

Annex 1: Monitoring of Quarter 2 Actions within the 2021/22 Annual Recovery Plan

Planning Objective	Executive Lead	Action	Current Status	If Behind Mitigating Actions / Explanation / Comments	If Behind Revised Quarter to be completed by
1A: Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years	Director of Workforce and OD	Develop a dashboard in meaningful a format, with a stakeholder list for distribution, frequency of reporting and forum(s) for progress reports to be analysed	On track	N/A	N/A
1C: Design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme	Director of Workforce and OD	Design a fully engaging customer service package, incorporating best practice, trends, case studies, values, importance of Welsh language and equality	On track	N/A	N/A
1D: By September 2021 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.	Director of Primary Care, Community and Long Term Care	Identification of local leads to drive work forward	On track	N/A	N/A
1E: During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:	Director of Nursing, Quality and Patient Experience	Staffing structure in post	Behind	<ul style="list-style-type: none"> Recruitment difficulties of call handlers has held the process 	

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<p>1. Keep them regularly informed of their current expected wait</p> <p>2. Offer a single point of contact should they need to contact us</p> <p>3. Provide advice on self-management options whilst waiting</p> <p>4. Offer advice on what do to if their symptoms deteriorate</p> <p>5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation</p> <p>6. Offer alternative treatment options if appropriate</p> <p>7. Incorporate review and checking of patient consent</p> <p>This process needs to roll out through 2021/22</p>				<p>up, and alternative mechanisms to fill these roles are currently being explored</p> <ul style="list-style-type: none"> • Service Delivery Manager, Service Manager and Clinical Responders have been recruited and are in place • Oversight and Steering Group meetings are in place • Once Call Handlers are in place the next phase of implementation can proceed 	
<p>1H: By July 2021 conduct a second 'Discovery' phase of the pandemic learning to understand more about staff experience so that approaches to rest, recovery and recuperation can be shaped over the next 2 years including a 'thank you offering' to staff.</p>	<p>Director of Workforce and OD</p>	<p>Discover' report outlining results of engagement with staff, which will form basis of approach to staff recovery</p>	<p>Completed</p>	<p>N/A</p>	<p>N/A</p>
<p>2C: Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous</p>	<p>Director of Strategic Development</p>	<p>Engagement work programme to support the</p>	<p>Completed</p>	<p>N/A</p>	<p>N/A</p>

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engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	and Operational Planning	delivery of key Planning Objectives			
<p>2E: "From April 2021 develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board.</p> <p>Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis. "</p>	Director of Nursing, Quality and Patient Experience	Review of charitable funds expenditure guidance for staff and fund managers and promotion of guidance.	On track	N/A	N/A
		Recruitment of Senior Marketing & Communications Officer	On track	N/A	N/A
<p>2G: By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme</p>	Director of Workforce and OD	Construct a comprehensive workforce programme to encourage our local population into NHS and care related careers,	Behind	<ul style="list-style-type: none"> In quarter actions have slipped due to engagement with colleges/schools and current covid arrangements within education. Discussion now recommenced with plan that objective will be delivered in line 	TBC

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				with existing timescale.	
<p>3A: To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022.</p>	Director of Finance	Development and launch of the Quality management Framework	On track	N/A	N/A
<p>3E: Business intelligence and modelling – to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024</p>	Director of Finance	Phase I: Hardware/software will be purchased and the Advanced Analytical Platform will be created and as part of this data will be migrated to the cloud and tested	On track	N/A	N/A
<p>4C: For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022</p>	Director of Primary Care, Community and Long Term Care	Joint Review of Integrated Locality Plan Template – aligning to the HB “triangle” model and enablers and requirements from the GMS contract to support a single shared plan	On track		

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<p>4L: Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society</p>	<p>Medical Director</p>	<p>System leaders interviews, key partner and staff focus groups, and public engagement to feed into our understanding of the Social Model</p>	<p>Behind</p>	<ul style="list-style-type: none"> Progress has been made in interviewing system leaders and securing resource to synthesis and report on the feedback. Wider engagement is contingent on the draft discover report being available, and that is subject to the availability of the post graduate resource. 	<p>Q3</p>
<p>4N: Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners</p>	<p>Medical Director</p>	<p>New planning objectives to optimise the food system agreed</p>	<p>On track</p>	<p>N/A</p>	<p>N/A</p>

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for implementation from April 2023 at the latest					
<p>5C: Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.</p>	Director of Strategic Development and Operational Planning	Submission of Programme Business Case to Welsh Government	Behind	<p>Actions Completed in Q2</p> <ul style="list-style-type: none"> • Activity Modelling • Confirmation of assumptions • Development of functional content <p>Next Steps Q3</p> <ul style="list-style-type: none"> • Design development • Capital costing • Financial Modelling • Completion of PBC narrative • PBC Submission to Board 	Q3
<p>5H: Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require</p>	Director of Primary Care, Community and Long Term Care	Develop clear set of definitions for each stage of the triangle and common term glossary	On track	N/A	N/A

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<p>co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p> <p>These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional / skilled workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care 3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life 		<p>Joint Review of Integrated Locality Plan Template – aligning to the University Health Board’s “triangle” model and enablers and requirements from the GMS contract to support a single shared plan</p>	<p>On track</p>		<p>N/A</p>
		<p>Completion of Integrated Locality Plans – first draft</p>	<p>On track</p>		<p>N/A</p>
<p>5I: Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB</p>	<p>Director of Operations</p>	<p>Install QBTech to support diagnosis of ADHD</p>	<p>On track</p>	<p>N/A</p>	<p>N/A</p>
		<p>Review current working practices. Consider roles and responsibilities with in Community Paediatrics</p>	<p>On track</p>		
<p>5J: Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model</p>	<p>Director of Primary Care, Community and</p>	<p>‘Contact First’ ED/MIU dispositions and scheduling, by the end of July 2021</p>	<p>On track</p>	<p>N/A</p>	<p>N/A</p>

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	Long Term Care	Contact First' Hub Dispositions to SDEC/Hot Clinics, by end of September 2021	On track		N/A
		Fully Operational Streaming Hub, by end of July 2021	On track		N/A
<p>5K: Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process</p>	Medical Director	Development and approval of an Effective Clinical Practice Strategy	Behind	<ul style="list-style-type: none"> Engagement has taken place through a SWOT analysis, with clinical, operational and managerial teams. Response rate has been low and submissions indicate a general focus on barriers within the system and current operational challenges, as opposed to achieving effective practice or excellence. Responses have been analysed and developed into themes. 	Q3

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				<ul style="list-style-type: none"> Ability to progress further engagement with Quality and Governance Groups, and in particular to explore the findings from the SWOT analysis, has been hampered by the absence of the Clinical Director for Clinical Audit. This is yet to be resolved. Publication of the Welsh Government Quality and Safety Framework needs to be reflected upon, especially in relation to how this Planning 	
<p>5L: Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019</p>	<p>Director of Therapies and Health Science</p>	<p>Implement public facing self-screening: Develop self-screening QR code and associated website to host self-screening,</p>	<p>On track</p>	<p>N/A</p>	<p>N/A</p>

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		information & dietetic helpline Launch Monitor response & impact Learn from & evolve			
5P: During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.	Director of Primary Care, Community and Long Term Care	Sign off final report, Presentation to the Regional Commissioning Programme Group	On track	N/A	N/A
5Q: To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long Term Care	Commencement of Interface Asthma Specialist Nurses	On track	N/A	N/A
6D: Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level	Medical Director	Refine and re-develop the VBHC Programme Plan, identifying key pathway areas to engage with.	Completed	N/A	N/A
		Development of individual project plans in conjunction with clinical and operational leads, with clear milestones and objectives.	On track	N/A	N/A
		Development of a work plan for the roll out of	Completed	N/A	N/A

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		TDABC by the Finance Value Team			
		Liaise with the Communications department to publicise work ongoing in target areas, and to signpost to resources and contact points for the VBHC team.	Completed	N/A	N/A
		Development of Cardiology VBHC case study and reference materials to illustrate the impact of VBHC.	Completed	N/A	N/A
		Collaboration with VBHC teams regionally and nationally to ensure that good practice is shared.	On track	N/A	N/A
		Development of a Value Based Healthcare Clinical Leadership Group	Behind	Development of dedicated VBHC Clinical Leadership Group has been delayed due to unavailability of key personnel. Clinical engagement currently being undertaken on a service by service basis with the formation of the formal Clinical	Q4

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				Leadership Group now planned for Q4.	
		VBHC team to develop individual PADR objectives and actions that are linked with the team objectives and action plan.	Completed	N/A	N/A
6E: Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians that could also be offered to partners	Medical Director	Delivery of second cohort of the 'Bringing Value to Life' Education Programme	Completed	N/A	N/A
		Review and development of the programme as a commercial offering	On track	N/A	N/A
		Development of online case materials and access to resources and VBHC expertise	On track	N/A	N/A
6F: Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.	Medical Director	Collaboration with VBHC and teams regionally and nationally to ensure that good practice is shared	On track	N/A	N/A
		Development of individual project plans in conjunction with clinical and operational leads, with clear milestones and objectives.	On track		N/A
6G: To develop a plan during 2021/22 and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate	Director of Strategic Development and Operational Planning	Engage with WG Energy Services to identify Decarbonisation opportunities on each asset owned by the Health	On track	N/A	N/A

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building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.		Board (Buildings & Transport)			
<p>6H: To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following:</p> <ul style="list-style-type: none"> - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste <p>The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation</p>	Director of Finance	Input into local economic impacts, and impact of individual treatments at patient level, to gain better understanding of overall economic impact of health care expenditure	On track	N/A	N/A
<p>Gold Command Requirement #5: To develop plans capable of being implemented during 2021/22 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with Welsh Government.</p>	Director of Operations	Progress regional cataract solutions	Behind		