	Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Framework Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

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

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of the Board Assurance Framework (BAF) Dashboard Report to the Board is to provide the Board with a visual representation of the Health Board's progress against each strategic objective by showing:

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

The BAF Dashboard can be accessed via the following link: BAF Dashboard Overview - Power BI (Please open in Microsoft Edge).

Cefndir / Background

The Board needs to have oversight at any given time of the current state of progress with regard to its strategic objectives. Whilst there will always be levels of uncertainty, the Board needs to be assured, either positively or negatively, as to what is feasible and practicable regarding the delivery of its objectives.

The following components and processes must be in place for the Board to receive the necessary assurances:
- **Objectives** (strategic/directorate) must be clear and measurable. Other components of governance cannot function effectively or efficiently unless these clear objectives and associated success measures are in place;
- **Controls** (policies, procedures, structures, staffing, etc) should be implemented by management in order to achieve core objectives, taking into consideration known risks to achievement;

- **Performance** against tangible measures of success should be regularly reviewed, with shortfalls/weaknesses identified as a risk to the achievement of objectives;
- **Risks** to the achievement of objectives and individual tangible success measures should be identified. Risks should be assessed and graded in terms of their impact on a particular or specific objective and escalated for consideration against higher objectives as required;
- **Risk management** decisions should be taken in light of risk appetite, risk tolerance, and the cumulative impact and likelihood of any or all of the risks threatening achievement of a single objective;
- **Action** should be taken in response to risk, including additions or amendments to the control framework.

These components and processes of governance must be embedded effectively, as the Board needs to be reliably assured that each component is operating effectively within an overall framework.

Once reliable information and assurance in relation to each component is available in relation to a particular strategic objective, the Board can begin to feel confident about the delivery of that objective.

The BAF provides the framework for this approach.

Asesiad / Assessment

Our six strategic objectives form the basis of our BAF.

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

These objectives set out the aims of the organisation – the horizon the organisation is driving towards over the long term – which will be used to guide the development and delivery of the shorter-term planning objectives over many years.

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- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

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Since the previous Board meeting in July 2022, the following work has been undertaken to produce the BAF Dashboard:

Planning Objectives
All Committees have received a progress report on delivery of the Planning Objectives (PO) that have been aligned to them. The progress reported is against the POs identified in the three year plan for 2022/25.

As part of the process for the development of our 2022/25 Plan, a process of reviewing the current set of planning objectives has been undertaken with members of the Executive Team to, where appropriate:
• update the wording of the planning objectives
• introduce new planning objectives

Proposed changes to planning objectives were presented to the Board for approval at the January and March 2022 Public Board meetings. The Chief Executive Officer also met with Executive Directors individually to agree the plans to deliver these planning objectives. A full list of the Planning Objectives for 2022/23 also formed part of the revised three year plan for 2022/25 which was submitted to Board and Welsh Government in July 2022.

Work is continuing to develop the Planning Objectives, especially recognising the need to clearly articulate the outputs from planning objectives and, in particular, the impact we anticipate for key metrics. Reflecting on this, and recognising that often a number of planning objectives are complementary, we are currently undertaking an exercise to consider how groups of POs may be brought together in order to describe their combined impact. This would not move away from the Planning Objectives being described under their respective Strategic Objectives, rather it would provide an opportunity for us to describe more clearly what the impact/outcome is expected to be as a result of that set of Planning Objectives.

Outcome Measures
The outcomes and proxy measures provide an understanding of whether our actions as a Health Board are having the desired impact on the aligned Strategic Objectives. The metrics chosen have quality as their main focus and are both qualitative and quantitative. They cover our staff and patient voice, system measures, national well-being measures and measures which are important locally.

A review of the outcomes and measures was undertaken by Executive Team in August and October 2022. It has been agreed that we need to take action and respond to some of the trends shown in the data. This will be built into the Annual Plan. Some additional changes that have been made to the measures as a result of the discussions can be seen below.

Strategic objective	Changes
1.Putting people at the heart of everything we do	The Deputy Director of Public Health will set up a task and Finish Group to develop and pilot a Well-being Conversation Toolkit. This is aimed to develop qualitative data to help inform whether we are moving towards achieving the following outcome 'We are actively engaging our population and seek their feedback about current experiences and future needs'
2. Working together to be the best we can be	Two new questions are being added to the staff survey in December 2022, ready for reporting from January 2023 onwards: • Do you know what the vision of the health board is? • Do you know how you contribute to the objectives of the health board?

	New outcome measure added: I am proud to tell people I work for Hywel Dda.
	A new measure added for the percentage of PROM (Patient Reported Outcome Measure) forms reported against the total patient cohort
3. Striving to deliver and develop excellent services	The 'staff per 1,000 who have undertaken improvement training' measure has been removed and replaced with the following staff survey outcome measure 'We are empowered and supported to enact change and continuously learn and improve'
4.The best health and wellbeing for our communities	The Deputy Director of Public Health will set up a task and Finish Group to develop and pilot a Well-being Conversation Toolkit. This is aimed to develop qualitative data to help inform whether we are moving towards achieving the outcomes under strategic objective 4.
5. Safe, sustainable, accessible and kind care	% patient safety incidents causing moderate, severe or catastrophic harm has been replaced with the number of closed patient safety incidents flagged as moderate, severe or catastrophic harm after investigation.
	The 2 measures below have been replaced with the number of patients waiting over 26 weeks for treatment: - Number of patients waiting more than 104 weeks for referral to treatment % of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
	'% staff leaving their post' has been replaced with 'number of nursing and midwifery staff in post'
	New patient experience outcome measure added 'I am treated with dignity, respect and kindness'
6. Sustainable use of resources	The 'NHS Wales carbon footprint by organisation' measure has been replaced with 'emissions reported in line with the Welsh public sector net zero carbon reporting approach', along with our trajectories for improvement over the next 3 years.

Principal Risks and Assurances

Meetings have taken place with the majority of principal risk owners to review their risks in light of the changes made to the Planning Objectives outlined above. The following principal risk have not been reviewed in time for Board:

- 1188 (Effective leveraging within partnerships) – A meeting is scheduled on 7th November with Director of Workforce and OD and Deputy Director of Public Health to review the risk.

The principal risks' actions have also been updated following the planning objectives update reports to Board Committees. The principal risks and assurances have been reported to the Executive Team prior to the November Board.

The risk component of the BAF dashboard report will provide a high level visual of the current and target risk scores, the risk tolerance level, the number of first, second and third line assurances, and an assurance rating which will advise whether there are concerns with the effectiveness of the controls in place. A detailed principal risk and assurance report is available via a link on the BAF Dashboard.

What the BAF is reporting this month

The Board should focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the assurances provided. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Below is brief overview of the key information that the BAF Dashboard report is providing this month in respect of the Health Board's progress to achieving its strategic objectives. Our intention is to strengthen the narrative going forward.

Overall this month, BAF Dashboard is showing that 7 planning objectives (4G; 4Q; 5C; 5F; 5O; 5P and 5S) are behind – this is a deterioration compared to the previous reporting period where 3 planning objectives were reported as being behind (2I; 4K; 5F). However, 2 planning objectives (1A and 6I) are now complete, with all other planning objectives currently reported as being on track.

Strategic Objective 1 – Putting people at the heart of everything we do
- All Planning Objectives are currently being reported as being on track with the exception of 1A which is now complete.
- There have been no changes to the risk scores of the 3 principal risks. Risk 1186 (Ability to attract, retain and develop staff with the right skills) has a current risk score of 20, with all actions currently on track. Risk 1184 (Measuring how we improve patient and workforce experience) has a current risk score of 8, with all actions currently on track. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed, with all actions currently on track. Further 4 assurances have been identified as being required on risk 1185, two of which have been completed.
- In respect of the agreed outcome measures for this strategic objective, the organisation has previously reported on patient experience only in emergency departments however are now also including data for inpatient and outpatient activity. The overall patient experience has remained high between 85% and 95% since June 2020. The new staff survey started in December 2021 with 1,000 staff being invited to participate each month. The overall response rate for October 2022 was 17.9% (compared to 28.6% in June) and the overall staff engagement score was 3.6 (out of 5), compared to 3.7 in June 2022; this can also be interpreted as 72% of staff reported being happy in their work. No update is available for the other outcome measure which is reported annually i.e. adults able to influence decisions affecting their area annually.

Strategic Objective 2 – Working together to be the best we can be
- All planning objectives are reported as being on track – this is an improvement as Planning Objective 2I (integrated Occupational Health & Staff psychological wellbeing offer) was previously reported as being behind.
- There have been no changes to the risk scores of the 4 principal risks aligned to this strategic objective. Again, the most significant risk linked to this strategic objective is 1186 (Attract, retain and develop staff with right skills) – an update has been provided above in Strategic Objective 1. An update has also been provided above for risk 1185 (Consistent and meaningful engagement through our workforce). The risk score for 1187 remains at 12 after being reduced in July 2022, with 1 action complete and all other actions currently on track. Risk 1188 (Effective leveraging within partnerships) has been reviewed, and all actions currently on track. Further 4 assurances have been identified as being required on risk 1185, two of which have been completed.
- Data is now available for the three outcome measures for this strategic objective with the addition of Patient Recorded Outcome Measure (PROM) data. There are 15 service areas collecting PROMs, with 19,000 patients contacted and 24,000 forms completed

between August 2020 and November 2022. Of those staff members who responded to the new staff survey, 69% reported that team members trust each other's contributions,63% reported having a Personal Appraisal Development Review (PADR) in the last 12 months that has supported them with clear objectives aligned to team and organisation goals. and 58% reported that they are proud to tell people that they work for Hywel Dda.

Strategic Objective 3 – Striving to deliver and develop excellent services
- All Planning Objectives are currently reported as being on track.
- The risk score for risk 1189 has increased from 9 to 12, despite all actions being currently on track, to reflect that operational pressures are causing challenges for staff to enact change or improvements in their areas. Again, the risk (1186) reflects the importance of increasing staff capacity to achieve this strategic objective – an update has been provided above in Strategic Objective 1. The current risk score for risk 1191 (Underestimation of Excellence), has remains at 16 after being increased from 12 in July 2022, reflecting the impact that operational pressures is presenting to our ability to strengthen clinical engagement in order to embed and maximise clinical effectiveness systems and processes, particularly at a time when the organisation is still responding to COVID and increasing its non-COVID activity against the backdrop of increased staffing and operational pressures. All actions reported are on track, with the exception of 5C (Business Cases for A Healthier Mid and West Wales). Further assurances have been identified as being required on both risks 1189 and 1191 which are aligned to this strategic objective.
- In respect of outcome measures, 52% of staff surveyed in October 2022 reported being able to make improvements in their area of work which is the lowest figure since the survey started in December 2021. Also, 54% of staff reported that they feel empowered and supported to enact change and continuously learn and improve. No update is available for the number of new hosted research and development studies, which is reported annually.

Strategic Objective 4 – The best health and wellbeing for our communities
- Two planning objectives are currently reported as being behind - 4G (Healthy Weight: Healthy Wales) – which was previously reported as being on track and 4Q (Health Inequalities). 4G is behind due to the Whole System Approach element of the Planning Objective, whereby a regional approach is being taken with Swansea Bay UHB. This includes pooling grant allocations for substantive posts and joint activity. A Memorandum of Understanding has been signed between Directors of Public Health to enable recruitment to a regional structure to drive forward the systems approach across both health boards.
- Two new Planning Objectives both led by the Director of Public Health, approved at September 2022 Public Board have been aligned to Strategic Objective 4 – 4V (One Health) and 4W (Whole School Approach to Mental Health and Emotional Wellbeing)
- There has been no change to the level of the risks aligned to this strategic objective. Risk 1192 (Wrong value set for best health and well-being) has a current risk score of 16, which reflects the challenge that there is no universally accepted view of the best health and wellbeing and information on wellbeing is not routinely collected with every encounter with our population. Out of the 11 actions identified, 1 action (6I) has been completed with 1 action (4G) is reported behind schedule. Risk 1193 (Broadening or failure to address health inequalities) has a current risk score of 9, with all actions on track, whereas risk 1194, has 1 action (4C) has been completed with 1 action (4G) is reported behind schedule. Further assurances have been identified as being required on risk 1193 which is aligned to this strategic objective.

- No updates are available for the 3 outcome measures identified for this strategic objective, which are all reported annually / bi-annually. We will reverse the polarity of the charts for adults (16+) and children who have fewer than 2 healthy behaviours by the next update.

Strategic Objective 5 – Safe, sustainable, accessible and kind care
- One planning objective continues to be reported as being behind: 5F (Bronglais Strategy) - The COVID-19 pandemic has adversely affected progress on the delivery of the Bronglais Hospital Strategy with operational teams focussed on delivery of services during the last 2 years. However, a post COVID-19 review of the Strategy has commenced with a view to an update paper being prepared by the end of November 2022, and a revised implementation plan will follow the review in December 2022.
- However, 3 Planning Objectives previously reported as being on-track are now being reported as being behind:
  - 5C (Business Cases for A Healthier Mid and West Wales): It has been agreed that the next stage in the Business Case development process will be a commissioning of an external review of the proposed clinical model and a development of a Strategic Outline Case. It has been agreed that officers will work with the WG to agree the next steps in the process, but this could have an 18 month impact on the current programme timeline, mitigations will be explored when we have more detail on the work to be completed
  - 5O (Fragile Services – Stroke element): currently understanding the national programme of work; and
  - 5P (Market Stability Statement): This is now behind schedule but is being progressed via the Regional Commissioning Programme Group (CPG). Further, the Institute of Public Care have been developing a 'Decision Tool', and will apply it to the Market Stability Report, through engagement with Regional Partners.
- There has been no change to the level of the 3 risks aligned to this strategic objective. Risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) which has a current risk score of 16, with 1 action reported as behind schedule (5C - Business Cases for A Healthier Mid and West Wales). Risk 1195 (Comprehensive early indicators of shortfalls in safety), is reporting all actions are currently on track. Risk 1197 (Implementing models of care that do not deliver our strategy) has 7 actions on track, with 2 behind (5C - Business Cases for A Healthier Mid and West Wales and 5F - Bronglais Strategy). Further assurances have been identified as being required on 1 out of the 3 risks (Risk 1195) aligned to this strategic objective.
- In October 2022, 36 incidents relating to patients were flagged as resulting in at least moderate harm after investigation. The number of nursing and midwifery staff in post was 2,859 in October, exceeding the Quarter 3 ambition of 2,854. As at 31st October 2022, over 41,000 patients had been waiting over 26 weeks from referral to treatment; this figure has more than trebled since pre-pandemic. 85% of staff surveyed in October 2022 reported that they feel they are treated with dignity, respect and kindness at work.

Strategic Objective 6 – Sustainable Use of Resources
- All Planning Objectives are currently reported as being on track, with the exception of 6I (Interim Budget 2022/23), which is now reported as being complete.
- There has been an increase in the current risk score of risk 1199 (achieving financial stability) due to the Health Board's underlying deficit position, which has deteriorated during the pandemic, resulting in the Health Board being escalated to targeted intervention status by Welsh Government in October 2022. Risk 1198 (the ability to shift care in the community) reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning, of the 19 actions aligned to

this risk, 1 action has been completed (6I - Interim Budget 2022/23), with 3 are behind schedule (5C - Business Cases for A Healthier Mid and West Wales, 5O – Fragile Services and 5P - Market Stability Statement), with all actions currently on track. The current risk score of Risk 1200 (Maximising social value) has been reduced from 9 to 6 reflecting that the impact of the work undertaken to date, with all actions aligned to this risk reported as being on track. Both Risks 1198 and 1200 have identified that further assurances are required.

- The outcome measures for this strategic objective show that, in October 2022 only 12% of the Health Board's third party spend was with local Hywel Dda suppliers and 24% with Welsh suppliers. The measure is showing usual variation. The financial position for October 2022 is a £6.01m overspend and a year to date (YTD) total of £34.9m deficit. The annual carbon reporting exercise for 2021/22 was submitted to Welsh Government in September 2022 and is currently being reviewed by the technical team at Aether. The results are due to be published following the release of an All Wales data set on Tuesday 20th December. We aim to reduce our emissions to 77,496 tonnes $kgCO_2e$ by 2024/25. This is currently focused on reducing our buildings and transport emissions. However, risks to achieving our target include Welsh Government funding, ongoing review and an increase in estate, such as new theatres at Prince Philip Hospital. The Welsh Government methodology for calculating the NHS carbon footprint is currently subject to review and at this stage, it is difficult to quantify other carbon saving measures such as Procurement and Clinical Initiatives.

Argymhelliad / Recommendation

The Board is asked to seek assurance on any areas that give rise to specific concerns.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Good Governance Institute Institute of Risk Management HM Treasury Assurance Frameworks

Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, including financial risk management, enacts robust financial control, safeguards public funds and the Health Board's assets.
Ansawdd / Gofal Claf: Quality / Patient Care:	Effective risk management identifies risks which can have an impact on quality and safety.
Gweithlu: Workforce:	Effective risk management identifies risks which can have an impact on the workforce.
Risg: Risk:	Without a robust process in place for managing and mitigating its risks, there is a potential for the Board to be unaware of its key risks.
Cyfreithiol: Legal:	Proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	• Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1: Planning Objectives behind 2021/22 Delivery

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
1E	Waiting list initiative	During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent This process needs to roll out through 2021/22	Director of Nursing, Quality and Patient Experience	During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB	The work will continue into 2022/23, based on the work achieved in 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
1F	HR offer (induction, policies, employee relations, access to training)	Develop a programme for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address: 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption	Director of Workforce and OD	No change	The work will continue into 2022/23
2D	Clinical education plan	By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Director of Workforce and OD	By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care	This Planning Objective was designed to run beyond 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
2G	NHS and related care careers workforce programme	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	Director of Workforce and OD	This Planning Objective is to be incorporated as part of Planning Objective 2D	
3B	Delivering regulator requirements	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies (in relation to workforce)	Various	Not Applicable	This Planning Objective is being stood down

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
3G	Research and Innovation	Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials	Medical Director	To be determined	This Planning Objective was designed to run beyond 2021/22
3I	Contract reform	To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long Term Care	No change	This Planning Objective is subject to wider timescales beyond the scope of the

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
					UHB, and so will continue into 2022/23
4E	Making Every Contact Count implementation	Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022	Director of Therapies and Health Sciences	N/A	This Planning Objective is being stood down
4O	Social Prescribing Service	Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda	Director of Public Health	Following implementation of a comprehensive social prescribing model in line with regionally agreed Standards and Principles for Social Prescribing and Connected Communities across the Region. Measure and report the impact and develop a plan by March 2023 to increase capacity and impact which will be aligned to the new national framework.	This Planning Objective was designed to run beyond 2021/22
5C	New hospital - final business case	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.	Director of Strategic Developments and Operational Planning	By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in ' A Healthier Mid and West Wales' for: • the repurposing or new build of GGH and WGH • implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the	This Planning Objective was designed to run beyond 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
				service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii) Develop plans for all other infrastructure requirements in support of the health and care strategy. 5ci - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay. 5cii - Implement the requirements of 'My charter' to involve people with a learning disability in our future service design and delivery. 5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH	
5D	Repurposing GGH and WGH - final business case	Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the strategy published in November 2018	Director of Strategic Developments and Operational Planning	This Planning Objective is to be incorporated as part of Planning Objective 5C	

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
5H	Integrated locality plans	Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners. These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional / skilled workforce that enables new ways of working in order that the following principles are achieved - 1. Increased time spent at home 2. Support for self care 3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life	Director of Primary Care, Community and Long Term Care	By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities: • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics	The work will continue into 2022/23

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
				Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme	
5K	Clinical effectiveness self assessment process	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	Medical Director	To be determined	This Planning Objective was designed to run beyond 2021/22

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6I	Planning objectives for locality resource allocations	By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation	Director of Finance	Incorporated as part of Planning Objective 5H: By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health & care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities: • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care	Planning Objective sits under Director of Primary Care, Community and Long Term Care

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				• Increased specialist and ambulatory care through community clinics Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme	
6J	Recurrent savings based on opportunities for technical and allocative efficiencies	To develop, by 30 September, a plan to deliver £16m of recurrent savings based on opportunities for technical and allocative efficiencies across the Health Board's budgets. The savings will need to be deliverable on a pro rata basis by the end of the financial year to ensure that the underlying deficit does not further deteriorate. This will be based on the Health Board's developing opportunities framework, and developed in conjunction with budget managers across the organisation.	Director of Finance	By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought. In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC	The work will continue into 2022/23

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				approaches to budgetary decision making and resource allocation.	