing (Wales) Act. The University Health Board is a key partner in the regional working groups to contribute to these important assessments, the output of which will also be beneficial to our internal strategic and operational planning activities.

Equalities

Our Strategic Equality Objectives for 2020/24 set out our commitments to meeting the Public Sector Equality Duties. They are:

- Leadership by all - staff at all levels actively promote and facilitate a culture of inclusion and well-being across the organisation;
- Working together - Working with our population, staff and partners to shape the design and delivery of services;
- Improving health and well-being for all - our staff will be suitably skilled and experienced to develop and deliver services that are informed by local needs, improve access and reduce inequalities;
- Being an employer of choice - we will offer equal opportunities for employment and career progression and support the health and well-being of our staff and volunteers within a fair and inclusive environment.

Socio-Economic Duty

We have heard how the pandemic impacted disproportionately on some communities with high levels of socioeconomic deprivation. Over the next year we will explore how the pandemic may have impacted unduly on some of our communities, and what role the University Health Board could play to address socio-economic disadvantage and support the recovery of communities as a major employer and contributor to the Foundation Economy in our 3 counties.

Liberty Protection Safeguards legislation

The University Health Board are required to develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards legislation across the health board by 1st April 2022.

This is to ensure we are able to prepare and support all relevant health professionals and managers to apply the Liberty Protection Safeguard scheme within their everyday practice, in order to ensure lawful authorisation when patients are deprived of their liberty as a consequence of the arrangements for their care and treatment, and do not have mental capacity to consent to those care arrangements. Key elements include:

- Ensure that we have sufficient Liberty Protection Safeguard Assessors trained to undertake the required assessments in all relevant areas by 1st April 2022.
- Broad awareness of the Liberty Protection Safeguard scheme among all relevant health professionals and managers.
- Statutory posts established.
- Arrangements in place to effectively support, administer and monitor the scheme.