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)

DRAFT FOR BOARD CONSIDERATION

24th 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 pp.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

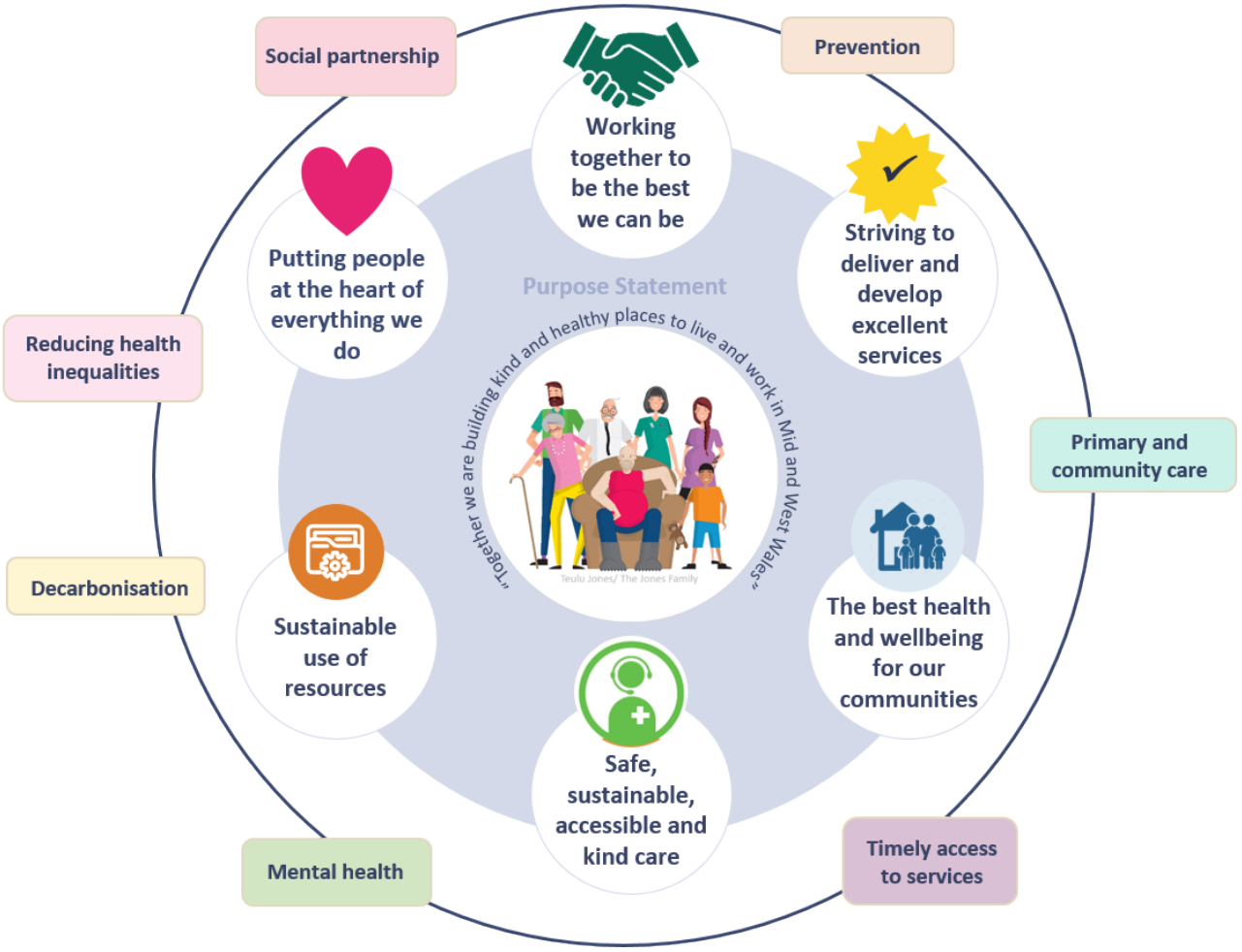
Our Annual Plan is structured around our Strategic Objectives and individual Planning Objectives. This summary document outlines the key messages in our Annual Plan (and its technical documents which are all available on request), and makes reference to the Ministerial Priorities for 2021/22.

The diagram below illustrates:

- Our Statement of Purpose
- Our Strategic Objectives
- The 7 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 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 in the recent second wave
- Rate of transmission (Rt) values:
    - Variable Rt based on expected restriction easing timeline
    - Factors in a reasonable variant estimations, 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 1231 beds, 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 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 below, we have highlighted our potential mitigation actions to manage these deficits, which could 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	• Create an integrated 24/7 single point of contact for urgent clinical assessment and patient 'streaming'				✓
	Primary and community care	• Develop an integrated community model aligned to our localities		✓		
		• Support Primary Care to work through the contract reform process and support 4 key priorities: quality and safety, workforce, access to services, and cluster working.				✓
	Mental health	• Hibernation of remaining Field Hospitals		✓		
		• Deliver vaccinations to whole of adult eligible population		✓		
	Timely access to care	• 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	✓			
	National and Regional	• 111 'Single point of contact' triage (for Tiers 1 and 2) piloted		✓		
		• Maximise our operating theatre capacity		✓		
		• Increase local capacity and usage of independent sector – cataracts				✓
		• Establishing cataracts lists at Amman Valley and Singleton				✓
		• 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	• 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				✓
	Reducing Health Inequalities	• '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 working model for Social Model for Health and Wellbeing and process agreed for generating new planning objectives				✓
		• Discover 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 platform 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 manages 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

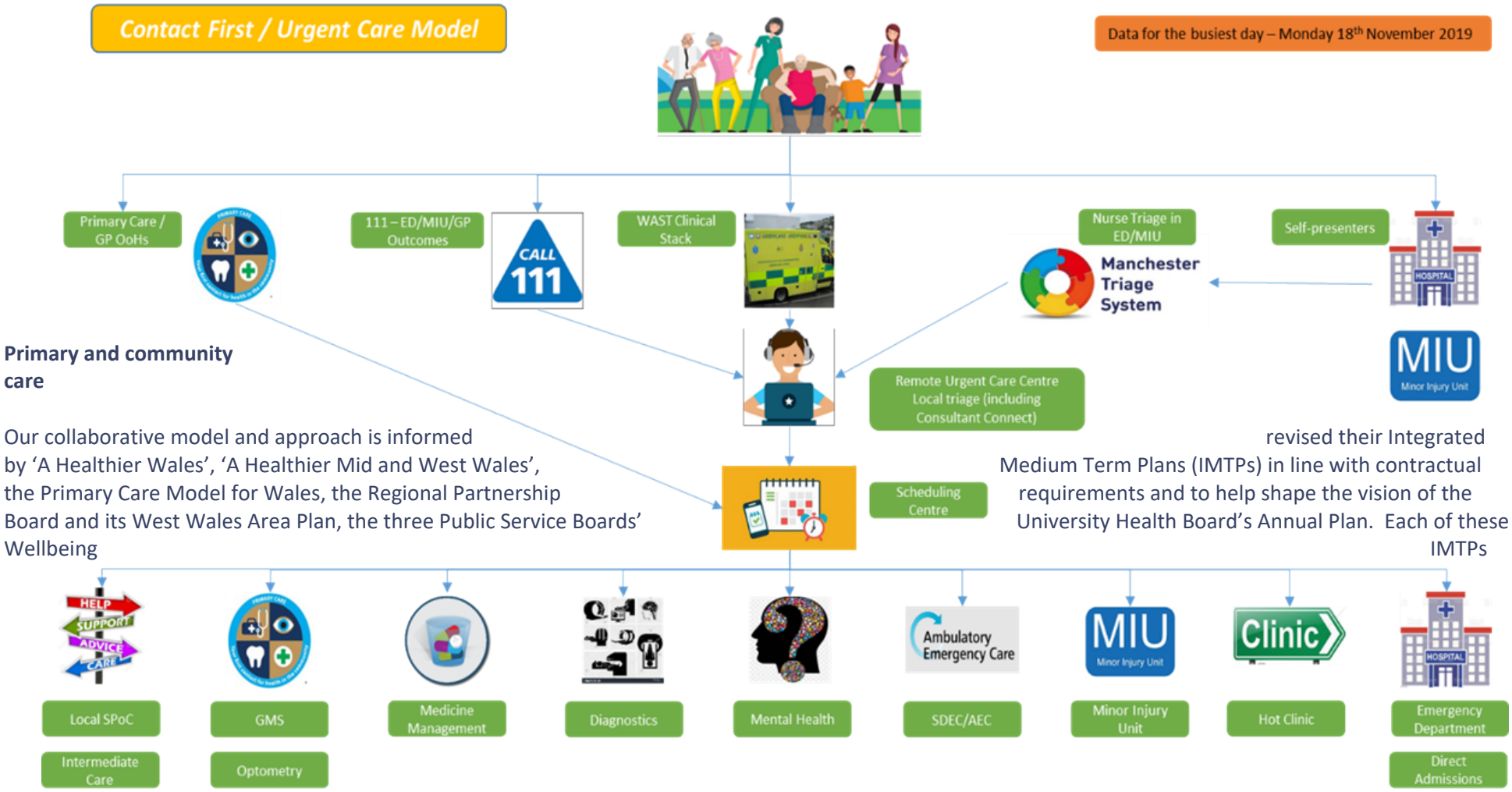
Phase 3: Fully Operational Streaming Hub, by end of July 2021

- 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 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 Boards' Wellbeing

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

Objectives and the priorities articulated by the 7 Primary and Community Cluster Plans. The 7 Clusters remain at the forefront of our work programme and each Cluster has fully reviewed and

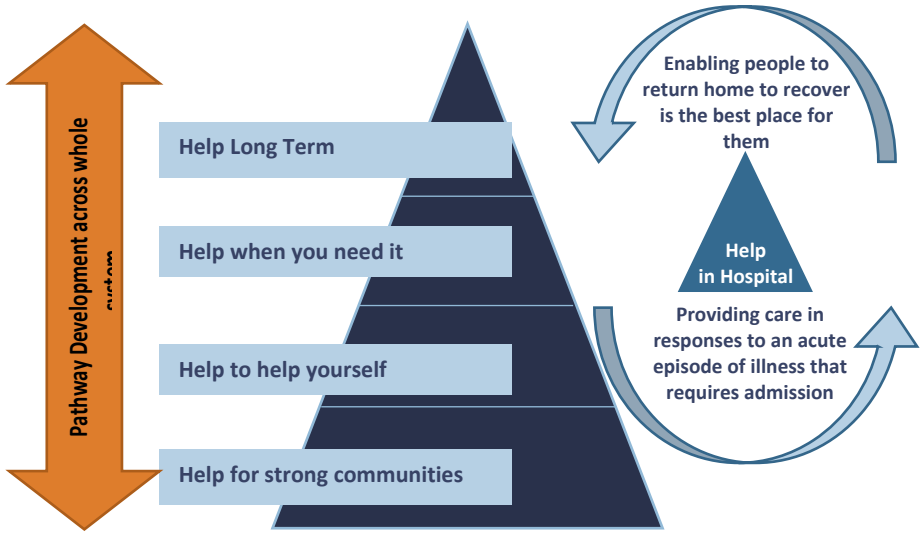
articulate:

- 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 an home
4. **Ongoing Help when you need it** – supporting those who have 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 Team work 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 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 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 in 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 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 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 24hrs 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

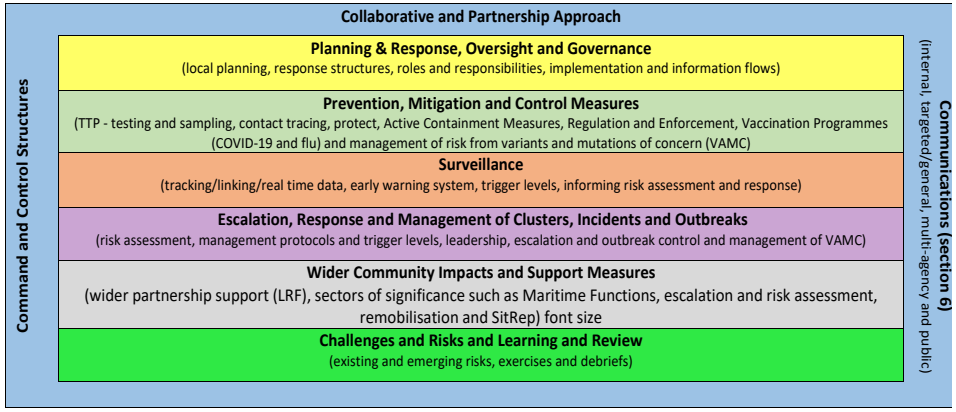
Work to develop a number of pathways during the pandemic to shift services from secondary care to primary care services has proved to be successful

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 achieve implement testing every 5 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 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.

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 7-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 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 7 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.
    - 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 3-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, 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:

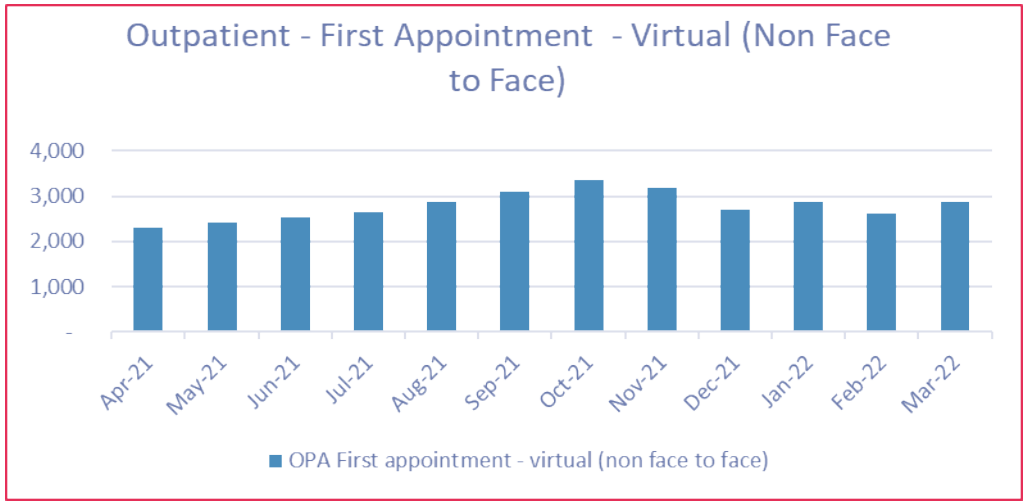
- Digital innovation has been a key part in the delivery of outpatient services during COVID. We will continue to roll out digital services across the system (e.g. Consultant Connect; Attend Anywhere; Patient Knows Best; Microsoft Teams / Booking App), including virtual clinics; Seen On Symptom and clinical 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):

% Achieved	
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 4 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 end 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. The proposal, which is currently in draft stage and is unlikely to be operational before Quarter 4 2021/22 (subject to the resolution of procurement and planning processes), 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 3rd wave of COVID 19 will continue and this plan will be reviewed and updated on a 6 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 3 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 1: 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 2: Workforce, Education, & Skills ensures that education programmes meet the services needs and underpin NHS service transformation projects by developing targeted educational programmes.
- Priority 3: 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 a 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 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
- 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. 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 3 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
- 2nd 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 creating and maintaining 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 asses 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

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 21/22 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 HCRW 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.

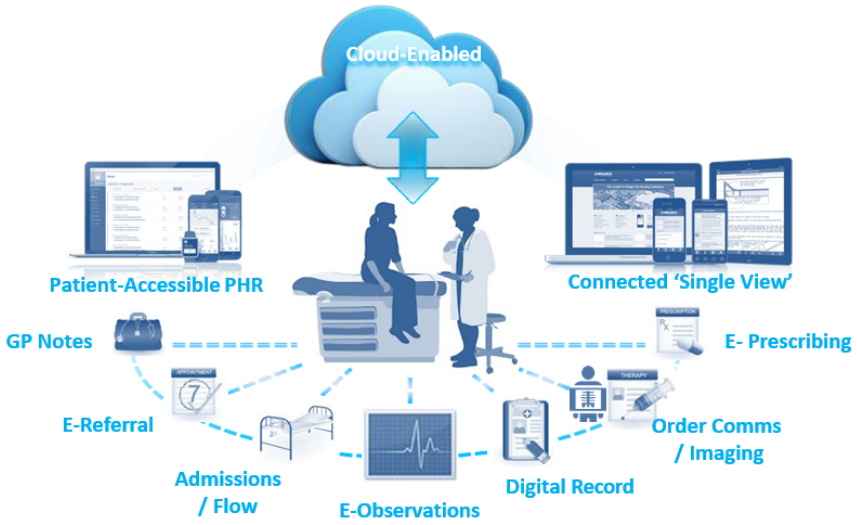
During 2021/22 we will:

- 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 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 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 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 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 initiates 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 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.
- Build on the successful work with partner organisations such as WAST in relation to the Advanced Paramedic Practitioner
- 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 **2230.25 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 in to 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 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 for 44 beds only) 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 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 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 FY21 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 £26.6m, with other key operational drivers totalling £36.5m 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 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 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) is 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 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 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.