

Enw'r Pwyllgor / Name of Committee	Strategic Development and Operational Delivery Committee (SDODC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Maynard Davies, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 27 th June 2022
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • SDODC Terms of Reference: The Committee approved an additional paragraph at 3.15 to ensure matters relating to or impacting workforce, education or training are referred to the People Organisational Development and Culture Committee (PODCC) and also to formally include a representative of the Department of Public Health in the Committee's membership. • Self-Assessment of Committee Effectiveness: The Committee received the Self-Assessment of Committee Effectiveness: Process and supported its use. • Corporate Risks: The Committee was assured that identified controls are in place and working effectively and that planned actions will be implemented within stated timescales. • Operational Risks: Two risks were highlighted, which have been refreshed and updated. The Committee was assured that relevant controls and mitigating actions are in place and planned actions will be implemented within stated timescales. • Integrated Performance Assurance Report: The Committee received the Integrated Performance Assurance Report (IPAR), noting the following: <ul style="list-style-type: none"> ○ The IPAR team is considering how best to manage and present data and metrics around the patients starting their first definitive cancer treatment within and after 62 days and describe counterfactual trends. ○ Patient transport to appointments at flexible service delivery locations may not be easily available and may impact patients' access to services, resulting in declined appointments which in turn will impact waiting lists. In the interest of fairness to the population in terms of access to services, patient transport possibilities will be investigated. ○ Action being taken to support and engage staff is having a positive impact in respect of staff sickness (5.8%; which is significantly better than many other Health Boards). ○ Demand and capacity for therapy services are tracked, recognising and mitigating the effects of pressures on service delivery (ie, diverting staff to other therapies where necessary). It was noted that some services have not been provided in Aberystwyth as a result of there being no suitable accommodation, for which a solution is being sought. It was further noted that every specialty has an established monitoring mechanism to track activity delivery and the impact of that against the total waiting list size, with outcomes reported on a monthly basis. 	

- **Recovery Planning Report (post-Lightfoot):** The Committee received the Recovery Planning (Post-Lightfoot) presentation, noting the following:
 - Pre-COVID-19 had seen a gradual increase in admissions which increased activity for planned care. This changed considerably during and as a result of the pandemic and the backlog demand for services is being closely monitored. Referrals have recovered more quickly than service activity, creating pressure on the system through increased demand. Work is being undertaken on pathways, managing the interface between primary and secondary care to better manage the situation. Waiting lists for services are impacted and there is a great deal of work required to achieve the 104 weeks target in relation to those patients on the waiting list pre-COVID-19.
 - A number of Ministerial Measures and targets for planned care have been issued recently; the two priorities for HDdUHB being (1): No one waiting longer than a year for their first outpatient appointment by the end of 2022; and (2): Eliminate the number of people waiting longer than two years in most specialities by March 2023. Both are being actively pursued.
 - It is envisaged that there will be a circa 5,000 patient gap in achieving the outpatient 52 weeks target by December 2022 which reflects a 5% improvement. The current delivery plan for the 104 weeks target demonstrates a gap of circa 4,000 patients. External markets are being scoped for additional, independent sector capacity. Achieving these targets is dependent upon continued provision for inpatient orthopaedic services through Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) and the opening of the new unit in PPH. Workforce capacity is a key risk and efforts are continuously being made to recruit.
 - Referrals have increased but have not yet reached pre-COVID-19 levels. Work is being undertaken on the pathways and the interface between primary and secondary care; referrals and demand will be managed differently going forward.
 - There has been an estimated 25% increase in primary care activity with concern at the start of the pandemic regarding the late presentation of cancers. Meetings are taking place with political parties to raise issues around primary care access and the system. Challenges remain getting referrals through to all pathways.

- **Stroke Service Re-Design:** The Committee received the Stroke Service Re-Design update report, noting that Swansea Bay University Health Board (SBUHB) has reviewed its original decision and since confirmed that HDdUHB patients will be included in their Morriston hyper-acute stroke unit provision.

- **COVID-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23:** The Committee received the COVID-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23, noting:
 - The proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with the existing flu programme. There are no issues regarding vaccine supply for influenza or COVID-19.
 - The proposed plan to respond to a request to surge vaccinate over the autumn/winter period, considering the potential impact on existing acute and community services.

- **Integrated Plan for the Period 2022/23 – 2024/25:** The Committee received the Three-Year Plan for the period 2022/25 update report, noting the steps being taken to further develop the Plan to incorporate a one year financial forecast for submission to Welsh Government in the second quarter of 2022/23.

- **Planning Objectives:** The Committee received the Planning Objectives Update and Quarterly Annual Plan 2021/22 Monitoring Return (Q4) receiving assurance on the current position and progress of Planning Objectives aligned to SDODC. Two planning objectives are behind target: 4K regarding the approach to health inequalities which will be reviewed at the October 2022 meeting, and 5F regarding implementation of the

Bronglais Hospital strategy over the coming three years, which is being closely monitored. There is a considerable number of Planning Objectives aligned to SDODC which will be reviewed and incorporated into the Annual Workplan, with 'deep dives' undertaken as necessary.

- **Discretionary Capital Programme 2022/23:** The Committee received the Discretionary Capital Programme (DCP) 2022/23 and Capital Governance Update Report noting:
 - The £5.29m discretionary capital programme for this year.
 - A significant imaging programme to run this year as part of a £12m development which is important given the radiology backlog situation.
 - A contingency sum for the year of £400k.
 - The Capital Governance update and the restating of the Cross Hands Scheme to a green rating.
 - Fire Enforcement: Phase 2 Funding has been received from Welsh Government in the sum of £935k.
 - The PPH modular build commissioning detail will take into account the delay. Notification of the operational go live date is awaited.
- **ARCH Update:** The Committee received the A Regional Collaboration for Health (ARCH) Portfolio Update Report, noting the significant programme of work with SBUHB, with the report capturing both the overall position and the breadth of work.
- **Capital Sub-Committee Update Report:** The Committee received the Capital Sub-Committee Update Report, noting the following:
 - The year-end position for the capital resource limit was delivered within £62k of the limit.
 - There are no outstanding recommendations for action on the capital audit tracker.
 - Four items are being tracked on the capital governance review to ensure they meet timescales.
 - The Sub-Committee received a presentation from Arts in Health Team on the positive work they are undertaking. There are opportunities for the team to get involved in capital schemes/projects for the benefit of patients and staff.
 - There was a significant increase in vesting arrangements at the end of 2021/22 due to supply issues. This will have to be a consideration in future when accepting WG allocations later in the year.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- The revised Strategic Development and Operational Delivery Committee Terms of Reference, appended.

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

- **Integrated Performance Assurance Report:** Concerns were expressed as follows:
- **Cancer Treatments:** The metric around the percentage of patients starting their first definitive cancer treatment within 62 days does not evidence the data showing first treatments on day 63 and thereafter and where, therefore, performance targets are not being met.
- **Clinical Priority:** Whilst acknowledging limited capacity, whether data can demonstrate that patients are being treated according to clinical priority. Data is available at operational level, including data from other dashboards, which enable a much deeper level of scrutiny of individual pathways ie, the diagnostic phase, treatment phase, etc.

- **Waiting Times for Therapies:** Waiting times for therapies are continually failing to meet targets (with the exception of dietary and audiology). This issue will be referred to the Quality, Safety and Experience Committee (QSEC) for consideration.

**Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:**

Adrodd yn y Dyfodol / Future Reporting:

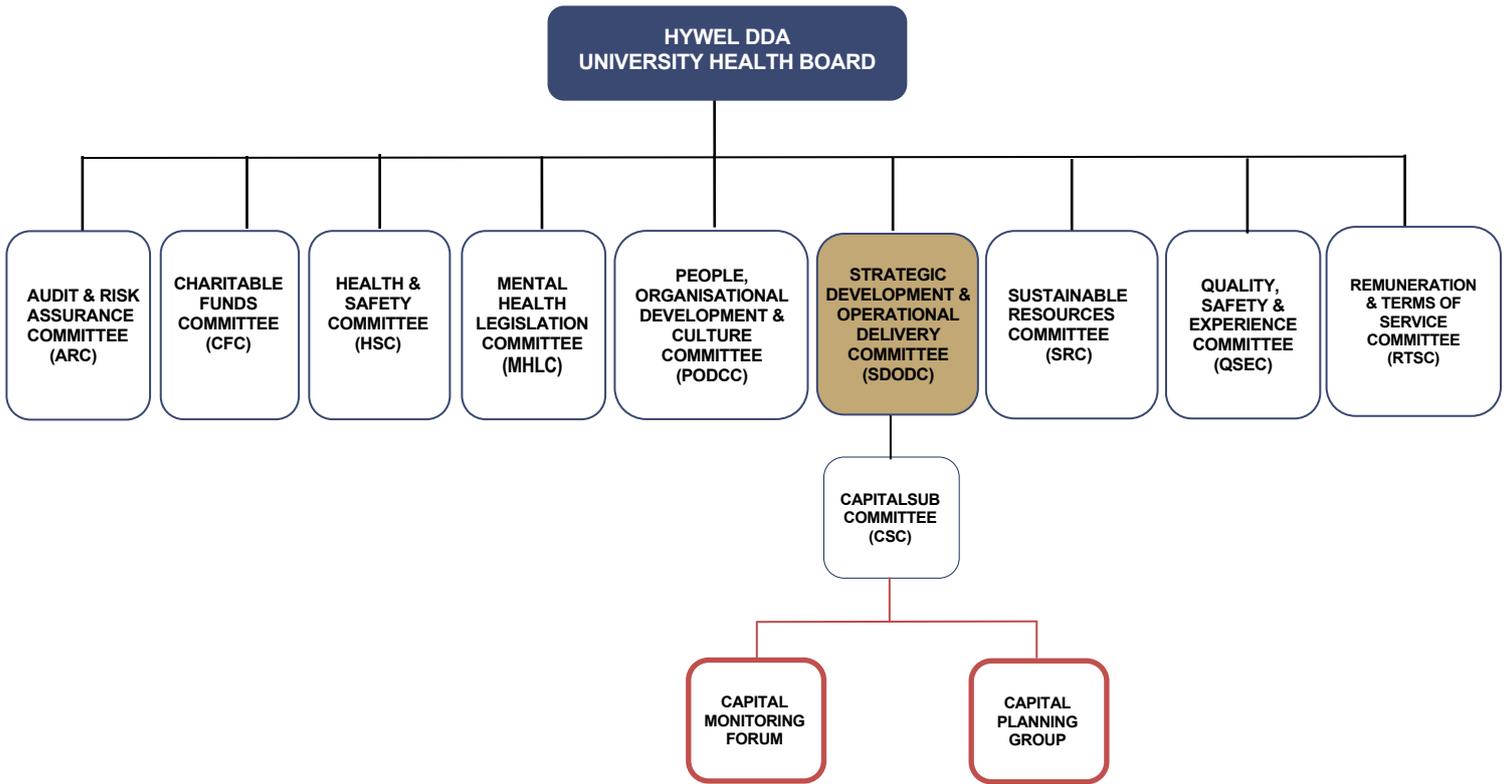
- The Workplan will be reviewed to ensure that all Planning Objectives aligned to SDODC are recorded in the Workplan for scrutiny and reporting.
- Data accuracy reporting to be included.
- Mental Health and Learning Disability targets to be reviewed at the October 2022 meeting.

In addition to the items scheduled to be reviewed as part of the Committee's work programme, the following items will be reported to the next Committee meeting:

- Monitoring of Welsh Health Circulars
- Influenza Season: End of Season 2021/22 Report and 2022/23: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season
- Winter Plan: Evaluation of Winter 2021/22 and 2022/23 Plan
- Pharmaceutical Needs Assessment
- Continuing NHS Healthcare: The National Framework for Implementation in Wales – Post Implementation – National Performance Tool

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25th August 2022



STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	Approved
V0.1	Strategic Development & Operational Delivery Committee	26.08.2021	Approved
V0.2	Strategic Development & Operational Delivery Committee	27.06.2022	Approved
V0.2	Hywel Dda University Health Board	28.07.2022	For Approval

STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

1. Constitution

- 1.1 The Strategic Development & Operational Delivery Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st August 2021.

2. Purpose

The purpose of the Strategic Development & Operational Delivery Committee is:

- 2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan.
- 2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- 2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
- 2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
- 2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- 2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The Strategic Development and Operational Delivery Committee shall:

- 3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.2 Review business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case for the repurposing of the Glangwili and Withybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery.
- 3.3 Seek assurance on delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports.
- 3.4 Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
- 3.5 Seek assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH); Mid Wales Joint Committee; Sexual Assault Referral Centre (SARC); National Collaborative.
- 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board
- 3.8 Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
- 3.9 Consider the new process that is established, involving all clinical service areas and individual clinical professionals, whereby the Health Board is assessed against local and national clinical effectiveness standards / NHS Delivery Framework requirements and fully contribute to all agreed national and local audits, including mortality audits.
- 3.10 Provide assurance to the Board that arrangements for Capital, ~~Estates and IM&T~~ are robust.
- 3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree these in line with HDdUHB's financial Scheme of Delegation (up to £0.5m, or up to £1m with the prior agreement of Executive Team), with any proposals over the £1m threshold to be recommended for approval to the Board.
- 3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies.

- 3.13 Refer planning and performance matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.14 Refer matters which impact on data quality and data accuracy to the Sustainable Resources Committee (SRC), and vice versa.
- 3.15 Any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee (PODCC).
- 3.16 Approve relevant corporate policies and plans within the scope of the Committee.
- 3.17 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategic Development & Operational Delivery Committee and oversee delivery.
- 3.18 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Director of Strategic Development and Operational Planning (Lead Executive)
Director of Finance
Director of Operations
Director of Primary, Community & Long-Term Care
Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee
Hywel Dda Community Health Council representative (not counted for quoracy purposes)
Representative of the Department of Public Health

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with half of the identified In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Strategic Development & Operational Delivery Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Strategic Development & Operational Delivery Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of Strategic Development & Operational Planning), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:
 - 10.3.1 Capital Sub-Committee.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Planning Objectives Aligned to Strategic Development & Operational Delivery Committee

As at 14 July 2022

PO Ref	Planning Objective	Executive Lead
3A	<p>Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence.</p>	Director of Finance
3E	<p>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day-to-day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</p> <p>As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by September 2022 with full inclusion of all health and social care data (as a minimum) by March 2025</p>	Director of Finance
3H	<p>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</p>	Board Secretary

PO Ref	Planning Objective	Executive Lead
3I	To implement contract reform in line with national guidance and timescales	Director of Primary Care, Community and Long-Term Care
3J	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.	Communications Director
3M	By March 2023, develop a comprehensive communication plan for the next 3 years to evolve our branding, deepen our links to our staff, build organisational confidence, and communicate honestly, transparently and effectively with our patients and local population. This should include widening the tools and channels at our disposal. Subject to Board approval in March 2023, begin implementation from April 2023.	Communications Director
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to public health within the next 3 years (with 2022/23 being year 1) (see specific requirements 4.A.i)	Deputy Director of Public Health
4B	By March 2024, develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	Deputy Director of Public Health
4C	To undertake an evaluation of the impact and benefits of the three WG supported Transformation Funds and ICF supported schemes in order to develop proposals, with LA partners for consideration and approval at the Regional Partnership Board by March 2023 for implementation from April 2024	Director of Primary Care, Community and Long-Term Care
4D	By March 2024 Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Deputy Director of Public Health
4G	Following implementation of the local plan to deliver "Healthy Weight: Healthy Wales" measure and report the impact and develop a 3 year plan by March 2023 to promote system leadership and working across areas locally for delivery of Level 2 and Level 1 services.	Director of Public Health

PO Ref	Planning Objective	Executive Lead
4J	Work in partnership with the Public Service Boards (PSBs) and Regional Partnership Boards to ensure the publication of the statutory Well-being and Population Assessments by June 2022, and the completion of PSB Well-being Plans and an Area Plan by June 2023.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
4K	By March 2023, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Deputy Director of Public Health
4L	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health and wellbeing” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Medical Director/Deputy CEO
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Deputy Director of Public Health
4N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Medical Director/Deputy CEO
4O	Develop and implement a food health literacy programme for Year 5 children - either as part of the formal curriculum or as a voluntary extra-curricular programme - with a pilot taking place in 2022/23. Over the subsequent 3 years, this plan should seek to deliver the programme in at least	Director of Therapies and Health Science

PO Ref	Planning Objective	Executive Lead
	one location in each county with the aim to have it in place for all Year 5 children over a 10 year period (2022/23 - 2032/33)	
4P	By December 2022 develop and seek Board approval for a Recovery & Rehabilitation plan 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, this plan should be ready for implementation from April 2024	Director of Therapies and Health Science
4Q	By October 2022, through a rapid expansion of all types of community care, put in place the necessary support so that sufficient Hywel Dda residents are able to remain / return home to reduce the number of non-elective patients in acute hospital beds by an average of 120 per day (averaged across the week and compared to the weekly average for the period between January and March 2022)	Director of Operations
4R	By March 2023 establish a regional oversight group, in partnership with PSBs and the RPB, to develop and promote a broad range of actions that will promote the social and green solutions for health and well-being and contribute to addressing the climate change emergency through green health and sustainability projects.	Director of Public Health (Temporarily re-assigned to the Director of Workforce and OD)
4S	By March 2024 develop and implement the strategy to improve population health so that everyone within HDdUHB region can expect to live more of life in good health by: 1) Having clear action plans for addressing the biggest preventable risk factors for ill health and premature death including tobacco, obesity and harmful use of drugs and alcohol and 2) by addressing health disparities to break the link between background and prospects for a healthy life through strong partnership working	Deputy Director of Public Health
4T	By March 2023, implement and embed our approach to continuous engagement through: <ul style="list-style-type: none"> • Providing training on continuous engagement and our duties to engage / consult around service changes in keeping with The Consultation Institute’s advice 	Director of Strategic Development and Operational Planning

PO Ref	Planning Objective	Executive Lead
	<ul style="list-style-type: none"> Implementing structures and mechanisms to support continuous engagement, aligned to the regional framework for continuous engagement Introducing a Continuous Engagement Toolkit, including guidance and templates to support wider teams and to promote good practice 	
4U	<p>By December 2022 develop a proposal for place-based action in at least 1 community in each county with key local partners and support from the WCVA which includes an initial phase of development for community leaders, which includes asset mapping and identification of priority areas of activity that would have the most likely and rapid effect on health and well-being of that community and would be owned by the local community. As part of this work, identify sources of funding and a funding mechanism that facilitates community ownership and is for at least 3 years.</p>	Medical Director
5A	<p>Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"</p>	Director of Nursing, Quality and Patient Experience
5B	<p>Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"</p>	Director of Nursing, Quality and Patient Experience
5C	<p>By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in 'A Healthier Mid and West Wales' for:</p> <ul style="list-style-type: none"> The repurposing or new build of GGH and WGH Implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears <p>Work with partners to develop and address access, travel, transport and the necessary infrastructure to support the service configuration taking into account the learning from the COVID pandemic (See specific requirements 5ci, 5cii)</p> <p>Develop plans for all other infrastructure requirements in support of the health and care strategy.</p>	Director of Strategic Development and Operational Planning

PO Ref	Planning Objective	Executive Lead
	<p>5c i - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.</p> <p>5cii - Implement the requirements of ‘My charter’ to involve people with a learning disability in our future service design and delivery.</p> <p>5ciii - Incorporate Biophilic Design Principles, learning from the best in the world, into the design of the new hospital and the repurposing of GGH and WGH</p>	
5F	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	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
5H	<p>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:</p> <ul style="list-style-type: none"> • 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 	Director of Primary Care, Community and Long-Term Care

PO Ref	Planning Objective	Executive Lead
	Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme	
5I	Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Director of Operations
5J	Undertake a review of the significant changes made to the 24/7 community and primary care unscheduled care service model in 2021/22 and develop a refreshed plan to embed those changes and complete the task of establishing a comprehensive and sustainable model in this area by September 2022 so that implementation can be completed by December 2022.	Director of Primary Care, Community and Long-Term Care
5M	By March 2025 implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales (see the specific requirements 5.M.i). Develop a plan to progress to Level 5 of the 7 Levels of the Healthcare Information and Management Systems Society (HIMSS) maturity matrix (currently the HB is at level 3).	Director of Finance
5N	Implement all outstanding plans in relation to but not limited 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, Welsh Health Specialised Services Committee	No single Exec owner: Director of Operations Director of Nursing, Quality and Patient Experience (SARC) Director of Therapies and Health Science (HASU) Director of Workforce and Organisational Development (Aber Uni and cross border workforce issue)

PO Ref	Planning Objective	Executive Lead
		Medical Director/Deputy CEO (ARCH)
5O	Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established	Director of Therapies and Health Science
5P	Bring the finalised Market Stability Statement and Population Needs Assessment programme to the Health Board by June 2022 and develop an initial set of new Planning Objectives to address the opportunities and issues raised by September 2022 for implementation from Q3 2022/23.	Director of Primary Care, Community and Long-Term Care
5Q	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Director of Primary Care, Community and Long-Term Care
5S	By July 2022 a Health Board wide Palliative Care Triumvirate will be established with a pooled budget to lead on the implementation of the approved Palliative Care and End of Life Care Strategy. This will deliver on five key outcomes; a regional commissioning framework for third sector delivered services, an evidenced workforce model based on capacity and demand plan with equitable training opportunities, a service model based on best practice from the Swan/Cygnnet model, an outcomes and delivery dashboard in line with new national requirements, and implementation of the estates benchmarking review. By March 2023 the Triumvirate, in partnership and collaboration with the service, will clearly identify the priority gaps for next wave of strategy implementation.	Director of Primary Care, Community and Long-Term Care
5T	By September 2022 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 and take advantage of the new national Continuing Healthcare Framework and likely introduction of Independent User Trusts	Director of Primary Care, Community and Long-Term Care

PO Ref	Planning Objective	Executive Lead
5U	<p>By September 2022 develop an initial plan for the Health Board's community and non-clinical estate with a focus on addressing the WG's "Town First" initiative, reducing HB accommodation overheads and improving the working lives of our staff. It should also set out an on-going process to refresh and renew this plan over the coming years in order to keep pace with new working patterns, HB needs and opportunities for co-location with public and voluntary sector partners. Current work on office moves should continue whilst this plan and on-going process is developed.</p>	<p>Director of Strategic Development and Operational Planning</p>
5V	<p>By April 2022 develop an IMTP annual planning cycle which supports the Exec Team in the timely development future annual and 3 year plans. This should incorporate the utilisation of quarterly Exec Team residential sessions and a model to deploy operational planning capability out into the organisation.</p>	<p>Director of Strategic Development and Operational Planning</p>
6K	<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>	<p>Director of Operations</p>