

## Appendix 2: Monitoring of Quarter 2 Actions within the 2022/23 Annual Plan as of September 2022

Planning Objective (in the order they appear in the 2022/23 Annual Plan)	Action	Current Status
GC#2 Mass vaccinations – continuation of roll-out	Our vaccination plan for delivery during 2022/23 is to ensure we are leaving no-one behind and we continue to offer vaccines to all our eligible population who have not completed their course or have never come forward	<p><b>Behind</b></p> <ul style="list-style-type: none"> <li>• Supply of the vaccine has been a major issue for the Health Board.</li> <li>• There is a joint delivery model in place this year but due to the lower than projected supplies, priority has been given to GP Surgeries and Community Pharmacies to administer the vaccine, therefore, the MVCs have been delivering less vaccine than originally planned due to these supply issues.</li> <li>• Primary Care is slower than the MVCs in recording the vaccine and this is contributing to the lower than anticipated vaccination levels being reported on a national level for the HB via WIS</li> </ul>
<p>Planning Objective 1E. 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:</p> <ol style="list-style-type: none"> <li>1. Keep them regularly informed of their current expected wait</li> <li>2. Offer a single point of contact should they need to contact us</li> <li>3. Provide advice on self-management options whilst waiting</li> <li>4. Offer advice on what do to if their symptoms deteriorate</li> <li>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</li> </ol>	All existing elective care patients offered access to Waiting List Support (WLSS)	<p><b>On track</b></p> <ul style="list-style-type: none"> <li>• All 16,000 Stage 4 (those waiting for an elective procedure) will have received a letter from the WLSS team by the early November 2022, offering the single point of contact telephone number and email address for support and signposting to online wellbeing information.</li> <li>• The final cohort of 15,000 general surgical patients will be contact at the end of October Early November following completion of a clinical validation exercise.</li> <li>• All new Stage 4 patients will receive this information at the outpatient appointment at which they are listed.</li> </ul>

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<p>6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent</p> <p>By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB</p>		
<p>Planning Objective 2A: Develop a Health Board specific plan by October 2023 that supports the sustainable delivery of Health Board commissioned services for unpaid Carers and responds to the Regional Carers Strategy, the findings within the population assessment and market stability report and influences the implementation of the Mid and West Wales Health and Care Strategy by supporting individuals in their homes and communities.</p>	<p>Deliver bi-annual update reports to provide assurance that the Health Board actions is progressing actions to improve outcomes for unpaid Carers, aligned to the priorities of the regional Carers Strategy</p>	<p><b>On track.</b></p> <ul style="list-style-type: none"> <li>An update report was presented to the July 2022 Public Board meeting. This included the presentation of the 2021/22 Annual Report of the work of the West Wales Carers Development Group and highlighted the actions delivered by the Health Board as a contribution to improving outcomes for Carers and the priorities of the regional Carers Strategy.</li> <li>A further health actions report is planned to be presented to PODCC in early 2023.</li> </ul>
<p>Planning Objective 4I: By March 2023 further develop the Health Board plan to drive forward improved outcomes for Veterans and members of the Armed Forces community, in relation to NHS priority treatment guidance and recruitment strategies, and report on progress annually.</p>	<p>Map and establish links with tri-services within the health board and neighbouring areas to drive forward partnership actions which support improved outcomes for the Armed Forces community</p>	<p><b>Completed.</b></p> <ul style="list-style-type: none"> <li>Working with Major Symmons of 160<sup>th</sup> (Welsh) Brigade, links with tri-services within the health board and neighbouring areas have been identified and mapped.</li> <li>This has increased engagement with, and work on joint priorities. For example, there is strengthened partnership arrangements in place with the 14th Signal Regiment in Brawdy, Pembrokeshire as we worked together to plan and deliver the employment and employability events during the Armed Forces Week this year.</li> </ul>
<p>Planning Objective 4C To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for</p>	<p>The Health Board will contribute to establishing a Health and Social Carer Regional Integration Fund plan which will</p>	<p><b>Behind</b></p> <ul style="list-style-type: none"> <li>Transformation funds and ICF programmes as they were historically established no longer exist.</li> </ul>

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consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	be approved through the Regional Partnership Board.	<ul style="list-style-type: none"> <li>All programmes were reviewed and for some programmes funding has been agreed through RIF funding against the new criteria established under RIF and will continue to report through that structure and into IEG</li> </ul>
Planned Care Delivery	Opening of the new Day Surgery Unit at Prince Philip Hospital.	<p><b>Behind</b></p> <ul style="list-style-type: none"> <li>We are on another iteration of the programme, currently planning go-live for 14th November.</li> <li>It has been flagged as a RED in this month's capital HLR's so will be communicated to SDODC via the CSC update by exception also.</li> </ul>
<p>Planning Objective 1F: Following the development of processes to co-design with our staff every stage and element of our HR offer that embody our values. This will address:</p> <ol style="list-style-type: none"> <li>the way the Health Board recruits new staff and provides induction;</li> <li>all existing HR policies;</li> <li>the way in which employee relation matters are managed and</li> <li>Equitable access to training and the Health Board's staff wellbeing services.</li> </ol> <p>The resulting changes to policies, processes and approaches will be recommended to the Board in March 2023 for adoption.</p>	<p>Develop guidance to support colleagues to develop resources for use within the induction programme</p> <p><u>2. HR Policies</u> First phase of policies (3) approved by PODCC in June 2022.</p> <p>3. Employee Relations matters</p> <ul style="list-style-type: none"> <li>Overarching ER Action Plan developed with two specific sub action plans:-</li> </ul>	<p><b>Complete</b></p> <p>1. Recruitment of new staff - Work is being undertaken on an All Wales basis to revise A4C Job description and Person Specification templates.</p> <p>Streamline recruitment pathway for RNs in Unscheduled Care has been centralised in PPH and WGH, GGH roll out to be completed by the end of October and BGH to be completed by the end November 2022. On track</p> <p>In addition wrap around face to face training being provided for centralised panels including shortlisting, interview techniques and feedback to support Appointing Managers with the new person centred approach. On track.</p> <p>Wider engagement with key stakeholders (internal and external) complete as per Recruitment Discovery Report to inform recruitment modernisation pathway. On track</p>

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	ER Action plan – currently 38 actions with 13 completed, 15 work in progress and 10 not started but not overdue.	<p>Develop implementation plan to deliver revised practices and policies to an agreed roll out schedule to be completed by March 2023 – On track, plans form part of Discovery Report.</p> <p><u>2. HR Policies</u>  <b>On track to complete by March 2023</b></p> <ul style="list-style-type: none"> <li>• Second phase on track for consideration by PODCC (6) in October 2022.</li> <li>• Work has commenced on phase 3 policy reviews for Dec 22 PODCC</li> </ul>
Planning Objective 1A: Develop and implement plans to deliver NHS Delivery Framework targets related to workforce within the next 3 years (with 2021/22 being year 1). See specific requirements 1.A.i	Bi-monthly presentation of workforce measures	<p><b>On track</b></p> <ul style="list-style-type: none"> <li>• A dashboard is produced bimonthly providing workforce measures linked to the NHS Delivery Framework targets.</li> </ul>
Planning Objective 2H. Continue to deliver the Internal Coaching Network for cohorts 2 & 3, to ensure an adequate supply of capable leaders is available	Continue to deliver the Internal Coaching Network for cohorts 2 & 3, to ensure an adequate supply of capable leaders is available	<p><b>On track</b></p>
Planning Objective 2K: By March 2023, demonstrate progression of actions from the first staff discovery report focused on how we can better support staff in work and their wider lives to support Health and wellbeing.	A Staff Experience and Engagement Improvement programme for the next 12 months is produced	<p><b>Complete</b></p>
<p>Planning Objective 3L By March 2023 to undertake a review of the existing security arrangements within the Health Board with particular reference to strengthening the following areas:</p> <ul style="list-style-type: none"> <li>• Physical Security</li> <li>• Automated locks</li> <li>• CCTV</li> </ul>	Maximise opportunities from existing systems of CCTV and Access Control	<p><b>Behind</b></p> <ul style="list-style-type: none"> <li>• Absence of a Security Manager/Adviser has slowed progress against a number of the agenda topics. Advertised replacement post on Trac.</li> <li>• Submission of a detailed plan for improvement in March 2023 is still the aim</li> </ul>

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<ul style="list-style-type: none"> <li>• Access Control Systems</li> <li>• Intruder Alarms</li> <li>• Communication Systems</li> <li>• Human Factors</li> <li>• Patient and Staff Personal Property</li> <li>• Local Management and staff ownership</li> </ul>		
<p>Planning Objective 3M. By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.</p>	<p>Communication plans both strategic and tactical to be developed and tested as part of Emergency response to incidents</p>	<p><b>On track</b></p>
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<p>Planning Objective 4K. By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most</p>	<p>Develop a process to measure and evaluate the outcomes of the Community Development Outreach Team support to individuals and communities to understand what support has the greatest impact</p>	<p><b>On track</b></p>

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disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.		
<p>Planning Objective 4L Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society</p>	<p>In partnership and with agreement with stakeholders, based on all academic, thematic and engagement work to date produce a Social Model for Health and Wellbeing (SMfHW) Process Report that articulates how we move the system towards a SMfHW</p>	<p><b>On track</b></p> <ul style="list-style-type: none"> <li>• Aberystwyth University has provided the first draft of the systematic review. Colleagues have responded and we expect the final draft for approval by mid October.</li> <li>• The PO 4U task and finish group has progressed with identifying regional projects that are in train with PSB partners. A decision on the specific projects to be included in the work.</li> </ul>
<p>Planning Objective 4T. By March 2023, implement and embed our approach to continuous engagement through:</p> <ul style="list-style-type: none"> <li>• Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on HDdUHB’s business success</li> <li>• Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement</li> </ul> <p>Aligning to the Regional Partnership Board’s (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities</p>	<p>Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• A range of continuous engagement training sessions for staff and the CHC have been delivered.</li> <li>• Review undertaken of current mechanisms. New Continuous Engagement Plan approved by Board in May 2022.</li> <li>• Established a public, patient and staff engagement group that triangulates feedback from all sources of engagement with public, patients and staff, to ensure that the work of Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders.</li> <li>• Terms of reference of Stakeholder Reference Group amended to ensure seldom heard groups and individuals with protected characteristics are represented.</li> </ul>

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<p>Planning Objective 6H. By March 2023 develop a Social Value that outlines our collective ambition and vision for Social Value, incorporating a clear action plan and measures for progress. An umbrella strategy comprising:</p> <ul style="list-style-type: none"> <li>• Social Value (Intelligence): determine the communities which have the greatest need(s) and co-ordinate efforts across the Health Board</li> <li>• Public Health (Intelligence): assess the assets within those communities, develop high impact proposals and encourage delivery within those communities</li> <li>• Procurement: local sourcing in support of the foundational economy</li> <li>• Workforce: supporting those from our most deprived communities</li> <li>• Facilities &amp; Estates (Carbon): measuring our carbon footprint and pointing to areas of greatest impact for decarbonisation measures</li> <li>• Facilities &amp; Estates (Physical Assets): extracting social value from our physical estate through initiatives spanning usage, maintenance, design and build</li> </ul> <p>By August 2022 establishing a Social Value Community of Practice to provide a focus and momentum for delivery across these delegated workstreams</p>	<p>Develop an overarching Social Value strategy and action plan</p>	<p><b>On track</b></p>