



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 May 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Our Annual Recovery Plan 2021/22 - Closure Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Deputy Chief Executive and Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives which set out the aims of the organisation, i.e. the horizon that the Health Board is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

This report provides an overview regarding progress of the Planning Objectives and acts as a closure report for the Annual Recovery Plan 2021/22.

Cefndir / Background

The Planning Objectives were first proposed to Board in September 2020. It was noted that:

The Health Board has made many decisions over the last 3 years – some wide ranging – including a major re-organisation of hospital based services in the south of the Hywel Dda area and a shift towards a “social model of health and wellbeing” and long term community driven prevention focus. Others have related to more specific service issues such as the development of individual services or health care facilities.

All of these decisions have moved us towards the future we set out in our main strategy documents published since 2017/18. Until now, however, these accumulated decisions have not been collected together and organised in a way that allows the Board to clearly see whether progress is being made equally on all fronts and identify new opportunities to accelerate us towards those Strategic Objectives.

The Strategic Objectives remain as:

- **SO1** : Putting people at the heart of everything we do
- **SO2** : Working together to be the best we can be
- **SO3** : Striving to deliver and develop excellent services
- **SO4** : The best health and wellbeing for our communities
- **SO5** : Safe, sustainable, accessible, and kind care
- **SO6**: Sustainable use of resources

The COVID-19 pandemic and our response to it has underlined the need for clarity in setting out what we are trying to achieve, which then allows Executive Directors and their teams to think creatively about how these aims can be achieved. The great sense of empowerment reported by many staff and captured in our Strategic Discover Report arose from this disciplined approach. The approach set out in this paper has been an attempt to build this way of working into the organisation as a permanent feature of the way we work.

In developing the Planning Objectives, all outstanding decisions by the Board have been reviewed and a clear audit trail established to show how they are being addressed. A further paper will be developed for committee scrutiny showing this audit trail so that the Board can be confident that all undelivered Board decisions have been incorporated or otherwise dealt with.

For clarity, the Planning Objectives were arrived at by collating all the organisational objectives and commitments listed in the following sources:

- Three year plan and annual plan
- Decisions made by the Board since 2017-18
- Strategic Discover Report, published in July 2020
- Gold Command requirements for COVID-19
- Input from Executive Directors

These Strategic Objectives and their aligned Planning Objectives were used to drive the structure and narrative of our 2021/22 Annual Recovery Plan, which was submitted to Welsh Government in June 2021.

Each Planning Objective is also aligned to one of the Committees of the Board for assurance, and reports are submitted to each on a regular basis. This reporting is also visible through the Board Assurance Framework.

Asesiad / Assessment

As at the end of March 2022 it was shown that:

- 5 planning objectives had been completed
- 1 was ahead of schedule
- 32 planning objectives remained on track
- 15 were behind schedule

The full list of these can be found at Annex 1.

To provide context on the progress, each Executive has provided an overview against their own Planning Objectives, which can be found at Annex 2.

Based on the learning and progression against the 2021/22 Planning Objectives, these were reviewed and amended for 2022/23 and were approved by the Board at its meeting in March 2022.

Argymhelliad / Recommendation

The Board is asked to take assurance on progress of the 2021/22 Planning Objectives and to note this Closure Report.

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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Planning Objective update reports to Committees of the Board Board Assurance Framework
Rhestr Termau: Glossary of Terms:	Not Applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning Objective update reports to Committees of the Board Board Assurance Framework

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Contained within the report
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Contained within the report
Enw Da: Reputational:	Contained within the report

Gyfrinachedd: Privacy:	Contained within the report
Cydraddoldeb: Equality:	Contained within the report

Annex 1: Status of 2021/22 Planning Objectives as reported March 2022

Planning Objective	PO short name	PO full name	Executive Lead
Complete			
2C	Continuous engagement strategy	Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	Director of Strategic Developments and Operational Planning
3D	Planning objective development process	During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner’s consideration which enhance and accelerate the delivery of the Board’s 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities	Chief Executive Officer
3F	Board Assurance Framework (BAF)	Develop a Board Assurance Framework to support the delivery of the Health Board strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register	Board Secretary
6B	Value improvement and income opportunity	Establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting.	Director of Finance
6C	5 year financial plan	Construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy “A Healthier Mid and West Wales” and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board	Director of Finance
6H	Supply chain analysis	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: <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
Ahead			
3E	Business intelligence and modelling	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	Director of Finance

Planning Objective	PO short name	PO full name	Executive Lead
		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	
Behind			
1E	Waiting list initiative	<p>During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ol style="list-style-type: none"> 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 <p>This process needs to roll out through 2021/22</p>	Director of Nursing, Quality and Patient Experience
1F	HR offer (induction, policies, employee relations, access to training)	<p>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:</p> <ol style="list-style-type: none"> 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. <p>The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption</p>	Director of Workforce and OD
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
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

Planning Objective	PO short name	PO full name	Executive Lead
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
3G	Technology enabled care	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 and Deputy Chief Executive Officer
3I	Contract reform	Contract Reform	Director of Primary Care, Community and Long Term Care
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
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
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
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
5H	Integrated locality plans	<p>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.</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</p>	Director of Primary Care, Community and Long Term Care

Planning Objective	PO short name	PO full name	Executive Lead
		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	
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 and Deputy Chief Executive Officer
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
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
On track			
1A	NHS Delivery Framework targets	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
1B	Hywel Dda Health Hub - Single Point of Contact	Building on the success of the command centre, develop a longer-term sustainable model to cover the following: One single telephone and email point of contact – the “Hywel Dda Health Hub” This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) Further develop the incident response and management cell set up to support our COVID-19 response Further develop the SharePoint function, or look at similar other systems that our Local Authority partners	Director of Nursing, Quality and Patient Experience

Planning Objective	PO short name	PO full name	Executive Lead
		use, to facilitate tracking, auditing and reporting of enquiries, responses and actions Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years	
1C	Customer service - training and development programme	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
1D	Improve the value from the services we provide	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
1G	OD Relationship Manager rollout	Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Director of Workforce and OD
1H	Staff experience - pandemic learning	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.	Director of Workforce and OD
1I	Health & Wellbeing Programme	Develop a set of plans for implementation from July 2021 for new or extended health and wellbeing programmes for our staff using charitable funds	Director of Workforce and OD
2A	Regional Carers Strategy response	Develop a Health Board specific plan that responds to the Regional Carers Strategy, and complete implementation by March 2024	Director of Public Health
2E	Evidencing impact of charitable funds	From April 2021 develop a programme of activities which promote awareness of the Health Board's official charity and the opportunities available to raise and use funds to make a positive difference to the health, wellbeing and experience of patients, service users and staff across Hywel Dda University Health Board. Develop clear processes for evidencing the impact of our charitable expenditure on our patients, service users and staff fundraising activities and expenditure on our staff, the patients and the public with the aim of increasing our income and expenditure levels on an annual basis.	Director of Nursing, Quality and Patient Experience
2H	Supporting talent, succession planning and leadership development	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Director of Workforce and OD
3A	Improving Together	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	Director of Finance

Planning Objective	PO short name	PO full name	Executive Lead
		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.	
3C	Health Care Standards review implementation	By September 2021 complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23.	Director of Nursing, Quality and Patient Experience
4C	Transformation fund schemes	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	Director of Primary Care, Community and Long Term Care
4G	Healthy Weight: Healthy Wales	Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022.	Director of Public Health
4L	Social model for health	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	Medical Director and Deputy Chief Executive Officer
4N	Food system	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Medical Director and Deputy Chief Executive Officer
4P	COVID recovery and rehabilitation	COVID recovery and rehabilitation	Director of Therapies and Health Sciences
5E	New hospital - access, travel, transport and infrastructure	With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic	Director of Strategic Developments and Operational Planning
5F	Bronglais Strategy	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Director of Operations
5G	Transforming MH and LD implementation	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with "Improving Lives, Improving Care" over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Director of Operations
5I	Children and young people services improvement	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	Director of Operations

Planning Objective	PO short name	PO full name	Executive Lead
5J	24/7 emergency care model for Community and Primary Care	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Director of Primary Care, Community and Long Term Care
5L	Making nutrition matter	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	Director of Therapies and Health Sciences
5M	Implementation of clinical and all Wales IT systems	Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan and implement the full roll out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated	Director of Finance
5P	Care home market position statement	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
5Q	Asthma services	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
6A	3 Year financial plan	Develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight	Director of Finance
6D	Routine PROM capture	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 and Deputy Chief Executive Officer
6E	VBHC education programme	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 and Deputy Chief Executive Officer
6F	VBHC costing programme	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 and Deputy Chief Executive Officer
6G	Decarbonisation and green initiatives plan	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	Director of Strategic Developments and Operational Planning

Planning Objective	PO short name	PO full name	Executive Lead
		estate 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.	
6K	Design assumptions related to the new hospital	<p>By September 2021 develop a plan to achieve, as a minimum, the design assumptions set out in “A Healthier Mid and West Wales” related to the new hospital build on the current health board acute hospital sites. The aim will be to achieve these measures fully by March 2023 and the plan should set out expected trajectories towards this over 2021/22 and 2022/23. The design assumptions in relation to this objective are:</p> <ul style="list-style-type: none"> • A 40% reduction in emergency admissions for ACS related conditions • A reduction in length of stay to the median of our peer group • A 25% reduction in follow up outpatient appointments • A 4.3% reduction in the overall level of A&E & MIU attendances • 30% of A&E attendances shifted to MIUs • 50% of patients in acute beds to step down to community beds/home within 72 hours • 90% of new and follow up outpatient appointments to take place in a community setting (including virtually) • 50% of day cases in medical specialties to take place in community settings <p>The baseline of the above is 2019/20. The plan will set out the net financial and workforce implications as well as expected trajectories so that it can inform the Health Board’s route map to financial recovery.</p>	Director of Operations
No current status			
5N	Implement National Network and Joint Committee Plans	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative	Various

Introduction by Chief Executive Officer

Hywel Dda's plan for recovery in 2021/22 was written whilst we were still in the midst of the pandemic with a great deal of uncertainty in front of us – tempered with the hope offered by the mass vaccination programme that was in full swing at the time it was published.

As such it was perhaps one of the most difficult times to plan – even just one year ahead. This was, however the first year where we could bring to bear the work that we had done during the previous 12 months to learn from the pandemic (such as our first Discovery Report published in summer 2020) and use our 6 newly established Strategic Objectives to ensure we were taking action to address all of our ambitions.

These actions were expressed in our Planning Objectives and, despite the uncertainty they were broad and ambitious. They also focussed as much on people as they did on our services. Both had been significantly affected by the pandemic and it is a positive reflection on the values of this organisation that this recovery plan began with the actions we planned to take to support our staff.

At the end of another unprecedented year, this report seeks to provide both a formal record of the progress made with these Planning Objectives – each assigned to a lead Director - as well as a more rounded assessment by that Director on the achievements, challenges and learning along the way. It also provides a bridge to our 3 year plan for the period 2022/23 to 2024/25 supported by an audit trail for each Planning Objective.

It is heartening to see that we have achieved the majority of what we planned to do last year. Indeed, in some cases we have exceeded our aims and a number of Planning Objectives are complete. Some, however, have not been achieved and will be carried forward – either in their current form or as part of a new Planning Objective. We are continuing to bed-in this new approach to strategic and operational planning and, as such, our plans will continue to evolve.

(*denotes a Planning Objective deferred in 2021/22)

Board Secretary

- 3F: Board Assurance Framework (BAF)
- 3H: Planning objective delivery learning

PO 3F Board Assurance Framework

Review: This planning objective was implemented in September 2021 when the Board Assurance Framework Dashboard was presented to the Board. It has since become the tool that the Board uses to measure how it is achieving its strategic objectives. As well as identifying the principal risks to delivery of the Health Board's objectives, the controls and assurances, the Board Assurance Framework also seeks to align outcomes against strategic objectives, and delivery against its planning objectives. The interactive tool is designed to allow independent members see at a glance, areas of concern, the actions being taken, and assurances are provided through the relevant committees.

Developing the BAF Dashboard was a cross-directorate success which involved not only the Finance, Planning and Governance Directorates which has been commended by Audit Wales as area of good practice.

PO 3H Planning Objective delivery learning

This planning objective is being taken forward in 2022/23, and utilises the BAF as a tool for the Executive Team to review progress on a monthly basis, with a particular focus on the outcomes. These will tell us whether we are showing an improving position as we are delivering against our planning objectives, this will help inform decision-making and prioritisation, and whether we are using the right measures.

Chief Executive Officer

3D: Planning objective development process

PO 3D Planning Objective Development Process

This Planning Objective for 2021/22 has been completed and will be superseded by the following Planning Objective for 2022/23:

By March 2023 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation’s formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved

Director of Communications

N/A – no planning objectives were set for 2021/22

Three Planning Objectives have been set for 2022/23:

- By June 2022, develop an initial communications plan in relation to our strategy - A Healthier Mid and West Wales - and our 3 year plan to restore, recover and develop local services. This plan will be pro-active and seek to build trust with our staff, partners and local population and a sense of hope and optimism as Mid & West Wales emerges from the pandemic. Implementation of the plan to begin no later July 2022.
- 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.
- During 2022/23, undertake a Welsh Language and Culture Discovery process that seeks the views of staff, patients, partners, exemplar organisations and the local population regarding ways to make Hywel Dda a model public sector organisation for embracing and celebrating Welsh Language and Culture (in the way we communicate, offer our services and design our estate and facilities for example). The resulting Discovery Report is to be presented for Board approval in Q4 2022/23 and, in light of this, a comprehensive and ambitious Welsh Language and Culture Plan will be presented to Board for approval in March 2023 with implementation starting in April 2023 at the latest. Any elements that can be implemented during 2022/23 should be, subject to appropriate approvals.

Director of Finance

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| <ul style="list-style-type: none"> • 3A: Improving Together • 6A: 3 Year financial plan • 6H: Supply chain analysis | <ul style="list-style-type: none"> • 3E: Business intelligence and modelling • 6B: Value improvement and income opportunity • 6I: Planning objectives for locality resource allocations | <ul style="list-style-type: none"> • 5M: Implementation of clinical and all Wales IT systems • 6C: 5 year financial plan • 6J: Recurrent savings based on opportunities for technical and allocative efficiencies |
| <ul style="list-style-type: none"> • 6F: VBHC costing programme | | |

PO 6J Recurrent savings based on opportunities for technical and allocative efficiencies

- A plan, and associated delivery, has been fully developed for the £16m savings requirement for 2021/22 on a non-recurrent basis.
- However, there remains a recurrent gap in these plans of £11.5m.

- The remaining requirement has now been carried forward into the opening position of the IMTP where plans will need to be identified on top of the additional requirement for FY23.
- The £11.5m has been included within our underlying deficit position, that has been shared with Welsh Government.

PO 3A Improving Together

- We have developed Outcome measures which are now a part of our Board Assurance Framework. These have been embedded into our reporting framework.
- We have embedded and continue to refine our IPAR, refining this to now be summarised by the key measures which are important to the Board. This will further develop the way in which we report.
- The team have commenced developing Improving Together reports for Directorates, commencing with MHLA as a pilot. This will be rolled out in line with ET priority areas.
- This objective will be carried forward to ensure that the approach continues to be refined and embedded across the organisation.

PO 3E Business intelligence and modelling

- Business Intelligence dashboards have been developed across unscheduled care, diagnostic and therapy services, planned care and outpatients. Where appropriate, these are updated throughout the day in almost real-time to reflect activity and bed occupancy across sites.
- The Health Board's advanced analytics platform has been developed alongside the work of Lightfoot, and in line with the Board's request to develop an appropriate exit strategy. The advanced analytics platform includes four separate modules: Geographical Information System (which has been used extensively to model activity expectations for the new hospital); Pathway Analysis Tool (which provides an intuitive assessment of activity through ED and the hospital system, and which will be used through the Improving Together approach to learn and improve our internal pathways); Time Series Analysis and Forecasting which is an intuitive tool to look back at historical activity through SPC mapping and to predict expected activity. Finally, the Discrete Event Simulation allows a simple 'what-if' modelling approach to our activity. These tools are being refined and finalised before release over May and June.
- On broader Social Care system data, there has been agreement through IEG that the Health Board will host this response. The discovery phase is anticipated to be completed by May 2022; with a design phase to follow before end November 2022 and an anticipated delivery timeline by July 2023.

PO 5M Implementation of clinical and all Wales IT systems

While this is an ongoing objective, the following have been completed for the Health Board to date:

1. Rollout of the Pharmacy (Wellsky) system;
2. New release of the Welsh Clinical Portal (release 3.1.2);
3. Welsh Informatics Service Diabetes Management System.

The following systems are in progress:

1. The Welsh Nursing Care Record. This has been rolled out across all sites, and is being moved into a business as usual status over Q1 2022/23.
2. Welsh Patient Administration System Bed Management Module. This has been tested in pilot, and an ambitious rollout plan has been developed to ensure that it can be rolled out across the Health Board over the Summer. This will provide real-time bed management information.

The following system is delayed:

1. Welsh Community Care Information System. Operational in Ceredigion, the system has posed a significant number of challenges. Consequently, the digital team are assessing alternative possibilities across the Health Board.

Readiness work is being undertaken across the following systems, all systems are scheduled to be available to the Health Board in late 2023 for implementation in 2024.

1. Welsh Intensive Care Information System

2. Welsh Laboratory Information Management System
3. Digital Services for Patients and the Public
4. Digital Medicines Transformation.

PO 6A 3 Year financial plan

- Having already delivered a 5 year financial roadmap to breakeven, the detailed work is currently in progress with the IMTP updates across directorates. All key aspects of the overarching roadmap have been built into the Executive Team priorities that have shaped the second iteration following the initial version.
- Finance Business Partner teams presenting financial sustainability options to the service, supporting the total c.2.5% of recurrent savings target, that need to be delivered through the financial plan.
- We have received positive feedback on our financial approach, transparency and clarity all year, and whilst our position is still challenging financially, those same comments have been made through the planning cycle. Our scrutiny and assurance around monitoring the financial position has also received positive recognition, both internally and externally, and is allowing the organisation to be more conscious of the financial implications it can expect from the decisions being taken.
- There is still further work to undertake in this space however, as a more planned approach to review investments is something that will be focused on moving forward, linked to the revised planning objective, to ensure we are capturing the appropriate non-financial metrics at the business case stage, so that evaluation can be undertaken post investment decision. The Target Operating Model work remains in development.

PO 6B: Value improvement and income opportunity

- Whilst this will continuously need to update for new sources and opportunities a baseline position and tools established and previously shared, with introductory training, via finance business partnering teams.
- Updated in Q4 for further opportunity ideas and delivered a c.£60/70m suite of options to be considered as part of the IMTP process, which are being tested operationally this quarter in-line with the Target Operating Model discussions.
- Planning objective 6B has been modified and strengthened for 2022/23.

PO 6C 5 year financial plan

- A 5 year financial plan has been developed and shared across the organisation. This is being used as the holistic direction for the more detailed IMTP. The Finance Function have identified a roadmap to breakeven, evidenced via various allocative and technical studies.
- The 'roadmap' has been shared with key stakeholders across the Health Board, Welsh Government and Finance Delivery Unit for their comment and support. Whilst the Health Board have given it their full support, and the in-principle support to the shaping of the IMTP, Welsh Government and Finance Delivery Unit colleagues have given their support to understand the operational and planning elements in more detail.
- It has been deemed that full support has been given to the assessment and construction of the plan, but further work will continue to gain the actual resource support from WG, or not, as part of the IMTP process which would need to demonstrate the assurance around deliverable plans to achieve this.

PO 6H Supply chain analysis

- The Centre for Local Economic Strategies have produced some initial strategy documents in relation to the development of a Community Wealth Building baseline assessment. This has been approved for adoption through the Sustainable Resources Committee.
- Our carbon accounting report was submitted to Welsh Government ahead of the October deadline. We have been informed by Welsh Government that we were the only Health Board to submit the return on time within Wales.

- As part of ISO14001 we set ourselves annual targets and one of those is usually around measures to improve recycling. This year we are rolling out source segregation in WGH in line with legislative requirements. We have already rolled out source segregation in BGH and PPH and the aim will be to eventually have source segregation on all sites.
- Through our sharps box provider Vernacare, we will be changing over to a more sustainable box which will contain 30% less virgin plastics than they do currently. This will be significantly beneficial as will assist with reducing our carbon footprint, reduce the use of single use plastics and avoid a price increase of 6-12% due to new law on packaging tax from 1 April.

PO 6I Planning objectives for locality resource allocations

- The Locality Resource Tool baseline has been produced and shared via locality Directors and their teams, with updates and further insights ongoing in support of this objective. This has provided an income and expenditure analysis down to County Level (the lowest level for which allocation information is available from WG). This provided the Health Board with the first insight to drive the development of our roadmap to sustainability.
- We have been working with colleagues in WG to determine how income can be allocated to a cluster level; and once this is available, the analysis will be refined down to GP Cluster to provide an income and expenditure analysis at a more granular level.

Director of Nursing, Quality and Patient Experience

- 1B: Hywel Dda Health Hub - Single Point of Contact
- 2E: Evidencing impact of charitable funds
- 1E: Waiting list initiative
- 3C: Health Care Standards review implementation

Each of the objectives identified for delivery in 2021/2022 have brought challenge in terms of delivery but equally enabled the organisation to introduce new ways of working which ultimately make a difference to staff and patient care. The development of a single point of contact has been born out of the establishment of the COVID Command Centre which was set up in early 2020 in response to the global pandemic, the learning from which has shaped and influenced the way a single point of contact facility can function in the future. Specific cells have been established to handle calls and enquiries and 2022/2023 will see the centre support families to connect with the health board as part of the COVID-19 review process. The continued emergence of COVID-19 waves throughout 21/22 has impacted upon the progress able to be made for both the single point of contact and the waiting list support programme, compounded by difficulties associated with staff recruitment and retention, notably linked to the temporary nature of employment opportunities offered. The waiting list support programme is innovative in its approach and has already supported clinical teams in orthopaedics and ENT to contact 3300 people who have experienced delayed treatment importantly making connections with other improvement activities aimed at improving patient outcomes such as prehab, and through the use of digital platforms such as Patient Knows Best (PKB). Both **the single point of contact (PO 1B)** and **waiting list support programme (PO 1E)** will continue to develop and expand in 2022/2023 with both programmes being formally reviewed in terms of effectiveness and efficiency.

2021/2022 has seen a step change in the way **charitable funds (PO 2E)** have been deployed to support patient care and experience as well as providing support for staff well-being. The Hywel Dda Health Charities team have successfully introduced a public lottery scheme, the proceeds of which support the provision of the added extras which make a difference to patient experience, supported the launched of the Bronglais Hospital chemotherapy day unit capital fund raising appeal, developed a marketing and communications plan to create a newsletter promoting the various fundraising efforts and much more. During 2022/2023 the team will focus on highlighting the impact made by the charity, developing an evaluation framework to demonstrate the value added and positive impact through the allocation of charitable funds. Whilst the HDDUHB health charity has faired well throughout 2021/22 the current economic environment is expected to make fundraising a challenge, meaning that the target of increase in donations by 10% annually is unlikely to be realised through routine fundraising activities.

The review of **Healthcare standards (PO 3C)** was completed early in the year supported by the internal audit team. The review evidenced that healthcare standards are clearly embedded in all strands of work undertaken throughout health board business placing us in a good position to support the implementation of the Quality & Engagement Act scheduled to be implemented in shadow form during 2022/2023. An implementation group has been established to support organisational readiness for the 'always on' reporting approach which is expected going forward. During the year we have focused on the processes for automation of data collection, collation and analysis through maximising use of digital technology/Business intelligence and have begun the transition from manual data capture for the monthly Fundamentals of Care Audit to digital capture via the Welsh Nursing Care Record (WNCR). This data, together with Observational audits and patient experience feedback, will inform the operational assurance report and future improvement workstreams.

Director of Operations

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| <ul style="list-style-type: none"> • 5F: Bronglais Strategy • 6K: Design assumptions related to the new hospital | <ul style="list-style-type: none"> • 5G: Transforming MH and LD implementation • Gold Command #1: | <ul style="list-style-type: none"> • 5I: Children and young people services improvement • Gold Command #5 |
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PO 5I Children and young people services improvement

In the summer of 2021, the Director of Operations established the Children and Young People (CYP) Working Group within the Health Board to progress the actions required to deliver an improvement plan for children and young peoples services. The group has a programme of monthly meetings and draws in representation from all CYP related services. There has been really good engagement with the group and it has generated a positive environment in which a commitment to deliver an improvement plan is clearly in place.

The key aim for the group for 21/22 was to ensure there was a CYP plan that was clearly identified within the final version of the health boards IMTP. The impact of the Omicron COVID wave has delayed some of that work, but the group are working to ensure such a plan is in place ready for the submission of the next iteration at the end of June. Alongside this a number of workstreams have been established as follows:

- A review of child psychology services to fully understand what would be required to address the gaps in psychology provision for children;
- A review of Community Paediatric Services to identify the service models that need to be put in place to improve access to key services and pathways;
- A Task and finish group established to develop a proposal for a PBIS service in the Health Board;
- A clear engagement plan is in place to ensure that the voice of the child is fully captured in developing the plan for the future.

Finally, good links are being developed with the Regional Partnership Board mechanisms in this area, with the Service Delivery Manager for Community Paediatrics now chairing one of the sub groups, and being a member of the regional partnership group for CYP too.

PO 5G Transforming Mental Health and Learning Disabilities

Good progress has been made around this planning objective, although it is recognised that there are significant ongoing pressures around MHL services both in terms of workforce and capacity to provide access as timely as the board would wish to see. In terms of the implementation of Transforming Mental Health which was the health boards agreed implementation plan for improving adult mental health services, all the service configuration related actions have now been completed. One positive of the impact of the pandemic was that it accelerated the delivery of a number of the service model changes originally identified in the TMH strategy. The two outstanding aspects of work relate to the capital business case and the workforce plan. The latter is something the service is picking up in relation to identifying the workforce needs and design that will ensure the long term sustainability of the revised models of care and resolve workforce gaps that do present challenges in terms of service delivery. The capital business case has been submitted to Welsh Government, but there is discussion within the health board, learning from the impact of the pandemic, to reconsider whether that capital case needs to have a different emphasis. The older adult mental health capital issues will be resolved as part of the

programme business case for the new hospital, and so what really needs support now is a case that looks to improve accommodation for the wider MHL service. An accommodation group supported by the estates team has been established to progress this work.

With regards to CAMHS services, whilst it must be acknowledged that we have a challenging position in terms of waiting times access for service and performance against WG access targets in this area, progress is being made on the overall service model which will support an improvement in that position as the year progresses. Recruitment campaigns have been more successful recently and 7 new staff have been appointed to support service delivery. Good outcomes are being reported from the early analysis of the school in reach pilot. The connections now being made through the CYP group will only further support the improvement and development of the service in the coming year.

The development of a transformational plan for learning disabilities was delayed through this year as the service attempted to deal with the direct and indirect impacts of the pandemic. Over the last 6 months though, the work has gathered more momentum through the establishment of the Learning Disabilities Service Improvement Programme. This has coincided with the development of a draft national policy document for the strategic direction of learning disabilities by Welsh Government “Improving Care, Improving Lives”. Locally, the thinking is very much aligned to that and 3 key workstreams are in progress:

- 1) Patient flow – which is to review the role of long term hospital type care facilities
- 2) Community Team Learning Disability Service – a review of the demand and capacity of the service and consider the workforce requirements for meeting that demand. An OCP progress has been progressed to deliver the required new models of care.
- 3) Pathways – all LD pathways are being redesigned in line with best practice and national advice. In response to concerns raised around the Learning Disability Epilepsy Pathway, the Director of Operations, on behalf of the Chief Executive, has commissioned an independent review of the pathway to inform the redesign. This has been delayed due to the omicron wave, but will provide an initial report this summer.

Gold Command Requirement #1 - To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID patients and 695 non-COVID non-elective patients (i.e 945 beds in total). This capacity is to be immediately available or ready for use within a maximum of 3 weeks’ notice for the duration of 2021/22.

At the start of 2021/22, the direct threat of COVID on the potential bed requirements for the health system in Hywel Dda remained a very real threat. Through a number of actions, the health board was able to ensure it maintained the required level of capacity identified in the Gold Command as potentially required should the reasonable worst case COVID 19 hospitalisation rate materialise. This included;

- the retention of the Ysbyty Enfys Selwyn Samuel and the opportunity to operationalise Ysbyty Enfys Carmarthen Leisure Centre provided around 100 beds;
- the refurbishment and commissioning of 14 beds at Ty Pilli Palla;
- The expansion of inpatient capacity at Amman Valley, South Pembrokeshire and Tregaron Community Hospitals.

As 2021/22 drew to a close, the modelling on the potential impact of COVID 19 indicated into 2022/23 that the requirement to maintain field hospital capacity was no longer required. Therefore the de-commissioning of both the remaining field hospitals commenced in March 2022.

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.

COVID 19 has continued to impact on service delivery throughout 2021/22, meaning progress towards improving waiting times and access to services has remained challenging. The impact of infection prevention control guidelines, COVID illness and self isolation amongst staff has effectively reduced capacity across the system. The main aim in terms of RTT, Diagnostics and cancer has been to recover activity to levels to pre COVID levels, and look to stabilise, and wherever possible, reduce waiting list backlogs at all stages of the pathway. Whilst cancer has remained an essential service, there have been times, most notably in January 2022, that we have had to cancel elective activity to re-prioritise staff deployment to support the pressures in urgent emergency care.

We have made progress through Q4 in improving our theatre activity levels by the end of march to 73% of the pre-COVID level. Plans in year to refurbish Amman Valley Hospital to support increased capacity on the cataract pathway, and the capital works at PPH to establish the demountable theatre unit on site, mean that we should be well placed by the end of Q1 to further increase our internal capacity. In year, we have also utilised the independent sector to provide additional operating capacity, and whilst the total waiting list has grown by around 5000 through the year, it is reassuring that it has stabilised over the second part of it.

Diagnostics is a key aspect of a number of our emergency and elective pathways. The health board have been successful in recovering diagnostic capacity across the range of modalities to almost 100% of pre-COVID levels. However the back log of emergency, cancer, and urgent work has meant that has been prioritised for that capacity and so waiting times have overall increased. As we work through those backlogs, more capacity will be directed to routine waits. In a similar vein, therapies waiting times have deteriorated and been impacted as a result of having to redeploy staff to support key urgent emergency care pathways.

Waiting times within MHLN services continue to be a concern for the service and health board. The impact of COVID on available capacity and the increased demand and acuity of demand has put strain on services. There are positive signs in terms of recruitment that will contribute to improving the position through 2022/23 and the service are working now on establishing clear improvement trajectories.

Director of Primary Care, Community and Long-Term Care

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| <ul style="list-style-type: none"> • 1D: Improve the value from the services we provide • 5H: Integrated locality plans • 5Q: Asthma services • 4O: Social Prescribing Service | <ul style="list-style-type: none"> • 3I: Contract reform • 5J: 24/7 emergency care model for Community and Primary Care • Gold command #6: Bridging Service • Palliative Care | <ul style="list-style-type: none"> • 4C: Transformation fund schemes • 5P: Care home market position statement • Pre-diabetes • |
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PO 5H Integrated Locality Planning (ILP):

- Each County system developed an ILP using a consistent format and with an agreed set of priority actions across the whole system triangle model.
- To ensure Health Board wide consistency, a set of standard definitions for each part of the whole system triangle was agreed. Cluster plans informed each ILP to ensure wider system alignment and in support of the evolving national Accelerated Cluster Development programme.
- Initial scoping work commenced with corporate teams to develop more robust business partnering links as well as a set of resource information to inform the next iteration of the plans, the Improving Together team supported this element of development.
- A reframed Planning Objective for 2022/23 has been agreed to reflect the changes required to support this work going forward

PO 4O Social Prescribing:

- Developed a consistent set of principles and standard - these were signed off by the Operational Planning and Delivery Programme group as well as the Integrated Executive Group of the Regional Partnership Board in March 2022.

- Recurrent funding was agreed to support this role across the Health Board and each area have used this to develop plans, grow existing or start the recruitment for new social prescribing resource. In some areas the challenges presented by the pandemic slowed this process, however all areas have a clear model aligned to the standards and principles consistently agreed.
- Throughout the development of the principles and standards, it became clear that a caseload and referral system which supported consistent data gathering of need, activity, impact and gaps was important and Elemental was procured in March 2022. This system is currently used in other parts of Wales and will be implemented from May 2022. This will also support reporting on an anticipated new Welsh Government performance metric.

Gold Command #6 Homebased Bridging Care:

- Two recruitment campaigns were run across multiple platforms and applying the learning from the rapid COVID recruitment. Against a target of 60WTE staff to be recruited, 34.2WTE offers were made and 16.6WTE staff full on boarded, and supported a range of services including community staffing gaps in Ceredigion, the early opening of additional beds in Amman Valley Hospital in Carmarthenshire and initially Sunderland Ward cover in Pembrokeshire and then home based bridging care from the start of January in Pembrokeshire.
- A draft evaluation report has been completed and the key lessons and recommendations have been shared and used to inform part of the Regional Integration Funding proposal to develop an integrated apprenticeship programme, starting initially in Pembrokeshire.
- The recruits in have each been offered substantive posts, either within the Local Authority or the Health Board, with most choosing a future role in health. A key lesson was the amount of time it takes to train staff to be able to deliver care in the community, particularly where this is an entirely new career
- Recent discussions held with Welsh Health Boards (and English Trusts) to share methodology, learning and outcomes to inform any future model development.

PO 3I Contract Reform:

- GMS: whilst contract negotiations have concluded as part of the reform programme there are still some areas that require Welsh Government clarification/detail to be able to fully implement. All other areas of the GMS contract changes have been implemented in line with the timescales set out by Welsh Government.
- Community Pharmacy: contract negotiations have concluded and contract reform has been implemented in line with nationally agreed timescales.
- General Dental Services: due to the timing of the contract changes and a perceived lack of engagement with the profession there has been considerable work undertaken by the team to ensure that every dental practice has had an individual conversation about their contract expectations (either choosing contract reform or remaining on a UDA contract) and contract variations are being signed off to formalise the change. A number of areas still require national clarification.
- Optometry: the nationally led working group has now concluded and contract negotiations are due to start. Currently the detail and funding implications are unknown.
- Accelerated Cluster Design (ACD): The planned implementation for ACD is in line with national timescales with work ongoing to recruit to a Development Manager and a Clinical Lead (through the Strategic Programme for Primary Care (SPPC) fund) to support consistent implementation throughout the Health Board. It is important to note that the contractual negotiated position for ACD differs across the contractor professional groups and does not necessarily meet the expectations for ACD as set out by the Strategic Programme for Primary Care.

PO 5Q Asthma Services:

- Staff recruitment has been completed
- 6 Outcome objectives to assess the impact of the service have been agreed
- The National COPD and Asthma Guidelines have been formally endorsed and adopted by the Health Board. Their implementation has been supported through sessions targeted, primarily medical and nursing colleagues through protected learning, GP prescribing leads and Grand Rounds.
- Implementation has started but will be hampered due to the backlog of respiratory reviews that are needed within primary care as a consequence of COVID-19. Communication of the guidelines to ensure all HCP in all settings are aware and implementing remains challenging.

PO Pre-diabetes

- The model for service delivery has been agreed (and includes the national specification which is the basis for this work), and recruitment is underway

- Completed National Exercise Referral Scheme SLAs awaiting sign off by commissioning
- EQIA and DPIA both completed, and an evaluation plan has been drafted

PO 1D Improve the value from the services we provide:

- A series of assumptions have been agreed upon, as have a series of recommendations to test over the next year, and include:
 - Expansion of community micro enterprises Identify areas of good practice with current micro enterprises. Use this work to develop and sustain ongoing in other communities
 - Use the CONNECT programme to support the more vulnerable people in our community reducing isolation and learning what matters to
 - Circle of support Circle of Support take learning from other areas in Wales and use model to test locally
 - Evaluate and evidence the models work Identify support networks using lived experience to design the future of local communities linked with health and social care
 - Digital Test the CHAI community application Improve partnership working to ensure that the networks used by all local organisations to structure a network of self-care support agree community to pilot CHAI and agree implementation, outcomes and evaluation

PO 5J 24/7 emergency care model for Community and Primary Care:

- A model for 24/7 urgent primary care (includes community in this context) has been developed and approved through formal committees.
- Urgent and Emergency Care (UEC) funding was secured to enhance our urgent primary care (UPC) response during core hours.
- UEC funding has also allowed enhancement of Same Day Emergency Care (SDEC) services in the acute hospitals. Community multidisciplinary teams have also benefited from a resource uplift from UEC funding to provide ‘wrap around care’ or Same Day Urgent Care (SDUC) at home to avoid admission following GP and MDT assessment or following SDEC diagnostics and assessment in the acute hospital site. This additional resource has included the appointment of UPC and Intermediate Care Specialty Doctors, therapists, nurses (registered and non-registered), Advanced Nurse Practitioners, Physicians Assistants and care providers.
- A series of next steps have been defined for 2022/23 and the Planning Objective has been reframed to reflect this change.

Director of Public Health

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| • 2A: Regional Carers Strategy response | • 2B: Equality, Diversity and Inclusion* | • 4A: National Public Health Targets * |
| • 4B: Local Public Health Targets * | • 4D: National Screening Targets * | • 4F: Children’s Task force * |
| • 4H: Emergency Planning and Civil Contingencies / Public Protection Strategies * | • 4I: Defence Employers Recognition scheme | • 4J: Population Health Needs Assessment* |
| • 4K: Facilitated discussion on health inequalities * | • 4G: Healthy Weight: Healthy Wales | |

PO 2A Regional Carers Strategy Response

The health board’s work to support unpaid carers has continued and PODCC received an assurance report in January 2022 of the breadth of work which has been on-going and delivered internally, as well as in partnership through collaborative arrangements with the Regional Partnership Board. The number of unpaid carers seeking information, advice and assistance continues to grow and commissioned services continue to hold lengthening waiting lists. The Investors in Carers Scheme continues to provide a framework for supporting teams and departments in their work to respond to unpaid carers; this includes support to staff with caring responsibilities as well as patients and their families. The Carers Discharge Support Service is working specifically with unpaid carers and in-patient settings to strengthen the involvement of unpaid carers in the process of discharge planning. Unpaid carers play a critical and vital role in supporting those they care for within the community, but also need support themselves to maintain their own health and well-being. An IMTP investment proposal for 2022/23 was unable to be progressed due to corporate health board financial challenges meaning that the core budget for commissioning support for unpaid carers will remain unchanged. This planning objective will continue into 2022/23 and a key improvement project will be the development and introduction of Carer Reported Outcome Measures (CROMS).

PO 2B Equality, Diversity and Inclusion

Despite this being a deferred planning objective significant work continued during 2021/22 to deliver a rolling programme of awareness raising training for health board staff in a variety of equality, diversity and inclusion topics. These included Active Bystander Training, Sensory Loss and Sign Language, Transgender awareness training. The health board also submitted evidence for the Stonewall Workplace Equality Index and successfully gained a Silver award and increased its relative placing on the employer's index from 337th to 194th place. Significant work has also been undertaken to offer specialist guidance and support in relation to equality impact assessments to support the transformation programme; this is an area of work which we envisage will continue to increase as the individual programme business case elements develop.

PO 4A National Public Health Targets

Although recorded as a deferred planning objective the timescales for submission of reports was fully met. Progress reports were submitted to Welsh Government outlining our work to: Advance Equality and Good Relations; Accessible Communication and Information; and Improving the Health and Well-being of Homeless and Vulnerable Groups.

PO 4I Defence Employers Recognition scheme

The health board was successful in achieving the Defence Employers Recognition Scheme Gold Award in July 2022, reflecting the work which is on-going to support the implementation of the Armed Forces Covenant. An Armed Forces Staff Network has been established and the health board has a proactive and current profile on Forces Families Jobs and the Career Transition Partnership careers platforms. The number of successful applicants from the Armed Forces community continues to increase reflecting a broad range of roles within the health board. A key priority moving into 2022/23 will be to review the implementation of the Welsh Health Circular requirements on NHS Priority Treatment for Veterans and continue to raise awareness of this and strengthen recording arrangements within clinical systems.

PO 4J Population Health Needs Assessment

The health board has worked collaboratively with Public Service Boards (PSB) and the Regional Partnership Board (RPB) to ensure the development and publication of the PSB Local Assessments of Well-being and the RPB Population Assessment and Market Stability Report. The Assessments were discussed at SDODC and have also been presented to Board for information. Whilst this planning objective was originally identified as being deferred, work continued in order to meet statutory timelines for publication, and can therefore be reported as completed.

PO 4K Facilitated discussion on health inequalities

Although recorded as a deferred planning objective work has progressed in a number of ways to tackle inequalities in health. This includes the establishment of a Community Development Outreach Team who have worked with minority ethnic groups to engage them in the COVID vaccination programme and also identify opportunities to reduce barriers to accessing health care services. Central to this has been their work on promoting the interpretation and translation services commissioned by the health board and available to all staff, teams and departments to promote more effective communication with patients whose first language is not Welsh or English. The Team have also been shortlisted for the Community Initiative within the National BAME Health and Care Awards 2022. Broader work to tackle inequalities, poverty and hardship will continue into 2022/23, including facilitating a summit with partner organisations.

PO 4G Healthy Weight : Healthy Wales

The allocation of £374 Welsh Government Healthy Weight Healthy Wales funding to the health board (2021/22) has enabled additional recruitment of staff to the Level 3 weight management service to meet the revised all Wales pathway standards for adults. Despite significant delays as a result of COVID-19, the majority of recruitment has now been undertaken and the remaining posts in physiotherapy, occupational therapy and psychology (as part of the specialist MDT service) will be recruited to in the first quarter of 2022. These delays, together with the impact of the redeployment of existing service staff during COVID-19 have impacted on original timescales for full service provision which will now be delayed from March to October 2022. Despite this additional investment, significant gaps remain for Hywel Dda in relation to provision for children and young people at L2 and L3 of the pathway and for adults at L2. The newly appointed Weight Management pathway lead and lead clinical dietician who took up posts in January 2022 will now convene a task and finish group to plan and design the model of delivery for children and families in line with the new all-Wales Children and Young People pathway. Work will also commence on defining the pathway Level 2 offer. Both form the basis of the forward work programme presented to Welsh Government in April 2022. In their feedback to Hywel Dda on 2021/22 performance, Welsh Government noted 'Level 3 services should

be more developed by this point in time and the health board would benefit from considering how funding can be brought into core budgets to enhance services when fully recruited. They also commended the approach taken to fully align the All Wales Diabetes Prevention Programme and Weight Management service provision in Hywel Dda which will ensure that service users are provided with the appropriate support to best meet their individual need.

Director of Strategic Developments and Operational Planning

- 2C: Continuous engagement strategy
- 5C: New hospital - final business case
- 5D: Repurposing GGH and WGH - final business case
- 5E: New hospital - access, travel, transport and infrastructure
- 6G: Decarbonisation and green initiatives plan

As a new Executive in the Health Board this past 12 months has been my first experience of the planning objectives approach and the specific POs assigned to me. I am fortunate to be responsible for a set of objectives which complement each other and are transformational, both for the Health Board and our communities.

Planning Objectives 5C, 5D and 5E are central to the delivery of our strategy and substantial progress has been made over the period. The Board approved the “A Healthier Mid and West Wales” Programme Business Case (PBC) in January and we submitted it to Welsh Government shortly afterwards - a significant milestone on the Health Board’s strategic journey which we hope will lead to a major investment for Mid and West Wales. Inevitably, getting to this stage has required a great deal of work for my team and the organisation but it has been a genuine privilege to lead this over the past 12 months. Subject to Welsh Government endorsement of the PBC we are anticipating a significant scaling up of our planning over the next 12 months in support of the next stage of the process, the development of Outline Business Cases for each of the individual proposals. In parallel with the business case we have progressed the land identification for the new hospital. Following public engagement last summer we developed a long-list of options which was reduced to a short-list in the Autumn of 2021. The remaining five sites are currently being assessed through four appraisal processes – a technical site appraisal, a clinical appraisal, a workforce appraisal and an economic appraisal – with majority public involvement in the technical site appraisal. The outputs from these appraisals will be brought together for Board consideration this summer, with the intention of selecting a preferred site for the new hospital.

There are also many other related projects which support the Strategy, including vital enhancements of our community facilities. Developments such as Cross Hands Health and Wellbeing Centre, Carmarthen Hwb and Pentre Awel have progressed during 2022/23 and there are other important schemes in the pipeline such as the Aberystwyth Integrated Care Centre and the Fishguard Health and Wellbeing Centre. In addition we have secured a new £20m Day Surgery Unit at Prince Philip which is now nearing completion and will provide a purpose-built and high quality facility to support our post-Covid elective surgery recovery. As part of our ambition to be a learning organisation we have also reviewed our Capital Governance arrangements, which will support our delivery of future schemes.

Decarbonisation (6G) and our climate responsibilities have become increasingly important for society and the NHS in recent years, and as a Health Board we are committed to reducing our carbon footprint. Over the last two years, the Health Board has appointed a specialist Water Management contractor who has been reviewing water consumption, leaks, metering infrastructure and tariffs in addition to implementing water efficiency measures such as urinal controls. To date, this has saved the Health Board circa £101,000, 81,000M³ of water and 30.4 tCO₂e of carbon. From the revenue returned to the AquaFund Scheme, by saving water, they donate 1% of the value of the saving to Water Aid. To date, the Health Board has installed Solar Photo Voltaic Panels at 7 sites across Hywel Dda and further schemes are planned in 2021/22 and 2022/23. In total, the completed schemes are estimated to save approximately 419,165 Kwh of electricity and £40,000 per annum. Annual carbon savings from these projects are expected to be 106 tCO₂e.

In 2021-22 we secured Welsh Government funding for a 0.5MW Solar Farm on the Hafan Derwen site, work on the site is well underway and due for completion in the next couple of months. The project also includes a biodiversity scheme with seating area, enhanced planting and information boards to enable staff and visitors to have

access to Green space. At Cardigan Integrated Care Centre we have invested £325,000 via a WG grant to install a heat pump system and upgrade the air handling units, with the scheme expected to save 39tCO². We have also purchased 7 electric fleet vans to be shared between the Acute sites and are installing 4 x 7KW Car Charging points for these vehicles. Further photo voltaic schemes are planned including at Withybush and South Pembrokeshire hospitals.

During the last year we established a Decarbonisation Task Force, which I chair, to coordinate these activities and set a strategic direction for the Health Board. We have worked with the Carbon Trust to scope the opportunities within our buildings and transport and will shortly be taking a strategic plan to Board which will set out our longer-term ambitions aligned to the NHS Wales Decarbonisation Strategy.

Our evolving approach to **Continuous Engagement (2C)** has played a central role in the development of the PBC and land identification, building on the exemplary work undertaken in the development of the strategy in 2017-2018. The Health Board has a strong belief that we should develop plans and services in partnership with our population and is considering new ways to listen to what our public wants and needs to support living healthy lives. We have developed a new Continuous Engagement Plan for Board approval in May. This aims to shift the emphasis from reactive engagement around proposed service changes, to a more practical and proactive approach that involves public and stakeholders as partners in a continuous process. We are also aligning our efforts in keeping with the West Wales Care Partnership Continuous Engagement Framework. Examples of our new approach to continuous engagement include the establishment of a Children and Young People Advisory Board and the introduction of our “Willing to Listen” events. There is a significant programme of work planned for the next 18 months as we aim to embed this Continuous Engagement approach throughout the organisation, in addition to the work in support of our Strategy and associated business cases.

Director of Therapies and Health Sciences

- 4E: Making Every Contact Count implementation
- 4P: COVID recovery and rehabilitation
- 5L: Making nutrition matter
- Gold Command Requirement #3: Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest WG requirements

4E: MECC - Implement a plan to train all Health Board Therapists in “Making Every Contact Count” and offer to their clients by March 2022.

This PO was placed on hold due to the COVID-19 pandemic and was recently reviewed for its feasibility moving into 2022/23. To train all therapy staff in MECC would require significant time out of the service for staff to be released, with very little chance of securing backfill capacity and required funding to not de-stabilise service delivery and negatively impact on waiting times as we try to recover service delivery post-pandemic. This has been assessed as a significant risk to service delivery and while this PO has merit, it is deemed to not be a priority at this point in time. As such this PO will not be carried forward into 2022/23.

4P: COVID recovery and rehabilitation - Develop a COVID Recovery service to provide a comprehensive individualised person-centred approach to support the symptom-based needs of people directly affected by COVID-19.

This multidisciplinary service was successfully established in October 2021 and enables patients to take control and responsibility for their ongoing health and wellbeing and equips them with skills and knowledge to manage their ongoing rehabilitation needs. With support from multi professional rehabilitation professionals, including Therapy Assistant Practitioners, Occupational Therapists, Physiotherapists, Dietitians, Psychologists and Advance Nurse Practitioners, the service provides a comprehensive individualised person-centred assessment utilising National Institute for Health and Care Excellence (NICE) recommended Long COVID assessment tools. The service runs virtually 5 days per week to enable patients’ timely access, with further followups in dedicated individual or MDT sessions. Due to the wide geographical area of the Health Board and to ensure equitable provision, all patients are seen virtually via the Attend Anywhere Digital Consultation platform. Where patients are unable to access video conferencing facilities, an initial telephone call is offered. Face to face appointments are also provided where clinically indicated or if virtual support is not appropriate in meeting the individuals’ needs. The initial consultation is an interdisciplinary assessment (utilising screening tool questions) to discuss the broad symptoms of Long COVID and identifies main goals and patient-centred aims. Following first assessment, all patients are offered self-management resources

tailored to their individual concerns, and if indicated, further interventions from the MDT. Data is routinely submitted to an all-Wales evaluation. Between October 2021 and March 2022 282 referrals were received and 580 patient contacts delivered. Welsh Government has confirmed funding for 2022/23.

As the aims of the original PO have been met, the PO has been refreshed and expanded for 2022/23 to develop a wider Recovery and Rehabilitation plan by December 2022, that will provide a comprehensive individualised person-centred framework to support the needs of the 4 identified populations included in “Rehabilitation: a framework for continuity and recovery”, including those with COVID-19. Subject to IMTP discussions in Q4 2022/23 and Board approval, this plan should be ready for implementation from April 2023.

5L: Making malnutrition matter - Implement the making malnutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019.

As a result of successful recruitment in line with the ‘Making Malnutrition Matter’ business case, this has now moved into implementation / delivery phase, despite some delays in the roll-out due to the challenges of COVID-19. The extreme risks: Risk 654 (acute) and Risk 658 (community), have been closed due to significantly improved dietetic response times to patients referred at high risk of malnutrition. Local development and commissioning of a self-screening tool for malnutrition has been completed. This underpins the focus on an ‘upstream’ approach to tackling malnutrition and is now in implementation phase. The aim is to support people to prevent, identify sooner, self-manage, and de-escalate their risk of malnutrition with rapid access to dietetic support when required. There has been active engagement of key partners to raise the profile of malnutrition. Malnutrition identification and management is integrated into frailty, falls and front door developments. An outcomes framework, hosted by IRIS, supports operational evaluation of clinical malnutrition in dietetics. Work continues to develop a system-wide evaluation framework to demonstrate the full value and impacts. Reporting and assurance is established through the Nutrition & Hydration Group. This work is now embedded into the Nutrition and Dietetic Service as ‘business as usual’ and as such the PO has been closed.

Gold Command Requirement #3: Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest WG requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by WG.

The local Testing Plan has been kept updated throughout 2021/22 in line with changing epidemiological data, national policy changes and testing demands. We have successfully reacted to new variants of concern and outbreak situations, and implemented different testing approaches and methodologies including Point of Care Testing as new technologies have developed. We have achieved this through a partnership approach with our partners including Local Authorities, Third Party providers and Universities. It has been challenging, with many changes required at short notice but we have successfully provided COVID-19 testing to those who have needed it within our population. Moving into 2022/23 we will continue to provide targeted testing as required and be responsive to any surge in demand e.g. due to a new variant of concern.

Director of Workforce and OD

- | | | |
|---------------------------------------|---|--|
| • 1A: NHS Delivery Framework targets | • 1C: Customer service - training and development programme | • 1F: HR offer (induction, policies, employee relations, access to training) |
| • 1G: OD Relationship Manager rollout | • 1H: Staff experience - pandemic learning | • 1I: Health & Wellbeing Programme |
| • 2D: Clinical education plan | • 2G: NHS and related care careers workforce programme | • 2H: Supporting talent, succession planning and leadership development |

All planning objectives linked to Workforce and Organisational Development align to how we better support and engage with our workforce. It is around developing the employer of choice branding and ensures that staff and our population are at the heart of all we do. The work completed linked to delivery targets allows the Health

Board to identify the baseline position for a range for workforce related metrics and over time will hopefully begin to show a trajectory of improvement as staff feel more supported and engaged in the workplace. The policies selected in the first review are those which we know have the biggest impact on staff and ones where there is most dissatisfaction so hopefully brings some initial benefits to staff.

Whilst a number of the planning objectives haven't been completed in full I am very pleased with progress made in all areas despite the pressures all of our teams are experiencing, it hasn't stifled innovation which is important when during difficult times staff need hope of a brighter future more than ever and some of these planning objectives deliver this. Particular successes I'd like to call out are the commencement of Ecotherapy for staff experiencing or at risk of burnout at work, introduction of Organisational Development Relationship Managers, Lifelong learning fund for staff to unwind and learn new skills, commencement of the new approach to policy review, the delivery of the staff discovery report and finally the Making a Difference programme which has received positive comments from staff about a new hope for the future within Hywel Dda. Those objectives which didn't quite conclude will be continued into 2022/23 and will deliver this year.

Medical Director

- 3G: Research and Innovation
- 4L: Social model for health
- 4N: Food system
- 5K: Clinical effectiveness self-assessment process
- 6D: Routine PROM capture

PO 4L Social Model for Health & Well-being (SM4HWB)

Purpose

When Hywel Dda UHB agreed its strategy "A Healthier Mid & West Wales" in 2018 and has underpinned it by a move to a more Social Model of Health and Well-being. The purpose of the planning objective being to put a process in place to explore what a SM4HWB is and the NHS's role within that both individually and in partnership and identify new planning objectives to move us towards a SMHWB.

Progress

Two main strands of work have progressed well. Firstly Aberystwyth University have been commissioned to undertake a systematic review of the literature from Aberystwyth University on the topic of SM4HWB. Secondly, Phil Kloer and Baroness Rennie Fritchie have undertaken 22 "conversations with a purpose" with key opinion and thought leaders across society whose insights and perspectives were recorded and are currently being analysed and themed by Public Health Wales professionals.

Plans for 2022/23

The report on the systematic review of the literature from Aberystwyth University, and the report from the PHW team in relation to the "conversations with a purpose" are both expected in June 2022. A meeting of the RPB and PSB membership is planned in July 2022, and it is anticipated that this will both influence the HBs work on the Social Model of Health & Well-being and move it towards a partnership approach, and will also influence the Well-being Plans of the RPB and PSBs. Through 2022/23 we intend to create a stakeholder map and a communications and engagement plan, given the importance that our new approach becomes meaningful and impactful for communities and citizens living within them. In addition the new planning objective proposed in TSG will, if supported by partners and resourcing is sourced, allow testing of the model in communities where children have the poorest life chances and where the biggest gap in health inequality.

PO 4N Optimising the Food System for well-being

Purpose

The food system has a large impact on the health of citizens and populations, both directly through access to nutritious food, but also indirectly as it is intrinsically linked to many of the wider determinants of health and well-being including economy, employment, poverty, education and the environment. The HB's main links with the food system are through the results of poor nutrition which manifest in diseases such as diabetes, heart disease, poor dentition, wider affects of obesity. However, the HB also

has a key role in both purchasing food and serving, and therefore influencing its production, packaging and procurement. The purpose of the planning objective is therefore to explore the potential for the HB to influence the food system to optimise well-being.

Progress

Given the broad stakeholders in the food system rarely come together, and some will have potentially conflicting motivations it was agreed that an initial first step would be to commission a feasibility study that brought stakeholders of the food system together to map the food system and identify failure points within the system and test partners inclination to work together at these points in the system to commit to actions that will optimise the food system for well-being. North Star Transition (NST) were commissioned to undertake the feasibility study, and worked with the University College London (UCL) Climate Action Group. Using a careful structured process they brought together key stakeholders in the food system considering food, nature and well-being, and this included those representing producers, packers, sellers, the environment and the NHS. A draft report has been produced which is being considered by key individuals in the HB.

Plans for 2022/23

It is proposed to use the outputs of the NST feasibility study report to bring together a cross-sector steering group of stakeholders active in the food system. Through this group, identify positive actions are being taken to optimise the food system for well-being, including current active planning objectives within the health board (food procurement) and those not active (food literacy programme), and identify potential projects from which it is envisaged new planning objectives will emerge. This process will include the identification of resources that could be secured to meet both the new POs and the longer term planning objective. Potential challenges will be in resourcing this programme of work sufficiently, and also harnessing multi-partner organisational commitment to action.

PO 3G Research and Innovation

Purpose

In 2021, Hywel Dda UHB committed to a new Research and Innovation Strategy. The strategy set out a vision to produce and collaborate in high quality health and care research and innovation, to improve services and health outcomes for our public, patients and staff. It also contained four clear strategic goals to: 1) improve the quality and impact of our activities; 2) invest in staff and facilities to encourage the development of a virtuous funding cycle; 3) develop strong and effective partnerships with academic, healthcare, industry, and research organisations; and 4) Grow research and innovation activity in areas of strength and opportunity. The strategy has been translated into an action plan, with the first year of implementation being 2021/22. The Research and Innovation Sub Committee will receive a 2021/22 closure report on 9 May and this document provides a brief summary of that report.

Progress

The 2021/22 financial year saw several significant achievements against the high level goals:

- A total of 38 studies were opened, with some studies proving to be recruit more patients than any other sites in the UK;
- A new clinical research facility was opened at GGH and a new technology innovation centre, as a collaboration with Clinical Engineering, was opened at Dura Park, Llanelli. Several clinicians were offered dedicated time for research supported by internal funds, a HCRW grant scheme, and the Moondance Cancer Initiative. The result has been an increase in research and innovation activities in service areas including orthopaedics, women and sexual health, and bowel and breast cancer; and
- New MoUs and work plans have been agreed with Swansea University, the University of Wales Trinity St David, and Aberystwyth University. The plans are starting to deliver impact, including an increase in the number of joint and honorary posts with each institution. University partnership meetings have also been held with Cardiff and Bangor Universities. Steps are being taken to increase our partnership activities with Powys Teaching Health Board and Swansea Bay University Health Boards. Our new TriTech initiative, has also resulted in 10 new evaluations and research projects supported through industry grants.

Plans for 2022/23

A detailed implementation plan has been prepared for 2022/23. Highlights from this include:

- Managing a transition to a new leadership arrangement, including a new Head of Research and Development to start in May and a new Head of Innovation and TriTech to start in late Summer. Stabilising the 20% of the workforce currently on fixed term contracts, through new research contracts or adjustments to our HCRW allocation. A bespoke leadership programme is also being advanced with the Learning and Development Division to ensure the delivery sustainability and consistency;
- Opening new clinical research space/facilities at or near Bronglais General Hospital and Withybush General Hospital. Finalising plans for a research and innovation facility at Pentre Awel, subject to contract. Delivering further impact from those with dedicated time for research (i.e. new studies opened in the thematic areas);
- Delivering a business plan to HCRW for our HTA approved biobank, which ensures its sustainability and that the studies it supports lead to public and patient benefits; and
- Consolidating work from TriTech's first year of activities, including delivering on existing contracts and securing at least one new high value industry collaboration in an area of high clinical and strategic importance.

PO 5K Effective Clinical Practice

Purpose

Effective Clinical Practice describes the range of activities that support clinicians and healthcare professionals to assess and review their work against set standards, which in turn provides opportunities to improve the quality of care they deliver. The thrust of this planning objective is to develop a new process / processes so that clinicians and teams continuously assess the effectiveness of their clinical practice against standards and provide assurance on the effectiveness of their practice.

Progress

A SWOT analysis with clinical, operational and managerial teams has been completed, and a roadshow is underway with hospital and community teams and the Effective Clinical Practice Strategic Plan and Delivery Plan is now in development. The post of Clinical Director for Effective Clinical Practice has been re-appointed to, and unfortunately the original Clinical Director had to step down due to personal reasons and this inevitably affected the progress on the aims of this PO. A new process has been put in place to ensure regular slots for Effective Clinical Practice on the Agenda's for several Quality and Governance Groups. A new system has been procured to support the delivery of the Planning Objective by enabling the dissemination and status assessment of clinical guidelines, and central management of clinical audit (AMaT). A draft multidisciplinary Mortality Review process has been developed in line with All Wales Learning from Mortality Framework, including the establishment of a Multidisciplinary Mortality Review Panel. These actions have been supported by the appointment of Clinical Lead for Mortality; and the Mortality Review and Improvement Facilitator.

Plans for 2022/23

Complete the development and publishing of an Effective Clinical Practice Delivery Plan. In addition AMaT will be trialled and rolled out into priority areas and data extracted to contribute to the HB's quality dashboard. Quarterly Clinical Standards and Guideline Group meetings will be held and the mortality review process will be further developed with the implementation of the Medical Examiner process.

PO 6D Implement the three objectives and associated actions contained within the VBHC plan 2022-25

Purpose

The purpose of the VBHC plan is to ensure all that Hywel Dda University Health Board does, including the way it uses resources, focuses on improving health outcomes. The VBHC plan contains three goals: 1. To invest in systems and processes that enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare. 2. To develop the knowledge and skills of our staff to put the theory of VBHC into practice. 3. To establish partnerships with universities, innovation agencies, international healthcare systems and companies to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them. Our plan has been translated into annual milestones. As well as developing the plan, in 2021/22, significant progress has been made in implementing VBHC within Hywel Dda UHB, as described within the progress section.

Progress

In 2021/22, we have continued to support the capture of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs), with 20 live PROM collection areas and 6 live PREM collection areas. In support of this, we have also undertaken a mapping of resource consumption in 10 service areas to provide context to improvements in patient reported outcomes. We have worked with industry experts and clinical colleagues to develop a live Heart Failure PROM dashboard that can be used by clinicians and patients in order to facilitate richer conversations that lead to true co-production of healthcare. Alongside this dashboard, we have also worked with Informatics colleagues to undertake an in-depth analysis of the PROM data we have collected so far for presentation back to the service. From this we have developed a number of value business cases through a Service Review process and are taking these forward for implementation.

We have developed and delivered an innovative and unique VBHC education programme 'Bringing Value to Life' and have delivered this to three cohorts of staff totalling approximately 150 individuals. This case-based programme has provided participants with the theory and practical examples of implementation of VBHC drawn from case studies in Hywel Dda, across Wales and Internationally.

We have worked with the Research and Innovation and TriTech divisions to help establish partnerships with Universities, innovation agencies, international healthcare systems and companies to identify innovations and technologies that, through real world investigations can be leveraged to provide better outcomes for our population and resource utilisation across the Health Board.

Plans for 2022/23

During 2022/23 we aim to continue to deliver against our planning objectives, providing the tools and support to practically delivery value-led change, but also to help to shift the culture of the organisation to become more focused on the outcomes that matter to our patients, cognisant of the resources we consume. Practically this will encompass the continued rollout of PROM and PREM capture across the organisation as well as the development and operationalisation of PROM dashboards alongside detailed PROM analysis. During 2022/23 we aim to roll out PROM collection to 20 more areas with PREM collection alongside this where appropriate.

We will develop a second education offering, providing a Practitioner level qualification that takes the knowledge and enthusiasm of 'Bringing Value to Life' participants, and applies it to their work areas. With support from resources across the organisation, these initiatives will be worked through as accelerated projects and will culminate in professionally developed case studies and presentations of project outcomes to senior colleagues. This offering will be provided alongside 'Bringing Value to Life' cohorts, but will be output driven and will develop Practitioners into VBHC champions and future Faculty members.

During 2022/23, the VBHC Team will create a resource hub on the Health Board Intranet, which will provide background information on VBHC, link to the Hywel Dda VBHC Strategy document, provide access to case studies and resources and host the VBHC community through active forums. Also contained within the resource hub

will be details on how to access the VBHC Evergreen Fund, which will be available to project areas requiring initial investment to prove the value case for changes to service delivery.

No single Director responsibility

- 5A: National NHS Performance Targets *
- 5N: Implement National Network and Joint Committee Plans
- 5B: Local NHS Performance Targets *
- 5O: Fragile services review *
- 3B: Delivering regulatory requirements

*denotes a Planning Objective deferred in 2021/22

PO 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.

- The Integrated Locality Planning (ILP) timeline evolved throughout 2021-22 to align with the wider Health Board planning framework. Each County system developed an Integrated Locality Plan using a consistent format and with an agreed set of priority actions across the whole system triangle model. To ensure Health Board wide consistency, a set of standard definitions for each part of the whole system triangle was agreed. Cluster plans informed each ILP to ensure wider system alignment and in support of the evolving national Accelerated Cluster Development programme. Initial scoping work commenced with corporate teams to develop more robust business partnering links as well as a set of resource information to inform the next iteration of the plans, the Improving Together team supported this element of development.
- Based on the priorities outlined in the three ILPs, funding proposals were submitted as part of the Integrated Medium Term Plan(IMTP) process. These signalled a strong ambition for the development of the community model across West Wales. The Planning Objective has been revised for 2022-23 to enable the embedding of the Accelerated Cluster Development programme, to ensure continued local place based ownership of population needs and priorities whilst ensuring regional equitable outcomes, the reduction of inequalities and the consistent development of key elements of the community model.

PO 4O: Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel dda. This should be fully in place by December 2021. (TSG agreed)

- Recognising that there were very different starting points for social prescribing and community connectedness across the West Wales region, a key priority was to develop consistent principles and standards for the model. This work was strongly informed both by the Community of Practice, but also the national framework which remains in development. These provide a framework for any person delivering social prescribing as their whole, or a part of their role, clarity of the purpose and expected outcomes and a way of gathering information for delivery. The final set of principles and standards were approved by the Operational Planning and Delivery Programme group as well as the Integrated Executive Group of the RPB in March 2022.
- Recurrent funding was agreed to support this role across the Health Board and each area have used this to develop plans, grow existing or start the recruitment for new social prescribing resource. In some areas the challenges presented by the pandemic slowed this process, however all areas have a clear model aligned to the standards and principles consistently agreed.
- Throughout the development of the principles and standards, it became clear that a caseload and referral system which supported consistent data gathering of need, activity, impact and gaps was important and Elemental was procured in March 2022. This system is currently used in other parts of Wales and will be implemented from May 2022. This will also support reporting on an anticipated new Welsh Government performance metric.

Gold Command #6: With recruitment processes starting during week commencing 13th September, the HDdUHB's existing Bridging Service will be immediately extended such that it can provide transitional support to all patients awaiting domiciliary care up to the point when an appropriate package of care becomes available or the 31st March 2022 (whichever is sooner).

An exit strategy from this arrangement for each individual receiving bridging support will need to be agreed prior to the commencement of that support recognising and planning for the fact that, whilst local authorities would seek prompt transfer from any temporary provision for each individual receiving bridging support, there is a risk that this would not be possible.

The proposed model will aim to enhance existing integrated arrangements in each County area and its impact will be closely monitored from inception so that decisions can be made on refinement / cessation as appropriate. The expectation is that there are no/minimal delays for patients deemed ready to leave across all HDdUHB services. Arrangements will be designed to prevent negative wider system impact e.g. by avoiding recruitment directly from the existing health and domiciliary care capacity within the region and have a comprehensive risk register to support this. It is not anticipated that the implementation of this service

extension includes the opening of Field Hospital capacity as part of the solution which would require Gold Command Group consideration before enacting. The above does not entail setting aside the usual assessment process to establish eligibility and undertaking timely reviews of packages for those in receipt of domiciliary care

- On 10th September 2021 the project initiation meeting for the Home-based Enhanced Bridging Scheme was held. Two recruitment campaigns were run on 1st October and 20th October across multiple platforms and applying the learning from the rapid Covid recruitment. Against a target of 60WTE staff to be recruited, 34.2WTE offers were made and 16.6WTE staff full on boarded. Each County established an Operational Delivery Group to recruit, induct and support the staff. Due to low numbers recruited and other operational pressures related to the third covid wave, staff were deployed to support community staffing gaps in Ceredigion, the early opening of additional beds in Amman Valley Hospital in Carmarthenshire and initially Sunderland Ward cover in Pembrokeshire and then home based bridging care from the start of January in Pembrokeshire.
- A draft evaluation report has been completed and the key lessons and recommendations have been shared and used to inform part of the Regional Integration Funding proposal to develop an integrated apprenticeship programme, starting initially in Pembrokeshire. The recruits in have each been offered substantive posts, either within the Local Authority or the Health Board, with most choosing a future role in health. A key lesson was the amount of time it takes to train staff to be able to deliver care in the community, particularly where this is an entirely new career, and that any future approach to delivering this kind of care needs to be done substantively and with the appropriate development of the wider team to support. Recently discussions have been ongoing with other Health Boards in Wales and Trusts in England to share methodology, learning and outcomes in order to inform any future model development.
- Planning Objectives for 2022-2 : 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

Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national

PO 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

- During 20/21 the Job description, banding for role, advertising and employing the right Respiratory nursing staff for the role took place. We had to advertise 3 times to get the correct people into post. We now have 4 members of the team making up 3 whole time equivalent posts at a Band 7 level. All in post as of March 2022. The team work across primary care to support and enhance the role of the practice nurse undertaking asthma reviews and look at those people with difficult or complex asthma. The team them also support the difficult asthma clinic that is based in GGH every Friday ensuring timely referral to this service from primary care.
- To assess the impact of the service the following out comes have been agreed

Objectives 1: To identify patients at high risk of Asthma Death as identified by the National Review of Asthma Death (NRAD)

- NRAD identified > 3 annual relievers as a predictor of hospital admission or death. Objective to identify all SABA over-users, call for review or change to MART.

Objective 2: To standardise Asthma best practice within general practice.

- To use a standardised template and to ensure that key statistics are obtained at every review. Annual audit.

Objective 3: To increase the number of patients with peak expiratory flow based personal asthma plans (PAP)

- NRAD: A lack of an asthma plan increases asthma risk

Objective 4: To redesign the management of complex asthma patients.

- Through clinical supervision and MDT by a respiratory consultant improve communication between Primary and Secondary care, shorten the path to specialist investigation, review and treatment. Reduce referrals to secondary care overall.

Objective 5: To review asthmatic patients post A&E attendance and /or admission in a Primary Care setting

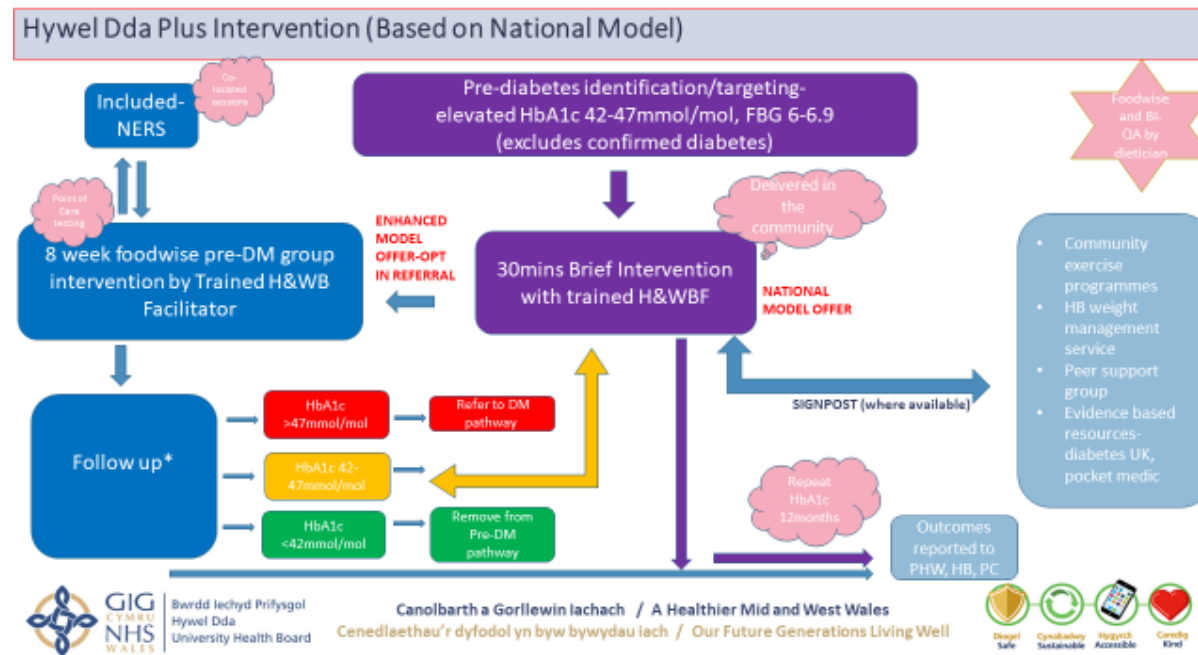
- Those admitted or attending A+E to be reviewed post discharge (within 2 weeks) in Primary care by the Integrated Asthma Nurse (IAN) or practice nurse

Objective 6: Plan and implement a training programme for practice nurses identified on their learning needs

- Interface Asthma Nurses to provide targeted, individualised, rotational learning, including paediatrics for all practice nurses across the HDUHB.

Objective 21/22 Rolling out the Pre-diabetic Project across HDUHB as per the North Ceredigion Cluster pilot to reduce the prevalence of type 2 diabetes and improve the associated cardiovascular risks through targeted identification of high risk groups, providing a face to face consultation, educating and support to make healthy lifestyle choices and monitoring.

- This is our agreed model



Staff Model and Costing-Hywel Dda Plus+ Intervention Pre-diabetes Project Including Delivery of Foodwise

	Year 1 21/22	Year 2 22/23	Year 3 23/24	Notes
1WTE Band 3 Administrator	£8091	£32,365	£32,365	Hywel Dda costs
7X WTE Band 4 H&WB Facilitators	£65,087	£260,348	£260,348	Workforce trained in facilitation and BI, to cover National BI and Foodwise intervention
1WTE Band 7 Dietitian	£19,198	£76,792	£76,792	National Funding available
3.5 WTE NERS	£26,250	£105,000	£105,000	Per county area (.5 Carms additional)
15 % on costs (travel, accommodation, literature)	£17794	£71,176	£71,176	15% of all staffing cost.
X7 POCT and consumables. (One per cluster area)	£19,348	£2,830	£2,830	Year one costs include equipment. Year 2 and 3 costs are for consumables.
Gross costs	£155,768	£548,511	£548,511	Full costs for the project before AWDPP funding accounted for.
All Wales Diabetes Prevention Pathway Funding	£19,000	£106,000	£117,000	Time limited funding, equating to funding for two clusters.
Net Costs,	£136,768(B4)	£442,511(B4)	£431,511(B4)	Costs reflect the three year funding secured via AWDPPF.



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Canolbarth a Gorllewin Iachach / A Healthier Mid and West Wales
Cenedlaethau'r dyfodol yn byw bywydau iach / Our Future Generations Living Well



To date we have completed the following:

- Job descriptions for Band 3 admin, Band 4 Health and Wellbeing Facilitators and Band 7 Lead Dietician. Have had delays with A4C team banding the 3 and 4 posts. Band 7 post completed interviews and appointed. Start date 13th June 2022.
- Have had National Specification through and this is the basis of our work.
- Completed NERS SLAs awaiting sign off by commissioning
- Planned recruitment and interviews for May advised outcome will be with us in a week
- Training and induction programme in draft
- EQIA completed
- DPIA completed
- Equipment ordered including POCT
- Facilitation sites agreed
- Evaluation plan in draft
- Regular weekly meetings to ensure progress continues

PO 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.

- Assumptions;
 - Care and support are not the same

- Choice plays a part in the acceptance of care and support
- Don't assume people with increasing complex and /or rising health needs are looking for a health outcome.
- Family, friends, neighbours, communities, digital can provide wrap around services
- Investment is needed
- The following area of work are already in practice but linked to small funding that is short lived. Need to learn from what has been undertaken so far and develop further with a robust evaluation
- Recommendations to test over next year:
 - Expansion of community micro enterprises Identify areas of good practice with current micro enterprises . Use this work to develop and sustain ongoing in other communities
 - Use the CONNECT programme to support the more vulnerable people in our community reducing isolation and learning what matters to
 - Circle of support Circle of Support take learning from other areas in Wales and use model to test locally
 - Evaluate and evidence the models work Identify support networks using lived experience to design the future of local communities linked with health and social care
 - Digital Test the CHAI community application Improve partnership working to ensure that the networks used by all local organisations to structure a network of self-care support agree community to pilot CHAI and agree implementation, outcomes and evaluation

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

Status and Benefits to Date

- A model for 24/7 urgent primary care (includes community in this context) has been developed and approved through formal committees. Specifically the model is predicated on the development of a Streaming Hub which would take urgent disposition referrals from Emergency Departments, WAST and 111 First. Given the rurality of our geography, it was acknowledged that our Hub would need to be remote in nature and that clinical assessments of those referred would be undertaken virtually by appropriately trained and experienced clinicians. Further, the model recognises the dependency on alternative pathways in primary care and community to meet patients' urgent needs at the right time and as close to home as possible.
- Urgent and Emergency Care (UEC) funding was secured to enhance our urgent primary care (UPC) response during core hours. This funding has remunerated GP practices to secure resource that would enable them to accommodate two patients per practice per day referred to them from the Streaming Hub. UEC funding has also allowed enhancement of Same Day Emergency Care (SDEC) services in the acute hospitals. Community multidisciplinary teams have also benefited from a resource uplift from UEC funding to provide 'wrap around care' or Same Day Urgent Care (SDUC) at home to avoid admission following GP and MDT assessment or following SDEC diagnostics and assessment in the acute hospital site. This additional resource has included the appointment of UPC and Intermediate Care Specialty Doctors, therapists, nurses (registered and non-registered), Advanced Nurse Practitioners, Physicians Assistants and care providers.
- Data is clearly demonstrating that despite an increase in attendances to Emergency Departments that admissions to hospital are demonstrating a continuing downward trend. This suggests that our 'Home First' investment in UPC, SDEC and SDUC models are paying dividend. Additional resource has on boarded in recent months which we anticipate will continue to allow us to reduce UEC pressures in our acute hospitals

Next Steps

- Our GP workforce providing Out of Hours (OOH) urgent primary care remains fragile and often demand for urgent assessment and treatment exceeds the capacity available. Our community nursing teams provide a 24 / 7 service and there is an opportunity to consider how we integrate this with the GP OOH service. This may also be strengthened by Advanced Paramedic Capacity. This should therefore be a priority area for consideration in 22 / 23.
- Despite urgent primary care and community response contributing to admission rate reduction, it seems that bed occupancy continues to increase at an alarming rate. Further analysis of the data demonstrates that increased bed occupancy is directly related to increasing length of stay (LOS) for our older inpatients. The

increasing LOS for this patient group is increasing the amount of care and support these patients require as a consequence of deconditioning while in hospital. This compounds the challenge associated with a finite and fragile social care resource available.

- High bed occupancy rates and discharge delays for this patient group result in poor flow from our Emergency Departments (ED) through to available beds in the hospital environment. Emergency Departments are therefore unable to accommodate patients from ambulances in a timely manner with patients frequently remaining in our EDs for periods of time that are not conducive to the provision of safe and quality care.
- It is clear that improving our Urgent and Emergency Care provision requires a focus on the whole system. Specifically, there is a need to consider how we ensure our system is 'fit for frailty' and ensures that this vulnerable population receives the best outcomes possible. It is well documented that 'what matters' to our older population is that they remain as well and as independent in their own home as long as it is safe and appropriate for them to do so. Our data is suggesting that we are admitting more frail adults than best practice and when they are admitted their length of stay is such that it renders them at risk of harm.
- It has also been acknowledged that UEC improvement is a key enabler to deliver the design assumptions and route map for our Programme Business Case.
- In July 2021 Welsh Government (WG) announced 6 Policy Goals which would form the backbone of an Urgent and Emergency Care (UEC) programme to be implemented across Wales. The 6 Goals, co-designed by clinical and professional leads, span the UEC pathway and reflect the priorities in the Programme for Government 2021–2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The 6 Goals also provide a clear focus on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission (please see attached documents for additional information). There is an expectation by WG that each Health Board across Wales implement its own 6 Goals UEC programme in response.
- It is proposed therefore that Planning Objective (5J) is reviewed and redefined as follows:
- 'To develop and implement a four year 6 UEC Goals Programme Plan for the Health Board that will implement an integrated 24/7 urgent and emergency care model. The Programme will oversee the development of a strategy and implementation of best practice for our frail population to ensure optimal outcomes for this vulnerable group are achieved.
- The programme will ensure alignment to the national UEC Policy Goals and will enhance our UEC performance. The local model will feature in Health Board IMTPs as part of core business from 2023/24 onwards as a key deliverable that contributes to the design assumptions and deliver route map for the 'A Healthier Mid and West Wales' Programme Business Case.'

Support for the Planning Objectives from Medicines Management

3B Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies. See specific requirements (3.B.i) for the full list.

- 3.B.i GPhC (in directly) - Submission of a revised SOC for Aseptic Unit in WGH to address the 'Highly Critical status of the unit due to non-compliant facilities to the standards set out in the Good Manufacturing Practice overseen by MHRA.

5.A.i Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age

- December 21 (March 22 not yet available) Downward trend) 132 to 103. 2nd lowest in Wales (this is good)
- Actions: All practices have reviewed their female patients on sodium valproate and ensured that either:
- Those that remain on the drug have been appropriately counselled and provided with contraception.
- Referred to specialist services for review.
- MERG (Medicines Event review Group) has overseen the work.
- Challenges: Capacity within neurology services to review patients medication in a timely manner.

5.A.i. Number of patients aged 65 years or over prescribed an antipsychotic

- Reviewed As part of GP visit and Care Home work. Lower level of prescribing across Hywel Dda than most of Wales.

5.A.i. Opioid average daily quantities per 1,000 patients

- Decrease of 0.31%, which while a small drop is going in the right direction.
- Working well: Pain team is well embedded in a multi-professional approach with psychology and GPs to address chronic use.
- Challenges: Team is very depleted due to staff movement, staff covering other activities e.g. supporting acute when staffing is critical, covering senior post, diverted Field Hospitals, nMABS .

5.Q Work in collaboration with CCM to support implementation of National COPD and Asthma guidelines

- The National COPD and Asthma Guidelines have been formally endorsed and adopted by the HB. Their implementation has been supported through sessions targeted, primarily medical and nursing colleagues through protected learning, GP prescribing leads and Grand Rounds.
- Implementation has started but will be hampered due to the backlog of respiratory reviews that are needed within primary care as a consequence of Covid-19. Communication of the guidelines to ensure all HCP in all settings are aware and implementing remains challenging. Recruitment completed of 3 x WTE Asthma nurses to support this work

5 J Development of Hywel Dda wide DCW medicines administration policy with implementation plan

- Policy and plan completed, awaiting support from RIF to enable implementation. This is the first time that all 3 Local Authorities are aligned with the potential for a single approach to supporting medicines administration in patients own home.
- Challenges- due to staffing capacity and pressures on DCW progress to move to implementation has been slow. Funding needs to be agreed. This will reduce the risk of GP and Hospital attendances due to medicines.
- Pharmacy have recruited/in process of recruiting to support -Medicines management elements of this service, and to reduce the risk of re-attendance/contact due to medicine issues. Referral documentation has been developed and it is anticipated it will begin shortly. Only 1 WTE recruited to date with further posts commencing in next 2 months.