

CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Board Assurance Framework Dashboard Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

The BAF Dashboard can be accessed via the following link:

[Board Assurance Overview - Power BI](#) (Please open in Microsoft Edge).

Cefndir / Background

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

The following components and processes must be in place for the Board to receive the necessary assurances:

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

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

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

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

The BAF provides the framework for this approach.

Asesiad / Assessment

Our six strategic objectives form the basis of our BAF.

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

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

The BAF Dashboard Report provides the Board with a visual representation of the Health Board’s progress against each strategic objective by showing:

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

The BAF Dashboard can be accessed via the following link:

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

Planning Objectives

All Committees have received a progress report on delivery of the Planning Objectives (PO) that have been aligned to them. The progress reported is against the POs identified in the Annual Plan 2021/22.

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

- update the wording of the planning objectives
- introduce new planning objectives

Proposed changes to planning objectives were presented to the Board for approval at the January 2022 Public Board meeting. The Chief Executive Officer is currently meeting with Executive Directors individually to agree the plans to deliver these planning objectives, including those considered to be behind in their 2021/22 delivery (Appendix 1), and therefore these may subject to amendment before being included in the Health Board's 3 year plan in March 2022, and the Integrated Medium Term Plan to be submitted to Welsh Government in July 2022. Once approved, these changes will be incorporated into the BAF Dashboard Report.

Outcome Measures

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

Further work will be undertaken on the outcome measures, such as considering what the ambition for each measure should be and the key milestones to achieve this.

Principal Risks and Assurances

The principal risks' actions have been updated following the planning objectives update reports to the Board Committees and have been reviewed by Executive Risk Owners. The principal risks and assurances have been reported to the Executive Team prior to the March Board.

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

The principal risks will be reviewed and updated following submission of the Health Board's IMTP in July 2022, as the priorities for the next 3 years will have been agreed by the Board, and these are likely to have an impact on the Health Board's ability to implement its strategic objectives and manage its principal risks.

What the BAF is reporting this month

The Board should focus its attention on areas of poor performance in terms of progress against delivery of planning objectives, slow or no impact on agreed outcome measures, significant risks to the achievement of strategic objectives, where there is little confidence in the

assurances provided. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Below is brief overview of the key information that the BAF Dashboard report is providing this month in respect of the Health Board's progress to achieving its strategic objectives. Our intention is to strengthen the narrative going forward.

Overall this month, the [BAF Dashboard](#) is showing that 5 planning objectives have been completed (this is an increase from 4 previously reported) with another 1 ahead of schedule. There is no change from the previous report, 32 planning objectives remain on track, with 15 that continue to be behind schedule.

Strategic Objective 1 – Putting people at the heart of everything we do

- Two Planning Objects are behind (1E Waiting List Initiative; 1F HR Offer) compared to three in the previous reporting, all others are currently on track.
- There have been no changes to the risk scores of the 3 principal risks aligned to this strategic objective. Risk 1186 (Ability to attract, retain and develop staff with the right skills) has a current risk score of 20, with some actions currently behind schedule (2D, 2G and some elements of 1F) however new delivery dates have been provided. Risk 1184 (Measuring how we improve patient and workforce experience) has a current risk score of 8, and the establishment of a Command Centre Steering Group has increased the assurance mechanisms in place for this risk. Risk 1185 (Consistent and meaningful engagement through our workforce) has been reviewed, with new delivery dates provided for the outstanding actions listed under 'gaps in controls' and 'gaps in assurance'. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.
- In respect of the agreed outcome measures for this strategic objective, the organisation has previously reported on patient experience only in emergency departments however are now also including data for inpatient and outpatient activity. The overall patient experience has remained high between 90% and 95% since June 2020. The new staff survey started in December 2021 with 1,000 staff being invited to participate. The overall response rate for January 2022 was 20% (compared to 23% in December) and the overall staff engagement score was 3.8 (out of 5), the same as December 2021; this can also be interpreted as 76% of staff reported being happy in their work. No update is available for the other measure which is reported annually i.e. adults able to influence decisions affecting their area annually.

Strategic Objective 2 – Working together to be the best we can be

- As noted in the previous reporting period Planning Objective 2C (Continuous engagement) has been completed; all but two of the planning objectives (2D Clinical Education Plan – this was also behind in the previous reporting period; 2G NHS and related care careers workforce programme) continue to be on track.
- There has been no change to the level of risk of the four principal risks aligned to this strategic objective. Again the most significant risk linked to this strategic objective is 1186 (Attract, retain and develop staff with right skills) – an update has been provided above in Strategic Objective 1. An update has also been provided above for risk 1185 (Consistent and meaningful engagement through our workforce). There is no change to the risk 1187 which has a risk score of 16. Of the 6 planning objectives identified as actions to manage this risk, 1 has been completed (2C), with 2 currently behind schedule (2D and 2G) however new dates have been provided for these objectives. Risk 1188 (Effective leveraging within partnerships and carers) has been reviewed with work continuing to progress identified actions. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.

- At present, data is available for two out of the three outcome measures for this strategic objective. Of those staff members who responded to the new staff survey, 70% reported that team members trust each other's contributions and 65% reported having a Personal Appraisal Development Review (PADR) in the last 12 months that has supported them with clear objectives aligned to team and organisation goals.

Strategic Objective 3 – Striving to deliver and develop excellent services

- As noted in the previous reporting period two planning objectives (3D and 3F) have been completed, with three planning objectives currently behind schedule (3B Delivering Regulator Requirements– as per the previous reporting period and 3I Contract reform; with 3G Technology Enabled Care now behind as well) and one ahead of schedule (3E Business intelligence and modelling).
- There has been no change to the level of the risks aligned to this strategic objective. Again, the principal risk (1186) reflects the importance of increasing staff capacity to achieve this strategic objective – an update has been provided above in Strategic Objective 1. Risk 1189 (Timely and sufficient learning, innovation and improvement) has a current risk score of 9, with 1 action completed, 1 ahead of schedule, 2 are on track, with timescales for the remaining 3 actions to be confirmed to Board as part of the Integrated Medium Term Plan (IMTP) process. Work is progressing on identified actions in risk 1190 (Capacity to engage and contribute to 'Improving Together'), with all actions reported as on track or ahead of schedule. This has a current risk score of 16, identifying operational pressures presenting a challenge to being able to fully engage with clinical teams prior to roll out of the programme. Due to operational and COVID pressures, the Performance team have been unable to meet with operational staff. Further assurances have been identified as being required on all 4 risks aligned to this strategic objective.
- In respect of outcome measures, 58% of staff surveyed in January 2022 reported being able to make improvements in their area of work and 83% of all staff have completed basic improvement training. To date 169 (1.5%) staff have completed training to lead improvement and change in practice in their work area, with an additional 15 staff members due to complete their training by summer 2022 and another 120 staff who are currently on the Enabling Quality Improvement in Practice (EQIIP) programme will complete their training in September 2022. No update is available for the number of new hosted research and development studies, which is reported annually.

Strategic Objective 4 – The best health and wellbeing for our communities

- One planning objective 4E (Making Every Contact Count Implementation) remains behind schedule; and another 4O (Social Prescribing) has also fallen behind. 4E remains behind as the required funding to deliver the program has not been identified, and the ability to release the volumes of staff identified during the current system pressures poses a significant risk, in addition to the challenge of securing sufficient additional backfill capacity to release staff.
- There has been no change to the level of the 3 risks aligned to this strategic objective. The most significant risk 1192 (Wrong value set for best health and well-being) has a current risk score of 16, which reflects the challenge that there is no universally accepted view of the best health and wellbeing and information on wellbeing is not routinely collected with every encounter with our population. Out of the 12 actions identified, 3 actions are behind schedule (4E, 5H and 6I) with 1 completed (2C), 5 on track and 3 have been re-prioritised due to our on-going pandemic response, with timescales to be confirmed to Board as part of the IMTP process. Risk 1193 (Broadening or failure to address health inequalities) has a current risk score of 9, with work progressing on identified actions. Risk 1194 (Increasing uptake and access to public health interventions) also has a current risk score of 9, with work progressing on

identified actions. 2 actions are on-track with 1 (5H) currently behind schedule. Further assurances have been identified as being required on all 3 risks aligned to this strategic objective.

- No updates are available for the 3 outcome measures identified for this strategic objective, which are all reported annually.

Strategic Objective 5 – Safe, sustainable, accessible and kind care

- 3 planning objectives are reported as being behind: 5K (Clinical Effectiveness), and 5C and 5D (relating to the Programme Business Case (PBC)) all of which were behind in the previous reporting period. For these, work is underway to detail the critical path activities for achievement of the PO target date. There are significant challenges, some of which will become clearer as the PBC process is completed and more is understood regarding the business case requirements for the programme and the key tasks required in relation to the new hospital site selection and planning approval.
- There has been no change to the level of the 3 risks aligned to this strategic objective. Although work is progressing with the development of the Programme Business Case, there are 3 actions currently behind schedule (5C, 5D and 5E) on risk 1196 (Insufficient investment in facilities/equipment/digital infrastructure) which has a current risk score of 16. Risk 1195 (Comprehensive early indicators of shortfalls in safety) has 2 actions on track and 2 have been re-prioritised due to our on-going pandemic response, with timescales to be confirmed to Board as part of the IMTP process. Risk 1197 (Implementing models of care that do not deliver our strategy) has 4 actions on track, 4 behind (5C, 5D, 5E and 4O) with the remaining actions re-prioritised due to our on-going pandemic response, timescales for these will be confirmed to Board as part of the IMTP process. Further assurances have been identified as being required on 1 out of the 3 risks aligned to this strategic objective.
- The patient harm measure has been updated. We previously reported the number of incidents resulting in harm, and are now reporting the percentage of all reported patient related incidents that caused moderate, severe or catastrophic harm. In January 2022, 13.8% of reported incidents relating to patients caused at least moderate harm. Staff turnover continues to be high and has been relatively static between 9.2-9.5% for the past 6 months. Bed day occupancy for our inpatients continues to show cause for concern.

Strategic Objective 6 – Sustainable Use of Resources

- As previously noted, one planning objective (6E Design and implement a value-based healthcare education programme) has been completed, whilst another three 6B (Value improvement and income opportunity), and 6H (Supply Chain Analysis) have now also been completed. All other Planning Objectives remain on track.
- There has been no change to the level of the risks aligned to this strategic objective. Out of the 3 principal risks identified, 2 have a current score of 16. These relate to achieving financial stability (1199) and the ability to shift care in the community (1198) which reflects the complexity of connecting demand, operational capacity planning, workforce planning and financial planning. Risk 1199 has 3 actions completed, 5 on track and 2 behind schedule. Risk 1198 has 1 action completed, 6 on track, 3 behind schedule (5C 5H and 6I) with the remaining actions re-prioritised due to our on-going pandemic response, timescales for these will be confirmed to Board as part of the IMTP process. Risk 1200 (Maximising social value) has a current risk score of 9 with work being progressed. Further assurances have been identified as being required on 2 out of the 3 risks aligned to this strategic objective.
- The outcome measures for this strategic objective show that, in January 2022 only 10% of the Health Board's third party spend was with local Hywel Dda suppliers and this measure is showing concerning variation for the ninth consecutive month. The financial

position for February 2022 is a £2.1m overspend and a year to date (YTD) total of £22.9m deficit which is in line with the deficit plan. No update is available for the annual carbon outcome but work is continuing to refine the measure used.

Argymhelliad / Recommendation

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

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Good Governance Institute Institute of Risk Management HM Treasury Assurance Frameworks
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, including financial risk management, enacts robust financial control, safeguards public funds and the Health Board's assets.
Ansawdd / Gofal Claf: Quality / Patient Care:	Effective risk management identifies risks which can have an impact on quality and safety.
Gweithlu: Workforce:	Effective risk management identifies risks which can have an impact on the workforce.

Risg: Risk:	Without a robust process in place for managing and mitigating its risks, there is a potential for the Board to be unaware of its key risks.
Cyfreithiol: Legal:	Proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor risk management could affect the reputation of the organisation and reduce confidence of stakeholders.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No

Appendix 1: Planning Objectives behind 2021/22 Delivery

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
1E	Waiting list initiative	<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	<p>During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ol style="list-style-type: none"> 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>By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB</p>	The work will continue into 2022/23, based on the work achieved in 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
1F	HR offer (induction, policies, employee relations, access to training)	<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	No change	The work will continue into 2022/23
2D	Clinical education plan	<p>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</p>	Director of Workforce and OD	By September 2022 to develop a multi-disciplinary clinical and non-clinical education plan and begin implementation from October 2022. This plan will incorporate the expansion of the Apprenticeship Academy in terms of its scope, scale and integration with social care	This Planning Objective was designed to run beyond 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
2G	NHS and related care careers workforce programme	By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme	Director of Workforce and OD	This Planning Objective is to be incorporated as part of Planning Objective 2D	
3B	Delivering regulator requirements	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies (in relation to workforce)	Various	Not Applicable	This Planning Objective is being stood down

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

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
					UHB, and so will continue into 2022/23
4E	Making Every Contact Count implementation	Implement a plan to train all Health Board Therapists in "Making Every Contact Count", and offer to their clients by March 2022	Director of Therapies and Health Sciences	N/A	This Planning Objective is being stood down
4O	Social Prescribing Service	Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda	Director of Public Health	Following implementation of a comprehensive social prescribing model in line with regionally agreed Standards and Principles for Social Prescribing and Connected Communities across the Region. Measure and report the impact and develop a plan by March 2023 to increase capacity and impact which will be aligned to the new national framework.	This Planning Objective was designed to run beyond 2021/22
5C	New hospital - final business case	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.	Director of Strategic Developments and Operational Planning	By March 2026, produce and agree final business cases in line with the vision and design assumptions set out in ' A Healthier Mid and West Wales' for: <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</p>	This Planning Objective was designed to run beyond 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
				<p>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> <p>5ci - ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay.</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>	
5D	Repurposing GGH and WGH - final business case	Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the strategy published in November 2018	Director of Strategic Developments and Operational Planning	This Planning Objective is to be incorporated as part of Planning Objective 5C	

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
5H	Integrated locality plans	<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 workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care 3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life 	Director of Primary Care, Community and Long Term Care	<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 	The work will continue into 2022/23

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
				Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme	
5K	Clinical effectiveness self assessment process	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process	Medical Director	To be determined	This Planning Objective was designed to run beyond 2021/22

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
6l	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	<p>Incorporated as part of Planning Objective 5H:</p> <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 	Planning Objective sits under Director of Primary Care, Community and Long Term Care

PO	PO Tagline	PO Full Wording for 2021/22	Executive Lead	Proposed Changes for 2022/23 (subject to Board approval)	Comment
				<ul style="list-style-type: none"> Increased specialist and ambulatory care through community clinics <p>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</p>	
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	<p>By June 2022 develop and roll-out an initial suite of financial sustainability plans for the whole organisation based on the target operation models the HB is seeking to implement through its planning objectives for the next 3 years. These plans should provide the detail underpinning the Health Board's roadmap to financial recovery and be introduced in such a way to allow budget holders to focus on the positive change being sought.</p> <p>In parallel with the above, develop an activity based condition and pathway costing programme for all major health conditions thereby providing a longitudinal analysis of Health Board spend to support the on-going roll out of PROMs and VBHC</p>	The work will continue into 2022/23

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				approaches to budgetary decision making and resource allocation.	