



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning Huw Thomas, Director of Finance Lisa Gostling, Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. Hywel Dda University Health Board (HDdUHB) was unable to do that for this financial year, which led to the Health Board being escalated by the Welsh Government to Targeted Intervention for Planning and Finance.

Whilst the ambition and aspiration for HDdUHB remains to submit an approvable IMTP, the challenges over the last 12 months are such that, despite our best endeavours, we are not in a position to produce a balanced financial plan at this stage. This was formally noted to Welsh Government (WG) in an accountability letter from the Chief Executive in February 2023.

In lieu of an IMTP, HDdUHB has developed a one-year Annual Plan for 2023/24 which includes a one-year financial plan and key deliverables for the next 12 months.

Cefndir / Background

The submission of a three-year IMTP to Welsh Government is a statutory obligation. However, for an IMTP to be approvable, it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not had an approvable plan to date.

As has previously been noted, as an organisation we are in 'targeted intervention' for planning and finance and this has been the starting point for the building of our Plan.

Following agreement at the January 2023 Board meeting, HDdUHB wrote to the Welsh Government on 28 February 2023, to provide formal notification through an accountability letter

that unfortunately we would again not be in a position to submit a financially balanced IMTP by 31 March 2023 and instead would produce an Annual Plan for 2023/24.

As noted in the January 2023 Board update, as part of developing our plan, we have reviewed the Planning Objectives. Our plan prioritises several Planning Objectives aligned to the Ministerial Priorities and the key programmes of work required to respond to our opportunities framework. We are also (in line with Welsh Government's Targeted Intervention expectations) developing a Clinical Services Plan, which will begin to bridge the operational challenges we are facing today and our plans for a new hospital network and realisation of our strategy 'A Healthier Mid and West Wales'.

In recognition of the financial challenge, our 2023/24 Annual Plan is predicated on no additional workforce and/or further investments (outside of the nursing workforce stabilisation). Equally, it is understood that no one action remedies the multifaceted and unprecedented challenges we as a Health Board and wider Health and Care System face going into 2023/24. Our key priorities and revised Planning Objectives align to the national priorities and the key opportunities and challenges facing Mid and West Wales. Consequently, we expect this approach will not only support improved and sustainable operational performance, but equally, will be the basis of a revised roadmap to financial sustainability.

Asesiad / Assessment

Plan development

Our general approach and key considerations in the development of the Plan were presented to the Board in January 2023 and Board Seminars in February and March 2023. The key principles have been:

- The Health Board will be submitting an **Annual Plan**
- The core philosophy of the plan is one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
- The majority of plans are based upon **existing resources** (workforce and funding) with the nursing workforce stabilisation programme the main exception to this
- The plan and organisational priorities are focused on delivery of the ministerial priorities
- The plan is a continuation of the organisation's journey to date, consistent with the strategy and building on the strategic objectives, planning objectives, BAF etc methodology
- It is, however, more focused, so fewer planning objectives, and more ambitious

Revised set of Planning Objectives

As indicated previously to Board, work has been undertaken to review the Planning Objectives sitting under the six Strategic Objectives that have been agreed, namely:

- 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 purpose of our Planning Objectives is to:

- Provide clarity about our priorities
- Provide a steer as to how work should be planned, informing our planning cycle
- Allow the Board to measure whether progress is being made

A revised set of proposed Planning Objectives for 2023/24 have been developed and are included as Appendix 1, for the Board to approve. The table below provides an overview and the alignment to either Ministerial or Local priorities.

Domain	Goals	Planning Objectives
Our People <i>We have the people we need to achieve our purpose and strategy</i>	Goal 1: Grow and Train our Workforce <i>We have the right people we need, with the right skills and knowledge</i>	1a - Recruitment plan
		1b - Career progression
	Goal 2: Support and Retain our Workforce <i>Our people feel motivated and supported</i>	2a - Staff health and wellbeing
		2b - Employer of choice
		2c - Workforce and OD strategy
Our Patients <i>Our patients receive the highest quality care</i>	Goal 3: Safe and high quality care <i>Our services are safe and deliver good outcomes</i>	3a – Transforming Urgent and Emergency Care programme
		3b – Healthcare Acquired Infection Delivery Plan
	Goal 4: Accessible and kind care <i>Patients have timely access to services and positive experiences</i>	4a - Planned Care and Cancer Recovery
		4b – Regional Diagnostics Plan
		4c – Mental Health Recovery Plan
Our Future <i>Building a better health care system for future generations</i>	Goal 5: World class infrastructure <i>We are building the infrastructure needed to provide high quality care</i>	5a – Estates Strategies
		5b - Research and innovation
		5c – Digital Strategy
	Goal 6: Sustainable services <i>Designing and implementing more sustainable services</i>	6a - Clinical services plan
		6b - Pathways and Value Based Healthcare
		6c - Continuous engagement
Our Communities <i>Our population is healthy and we have a positive impact on the determinants of health</i>	Goal 7: Healthier communities <i>Our communities support good health</i>	7a – Population Health
		7b – Integrated Localities
		7c - Social model
	Goal 8: Positive impact beyond health <i>As an organisation we have a positive impact beyond health</i>	8a – Decarbonisation & Sustainability
		8b – Local Economic and Social Impact
		8c – Financial Roadmap
		8d – Welsh Language and Culture
Ministerial priorities		Local priorities

Plan Narrative and Structure

The draft Plan is presented as Appendix 2 and is structured around the Ministerial priorities and our Health Board Planning Objectives. Additionally, we are required to submit a set of standardised WG templates and Minimum Datasets (MDS) detailing, for example, core activity, finance and workforce, at Health Board level.

Financial Considerations

The draft Financial Plan for 2023/24 presents a significant deficit position, which reflects the significant step-change in expenditure during COVID-19. This has persisted, as operational pressures have remained; and a further step-change in expenditure is expected into next year, arising, largely, from inflationary pressures.

There are several working assumptions, principles, and risks which the Health Board is actively managing to ensure this position can be delivered across the financial year. Therefore, there will be several steps that will be taken in 2023/24, which it is anticipated will support the recovery of the organisation in as far as is reasonably possible. It is imperative that the Health Board utilises the 2023/24 financial year to provide stability and a recovery trajectory at pace, as a foundation for addressing both Enhanced Monitoring/Targeted Intervention and the development of an IMTP in future years.

The key elements of the financial consequences of the plan can be grouped and explained as follows:

Item Group	2023/24 £'m	Treatment Description
Welsh Government Expectation of Deficit	25.0	Centrally recognised deficit in line with WG expectations for 2023/24
Full Year Effect of 2022/23, Net remaining COVID-19 to Core, Local Investments	87.0	Local expenditure items requiring offset with Directorate Opportunities; to be recognised against identified Directorates, with Opportunities being allocated in line with Opportunities Framework
Welsh Government Core Funding uplift, Macro Economic Inflation, National Investments	20.4	Macro-Inflationary and National items are unavoidable, and funding will be issued to affected Directorates. The inflationary uplift in funding received from WG is insufficient, therefore, the net offsetting deficit will be recognised centrally
2023/24 Savings Expectation	(19.5)	2.5% of non-ring-fenced budgets. Further Opportunities requiring identification and in-year delivery by Directorates
Total	112.9	

It has been accepted by HDdUHB that an achievable saving expectation for the opportunities delivery will be set at 2.5% of the non-ring fenced allocation, and all portfolios will be expected to review services and delivery against this expectation, utilising the Opportunities Framework and service intelligence and innovation. This is a minimum level of expected recurrent savings delivery, and further recurrent and non-recurrent opportunities will be pursued.

The delivery of the savings is reflected within each of the respective Operational Plans aligned to the respective Planning Objectives.

Key Risks

HDdUHB recognises that there are risks associated with the delivery of the Plan we have set out for 2023/24. The most significant risks and mitigations, in respect of ongoing recovery plans, have been outlined throughout the plan and the HDdUHB will, through its governance structures, monitor delivery of the plan and ensure appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed in the full knowledge of these risks, and the HDdUHB is also cognisant that there are some key factors that are outside of our direct control.

Corporate and Clinical Directorates and Services are responsible for ensuring that risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the revised set of Planning Objectives for 2023/24
- **APPROVE** the annual plan for the period 2023/24, acknowledging the risks highlighted above and recognising the forecast financial outturn remains unacceptable and further work will be required during 2023/24 to improve the position
- **NOTE** that our plan does not achieve financial balance which can be interpreted as a novel or contentious action per our Standing Orders and will require the Chief Executive to write an Accountable Officer letter to Welsh Government to explain our position and actions
- **NOTE** that without further support, at this stage, HDdUHB will require further cash-backed support from Welsh Government as the extent of our cash allocation will be insufficient to continue to service our liabilities as they fall due after early February 2024
- **APPROVE** the delegation of budgets to the organisation's budget managers in line with our scheme of delegation to enable the organisation to continue to commit expenditure and service our liabilities as they fall due from 1 April 2023.

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:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Board Seminar Strategic Development and Operational Delivery Committee (SDODC) Sustainable Resources Committee (SRC) For Planning Objectives – Individual Committees responsible for the assurance of those Planning Objectives aligned to them
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated three year plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated three year plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated three year plan for the period 2023/24
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Domain	Strategic Goal	Planning Objective	Executive Lead
Our People: <i>We have the people we need to achieve our purpose and strategy</i>	1. Grow and Train our Workforce <i>We have the right people we need, with the right skills and knowledge</i>	1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates	Director of Workforce and OD
		1b Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role.	Director of Workforce and OD
	2. Support and Retain our Workforce <i>Our people feel motivated and supported</i>	2a Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships	Director of Workforce and OD
		2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services.	Director of Workforce and OD
		2c Develop and maintain an overarching workforce, OD and partnerships plan	Director of Workforce and OD
Our Patients: <i>Our patients receive the highest quality care</i>	3: Safe and high quality care <i>Our services are safe and deliver good outcomes</i>	3a Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026.	Director of Operations
		3b infection prevention and control action plan A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia	Director of Nursing, Quality and Patient Experience
	4: Support and Retain our Workforce <i>Our people feel motivated and supported</i>	4a Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities.	Director of Operations
		4b Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024.	Director of Operations
		4c Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues	Director of Operations

Domain	Strategic Goal	Planning Objective	Executive Lead
Our Future: <i>Building a better health care system for future generations</i>	5: World class infrastructure <i>We are building the infrastructure needed to provide high quality care</i>	5a Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: <ul style="list-style-type: none"> Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2) A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board 	Director of Operations
		5b Research and Innovation	Medical Director
		5c Digital Agenda - Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner.	Director of Operations
	6:Sustainable services <i>Designing and implementing more sustainable services</i>	6a Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board.	Director of Strategy and Planning
		6b Pathways and VBHC - To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care.	Medical Director
		6c Continuous Engagement -To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us. This will: <ol style="list-style-type: none"> Increase public confidence and trust in the reputation of the Health Board Offer greater ability of service users to influence services and to be better informed. Improve decision making that is driven by public feedback. Enhance visibility of the Health Board's values through open and transparent communication. 	Director of Communications and Engagement

Domain	Strategic Goal	Planning Objective	Executive Lead
Our Communities: <i>Our population is healthy and we have a positive impact on the determinants of health</i>	7: Healthier communities <i>Our communities support good health</i>	7a Population Health - Develop and Implement public health plans which <ul style="list-style-type: none"> Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course Provide robust health protection and vaccination services for the community Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches 	Director of Public Health
		7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability <ul style="list-style-type: none"> Integrated Localities & ACD Primary care sustainability plan 	Director of Primary Care, Community and Long-Term Care
		7c Social Model for Health and Wellbeing (SMfHW)	Medical Director
	8: Positive impact beyond health <i>As an organisation we have a positive impact beyond health</i>	8a Decarbonisation and Sustainability - Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition	Director of Strategy and Planning
		8b Local Economic and Social Impact - We will: <ul style="list-style-type: none"> Direct our expenditure to local benefit Collaborate with partners to maximise our impact Ensure that we remain focused on the long term impact we can have Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. 	Director of Finance
		8c To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will <ul style="list-style-type: none"> Provide clear trajectories, including actions and delivery requirements for the organisation Form the basis of a robust three-year financial plan as part of a broader IMTP Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. 	Director of Finance
		8d Welsh Language and Culture - Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words	Director of Communication and Engagement



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Hywel Dda University Health Board Annual Plan 2023/24



Foreword and Contents of our 2023/24 Annual Plan

Foreword

This Annual Plan for 2023/24 sets out the key priorities for Hywel Dda University Health Board for the forthcoming year. It is worth noting from the outset that the 2023/24 Annual Plan is a response to a wide range of challenges and builds upon the foundations and work of our staff over the last 12 months. It also provides the framework for the delivery and realisation of our strategy, “A Healthier Mid and West Wales”, and our ongoing COVID-19 (COVID) pandemic recovery.

There are a series of policy / legislative drivers which inform and influence this plan, including, A Healthier Wales; the National Clinical Framework; A Healthier Mid and West Wales; and the emerging NHS Wales Executive. These are inherent in all that we are developing and implementing, and as such, we do not have separate sections on each of them.

Our plan is designed to capture our core intentions, providing clarity on our priorities, incorporating the Ministerial priorities, and our key programmes of work. It sets out how we intend to respond to the varied challenges we face in the wake of the pandemic and the task of recovering and improving the health and health care for our communities across Mid and West Wales, whilst still being flexible enough to deal with the spikes in COVID we will undoubtedly continue to face.

Planning is a dynamic activity, and no single document can capture all that we are doing as a University Health Board. Therefore, this plan should be read alongside a range of plans and the annexes that accompany it, with further detail on specific topics in our Board and Committee papers.

As a Health Board, particularly in these challenging times, we are committed to our values and the principles of transparency, kindness and working with our communities, staff and partners in all that we do.

We look forward to working with you on this plan and building kind and healthy places to live and work in Mid and West Wales.

Maria Battle, Chair
Steve Moore, Chief Executive



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How to read this plan

The Plan is divided into four main parts:

- Section 1 provides an overview of our organisation and our approach to the 2023/24 Annual Plan
- Section 2 focuses on how we will address our key priorities for 2023/24 with respect to the Ministerial priorities
- Section 3 deals with our Planning Objectives including our local priorities
- Section 4 is an overview of how we will deliver the plan

The Ministerial Priority templates are also included as an Annex.

The Plan is further supported by a number of technical documents and the Minimum Dataset.



The challenges facing our health and care system are at historic levels as we and society contends with multiple, simultaneous events impacting on our way of life. For us as a Health Board, the drivers of these pressures typically fall into the categories of workforce availability (including social care); affordability and cost of living; and population health and need for health care (including the continued requirement to respond to COVID and the latent health consequences as a result of the pandemic). These issues manifest as backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. In addition, we are now at the foothills of a long-anticipated demographic trend with the ‘baby boomer’ generation, with a rise in those aged over 65 from approximately 100,000 in 2023 to approximately 124,587 by 2043. Furthermore, in Hywel Dda, it is well recognised that we have an ageing estate and an unsustainable model. It is therefore clear that the scale of these challenges will require concerted and long-term action to address.

In addition, in September 2022, the Health Board was advised by Welsh Government that it was being raised to ‘targeted intervention’ for planning and finance, and retained at ‘enhanced monitoring’ for quality issues related to performance. Targeted intervention is a heightened level of escalation within NHS Wales and occurs when Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement. Welsh Government confirmed that de-escalation would be considered when the Health Board:

- had an approvable and credible plan, and improvement in its financial position
- assessment at level 3 of the maturity matrix
- agreement of and sustainable progress made towards a finance improvement trajectory
- builds on relationships and fully engages on the transformation and reshaping of services

It is within this context that our Annual Plan for 2023/24 has been developed. Our financial challenges are such that we have again been unable to produce an Integrated Medium Term Plan (IMTP), which balances over a three year period, and therefore are in breach of our statutory responsibility as an organisation. This is not a position we want to be in. Our plan therefore has two primary aims. First, it sets out what we are able to achieve in response to the above issues over the next 12 months, with a particular focus on the Ministerial Priorities. Secondly, it lays the foundations for us to chart a course to a more sustainable position, including an ambition to return to financial balance, aligned to our strategy “A Healthier Mid and West Wales”.

As a result, the development of our Plan for 2023/24 has been based upon the following principles:

- The Health Board will be submitting an Annual Plan
- The core philosophy of the plan is one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
- The majority of plans are based upon existing resources (workforce and funding), with the nursing workforce stabilisation plan the main exception to this
- The plan and organisational priorities are focused on delivery of the Ministerial Priorities
- The plan is a continuation of the organisation’s journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework
- A more focused plan, so fewer planning objectives, and more ambitious

The basis of Year 1 Stabilisation is the Ministerial Priorities and our priority Planning Objectives. Examples of this approach include the work on transforming urgent and emergency care; our planned care, diagnostic and cancer recovery; ensuring appropriate primary and community care access; alongside key enablers, such as our workforce stabilisation plan, our roadmap to financial sustainability, digital transformation and our continued work towards our strategy ‘A Healthier Mid and West Wales’.

This creates the platform for a medium-term plan to be developed for safe, sustainable, accessible and kind care; including reaching financial balance, addressing our workforce deficits, improving the health of our population and providing timely access to high quality care. To ensure the correct delivery mechanisms are in place, we have introduced Strategic and Planning Objectives over the last couple of years to bring clarity to the programmes of work we are progressing, and aligned these to our Board Assurance Framework and Board Committees to provide oversight and appropriate scrutiny. This approach has been further refined this year and will continue to mature as we strengthen our planning and delivery arrangements within the Health Board.



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Section 1: Context and Approach

The last 12 months has seen significant challenges for us as a Health Board as we have responded to service pressures in the wake of the pandemic, continued to manage the direct risks of the changing variants and successive waves of COVID, responded to the wider impact the last three years has had on our population, and develop plans which move us towards a more sustainable health system. It has however provided an opportunity to show that the University Health Board can be flexible, can move quickly to change, and can respond to situations as they arise.

2022/23 has seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care, and higher levels of sickness than normally experienced across our workforce. This is in the context of restarting many routine services despite continued constraints on capacity. We are proud of the way in which our staff have responded showing resilience, bravery, dynamism, resourcefulness, and great skills over the last three years.

Much of our work has centred on our Planning Objectives, which are the actions we are taking to move us towards our six Strategic Objectives. Key amongst the outcomes of this work has included:

- Building on the success of the command centre we have been developing a longer-term sustainable model to support a wide range of services (including supporting patients awaiting a procedure) (Strategic Objective 1)
- Work has been undertaken on an All Wales basis to revise A4C Job description and Person Specification templates, a phased roll out plan is being developed (Strategic Objective 1)
- The Health Board has expanded its staff networks and recently launched a RespectAbility network to support neuro-diverse staff as well as those who experience chronic ill health or other physical disabilities. This complements existing staff networks: Enfys, BAME, Staff Carers, Armed Forces (Strategic Objective 2)
- Financial wellbeing support promoted - Wagestream introduced to enable more flexible and timely access to salaries for staff (Strategic Objective 2)
- Significant increase in research monies being brought into the organisation (Strategic Objective 3)
- Our Data Science Platform performing advanced analytics is available for use (Strategic Objective 3)
- Working with regional partners we have developed local wellbeing assessments (Strategic Objective 4)
- A New Continuous Engagement Plan approved by Board (Strategic Objective 4)
- Finalised our Market Stability Statement (Strategic Objective 5)
- Integrated Locality Planning Groups (ILPGs) established in all three Counties with nationally compliant Terms of Reference (Strategic Objective 5)
- Social Value Portal currently being used to record target and actual improvements in social value in respect of new contract activity (Strategic Objective 6)
- Approved a decarbonisation delivery plan (Strategic Objective 6).

These pieces work will help us set the next priority areas for us to consider as a University Health Board over the next year.

Other substantial developments and achievements across the University Health Board over the last year have included:

- First Health Board in Wales to go-live with the Mental Health Single Point of Contact via the 111 service
- Implemented Same Day Emergency Care (SDEC) across our three County Systems
- Since the 1st April 2022, there has been a 66% reduction in the number of stage 1 breaches over 52 weeks and a 78% reduction in stage 1 breaches over 104 weeks
- There has been significant work in reducing the number of long waiting patients throughout 2022/23. Our current forecast demonstrates that there will be no 104 breaches as at the end of June 2023 on the back of the work throughout 2022/23
- Improved Nurse Staffing Levels within Glangwili General Hospital through the Nurse stabilisation programme
- Hywel Dda, along with Swansea Bay UHB have become the first NHS Wales organisations to participate in the Green Teams competition, an award-winning programme that supports NHS staff to improve the sustainability of their service
- Received its Gold Revalidation for the Corporate Health Standard
- Senior Chaplain, Euryl Howells, has been awarded the British Empire Medal (BEM) for services to the Chaplaincy in NHS Wales
- Assistant Director of Nursing and Quality Improvement Mandy Davies, has been awarded the British Empire Medal (BEM) for services to Health and Social Care in Wales.
- Head of Staff Psychological Wellbeing Service, Suzanne Tarrant, awarded the British Empire Medal (BEM) for services to NHS workforce
- The Bronglais Chemo Appeal reached its target to raise the final £500,000 needed for construction to start on a new, purpose-built chemotherapy day unit for Bronglais General Hospital
- We became the first Health Board in Wales to be awarded the Digital Inclusion Charter for Wales accreditation
- Dr Helen Munro, Consultant in Community Sexual and Reproductive Healthcare; Dr Leighton Phillips, Director of Research, Innovation and University Partnerships; and Huw Thomas, Director of Finance, were awarded Honorary Professorships
- The opening of our brand new £20m Day Surgery Unit at Llanelli's Prince Philip Hospital, in a major boost to our efforts to tackle surgical waiting lists across the region
- Professor Chris Hopkins, Head of Innovation, won the Excellence in Healthcare Science Research and Innovation Award at the NHS Chief Scientific Officer's Excellence in Healthcare Science Awards
- We gained four awards at the 2022 NHS Wales Awards, including the special Outstanding Contribution award, whilst pharmacies teams also won four awards at the 2022 Welsh Pharmacy Awards
- Hywel Dda Health Charities, our official charity, partnered with Farewill to offer supporters the opportunity to write or update a will for free
- Participated in a number of LGBTQ+ events across the region
- Carys Stevens, a palliative care nurse, was honoured and admitted to the Eisteddfod Gorsedd at the 2022 National Eisteddfod
- The People Development team won a CIPD Wales award for our outstanding apprenticeship programme.
- Our first solar farm has been installed at Hafan Derwen, located on the Parc Dewi Sant site

Where are we now? Our Board Assurance Framework

Board Assurance Framework (BAF)

	← Look back Current delivery Look forward →																	
Strategic Objective	Outcomes				Planning Objectives				Principal current risk ratings				Assurance					
	Improving Variation	Expected Variation	Concerning Variation	Other	Complete	Ahead of schedule	On Track	Behind schedule	Extreme	High	Moderate	Low	1st	2nd	3rd	Sufficient Assurance	Control RAG	
1. Putting people at the heart of everything we do		1		2	1		6		1	2			6	11	7	Yes	Yellow	
2. Working together to be the best we can be				3			9		1	3			5	9	5	No	Red	
3. Striving to deliver and develop excellent services				4			10		2	1			6	14	6	Yes	Green	
4. The best health & wellbeing for our communities				7			20	1	1	2			2	10	2	Yes	Yellow	
5. Safe, sustainable, accessible and kind care	1	1		1			17	4	1	2			2	10	6	No	Red	
6. Sustainable use of resources	2	1		2	1		7		2		1		6	8	0	Yes	Green	

BAF Dashboard

The purpose of the BAF Dashboard Report to the Board is to provide the Board with a visual representation of the 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 the principal risks which threaten the successful achievement of its objectives.

In summary for this period, the BAF shows that:

- 4 of the outcome measures is within expected variation; 2 have concerning variation and 19 do not currently have enough data points to establish a statistical trend
- 2 of the Planning Objectives are complete, 62 on track; and 5 are behind
- 10 of the risks are categorised as high; and 8 are extreme

How it is used:

The BAF is presented to Board three times per year in March, July and November. For the latest position of the BAF please see the Board Papers. <https://hduhb.nhs.wales/about-us/your-health-board/>

The Executive team reviews the BAF prior to Board meetings. This provides an opportunity to consider the key data presented in the BAF and have a discussion around what actions need to be implemented to drive us forward on our journey to our Strategic Objectives. The Executive Team consider:

- Outcome Proxy Measures: to decide if they are moving in the right direction and agree any additional actions that need to be taken.
- Principal Risks: Review and consider the risks and their mitigation
- Discuss the need for further planning objectives to address any matters arising from the measure or risk discussion, to ensure we continue to turn the dials in the BAF

Key reflections for 2022/23

- The staff survey data has been very helpful in providing an understanding of the 'pulse' of the organisation in relation to specific areas.
- In relation to Strategic Objective 2 'Working together to be the best we can be', one of the Organisation's outcomes is as follows: 'As a health board, our strategic vision is clear and our objectives are aligned'. In order to assess whether our staff agree with this statement, we asked our staff if they felt that they had a PADR in last 12 months that has supported their development and provided them with clear objectives aligned to team and organisation goals. Between 60-70% of staff agreed. However, we will be looking to see how we can further influence a positive response to this question over the coming year (for further detail please see strategic goal 2: Support & Retain our people).
- In relation to strategic objective 3 'Striving to deliver and develop excellent services' there are 2 outcomes. One is 'Design: our staff actively bring improvement and innovation into our thinking' and the other is 'Deliver: our staff are empowered and supported to enact change and continuously learn and improve'. Between 50% - 65% of staff who responded to the staff survey have felt that they are 'empowered and supported to enact change and continuously learn and improve' and 'able to make improvement in my area at work'. Improvement is a core strategic and planning objectives for us as a health board. We will consider how we strengthen this moving forward.
- Going into next year we will also be working to develop a population Well-being Conversation Toolkit to strengthen our understanding of what 'the best health and wellbeing' means for our communities. This will help us to develop our outcomes and proxy indicators for Strategic Objective 4: The best health and wellbeing for our communities.

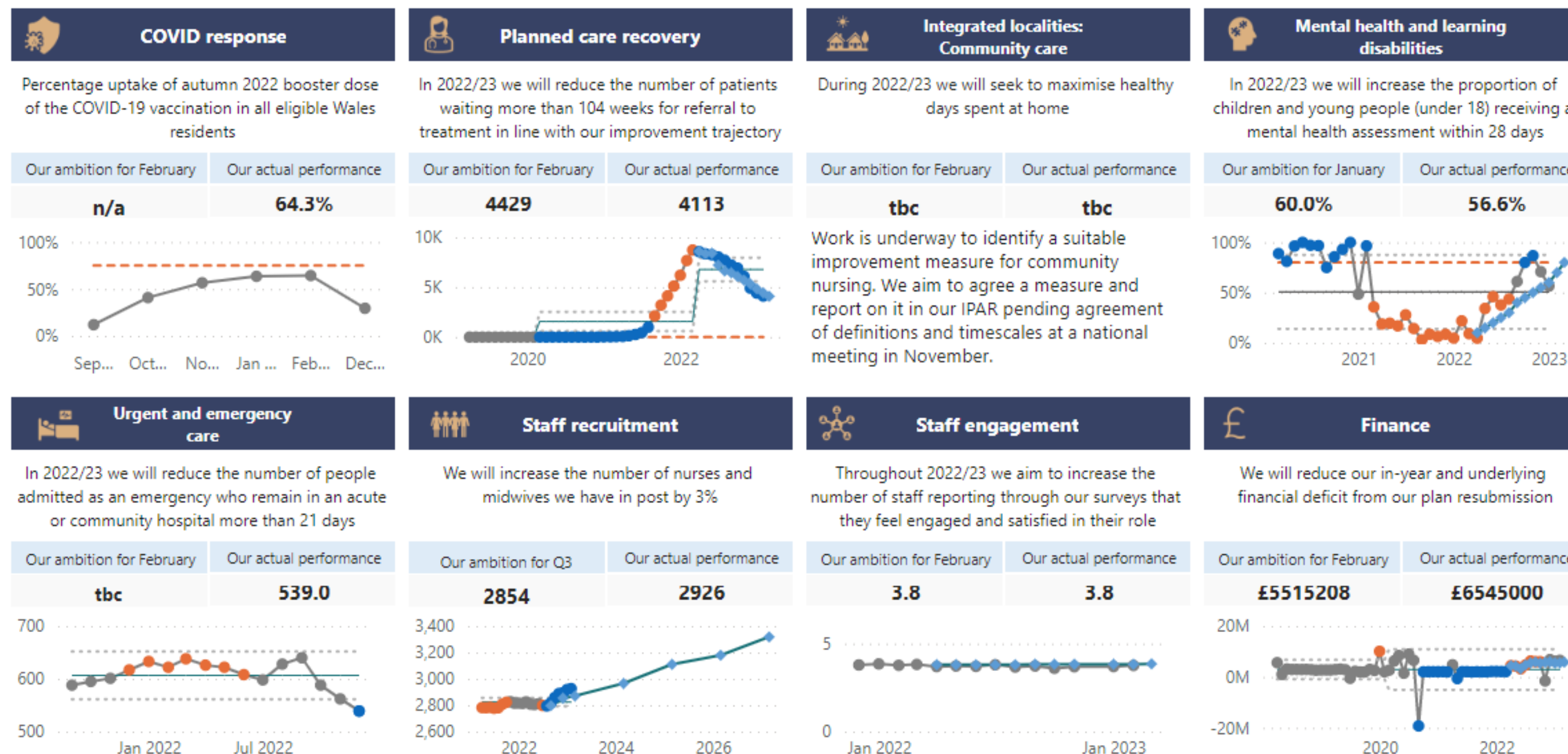
Where are we now? Our Key Improvement Measures



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Key improvement measures – 2022/23



Key reflections for 2022/23

In our Plan for 2022/23, we identified our priority areas for delivery. These spanned immediate service issues (based on increased demand) and aspects fundamental to delivering our strategy.

For each of these priorities, we identified a small set of key performance metrics to enable us to assess whether the actions we embedded in relation to our six priorities had the desired impact on our performance.

These measures have been closely tracked through 2022/23. They have been reported monthly through our Integrated Performance Assurance Report (IPAR) and discussed as part of the Senior Operations Business Management meeting and as part of Integrated Quality Performance and Delivery (IQPD) meetings with Welsh Government and other partners.

The progress against the measures over the last year against the trajectories can be seen in the charts. The measures were highlighted as part of the Board discussion in January 2023, and the Chair expressed her thanks to the operational teams who had worked so hard to have the positive impact as shown.



In the last two decades, there has been a steady rise in the number of people over the age of 65 years - those over the age of 65 currently comprise a quarter of the University Health Board's population and projections suggest that this will rise to 31.4% by 2043. In particular, the number of the very elderly (85+ years) will increase by 6%. The increase in the number of older people is likely to lead to a rise in the prevalence of chronic conditions, such as circulatory and respiratory diseases and cancers.

We anticipate that frailty will become increasingly important in Hywel Dda over the next 10 years and is projected to increase by 4% per annum if we continue to apply the same operating model i.e. if we do nothing differently. Dementia, diabetes, obesity and chronic conditions also represent a large and increasing proportion of our primary care and urgent care activity. For example, the number of people aged 65+ in Hywel Dda with dementia in 2020 was 6,884. This is expected to increase by 31.0% to 9,020 in 2030, and 62.8% to 11,210 in 2040.

Our key demographics show that:

- By 2025, the population of Hywel Dda will have increased to circa 390,000 people
- We have a higher proportion of older people than average across Wales
- 22% of our population are children and young people, with nearly a third living in poverty
- The number of people with a range of conditions, including but not limited to mental health, health and physical disabilities, and age-related impairments, such as sensory loss, are increasing.

A wider overview of our Health Needs have been developed as part of our collaboration with the West Wales Care Partnership, and the co-produced area Health Needs Assessment: [Population-Needs-Assessment](#).

Additionally, we are a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. Well-being Assessments were undertaken by each PSB in 2022, leading to development of Well-being Plans. The key priorities for the three PSBs for the next five year period 2023/28 are further highlighted on slide 78.

COVID has had a significant impact on our population by for example, increasing isolation, especially for older people and those who are carers, exacerbating mental health conditions, restricting access to wider support networks and services, and increasing cases of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

Supporting our population to live well includes supporting action at a community level, as well as promoting healthier lifestyles to prevent disease and chronic conditions. Health creation within our communities has the potential to mitigate the increasing levels of these through the preventative and protective behaviours, such as eating healthily, being physically active, having meaningful connections and a sense of purpose, and reducing substance use such as tobacco or alcohol. Increasing these healthy behaviours will reduce the risk of dementia, many cancers, circulatory and respiratory diseases, diabetes and obesity, but we recognise the impact of the wider determinants of health on individual behaviours.

We are cognisant that we are a large anchor institution for West Wales and we have the ability to affect positive change on the economy and our communities, including their wider determinants of health. We have Planning Objectives aligned to this work in key areas, such as population health, workforce, procurement and decarbonisation, and we work closely through a number of partnerships with other organisations to support long term improvements to population health and well-being.



Following extensive staff and public engagement and consultation, in 2018, we published our long-term Health and Care strategy: "A Healthier Mid & West Wales" (AHMWW). The strategy describes a whole system approach to health and wellbeing and places significant emphasis on placing people and communities at the heart of the model and therefore the vital role community networks will play in achieving the required transformation. The future design aims to create a sustainable healthcare system for the future, built on a "social model of health and wellbeing", requiring a shift from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.

The future model of care will have a network of integrated community hubs (health and well-being centres), developed in conjunction with our public sector and third sector partners, supporting well-being and the health and social care needs for physical and mental health for our communities. Each of the seven integrated community networks will be supported by one or more health and well-being centre, which will bring people and services together in one place and provide virtual links between the population and the community network. Multidisciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new Urgent and Planned Care Hospital in the south of the region, which will operate as the main hospital site for Hywel Dda. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and community hubs, which will provide more locality-based care:

- Urgent and Planned Care Hospital (located between Narberth and St Clears in the South of the region)
- Bronglais General Hospital in Aberystwyth;
- Prince Philip Hospital in Llanelli;
- Glangwili Community Hospital in Carmarthen; Withybush Community Hospital in Haverfordwest;
- A number of locally based community hubs.

We previously submitted our Programme Business Case (PBC) to Welsh Government for consideration. This PBC is the crystallisation of a very long period of discussion and a further stage in our long-term journey. Our objective is to reach submission of Full Business Case stage across all elements of our Programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements to our populations as soon as possible, and progress at pace to align with the decarbonisation target.

Land consultation

At this stage, we do not have a preferred site for the new Urgent and Planned Care Hospital and we have not bought any site or land for this development. Purchasing a site and delivering the hospital is subject to Welsh Government funding, which is not yet confirmed. To inform this process, we are currently undertaking a public consultation centring on:

- Which of three potential sites is the best location for our new hospital and why;
- Concerns the Public may have about any of the three potential sites, so we can be aware of them and avoid, address, or reduce, the impact of them if possible; and
- Anything else the Public think we need to consider.

Views, as well as other evidence and considerations, can influence future decisions about the location of the new hospital. The Health Board will meet later in the year (expected to be summer 2023) to consider the feedback as well as other information and evidence to discount sites or choose a preferred site.

Board members will consider all they have heard leading up to, and during, this consultation, including the Equality and Health Impact Assessment, which will consider how people could be impacted and what needs to be done to reduce negative impacts. They will also consider any new information that may come to light as a result of the consultation or ongoing technical and commercial work.

Our Strategic and Planning Objectives

The University Health Board is clear on its long-term destination - articulated in our strategy "A Healthier Mid and West Wales" and reinforced in our recent Programme Business Case. Reaching that destination requires progress across a number of domains, which we have termed Strategic Objectives. These Strategic Objectives relate to both our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed Planning Objectives (POs), we are taking to make progress in each of these domains. In this way, we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. This approach has been used by the University Health Board for the past 18 months and is now well embedded into our business practices. Each Planning Objective is led by an Executive Director and aligned to a committee of the Board, with regular update reports. Our Board Assurance Framework (see page 6) tracks progress and the impact of these actions on our Strategic Outcomes Measures (see page 12) .

As part of the continuing development of our Planning Objectives, we have been considering how the Planning Objectives may be brought together in order to describe their combined impact. This would not move away from the Planning Objectives being described under their respective Strategic Objectives, rather it would provide an opportunity for us to describe more clearly what the impact/outcome is expected to be as a result of that set of Planning Objectives. As a result, we have introduced 4 new domains and aligned two new strategic goals to each of the 4 domains, with a small number (2 to 4) Planning Objectives then sitting within each goal.

Domain	Goals	Planning Objectives
Our People <i>We have the people we need to achieve our purpose and strategy</i>	Goal 1: Grow and Train our Workforce	1a - Recruitment plan
	<i>We have the right people we need, with the right skills and knowledge</i>	1b - Career progression
		2a - Staff health and wellbeing
	Goal 2: Support and Retain our Workforce	2b - Employer of choice
	<i>Our people feel motivated and supported</i>	2c - Workforce and OD strategy
Our Future <i>Building a better health care system for future generations</i>	Goal 5: World class infrastructure	5a – Estates Strategies
	<i>We are building the infrastructure needed to provide high quality care</i>	5b - Research and innovation
		5c – Digital Strategy
	Goal 6: Sustainable services	6a - Clinical services plan
		6b - Pathways and Value Based Healthcare
		6c - Continuous engagement

Domain	Goals	Planning Objectives
Our Patients <i>Our patients receive the highest quality care</i>	Goal 3: Safe and high quality care	3a – Transforming Urgent and Emergency Care programme
	<i>Our services are safe and deliver good outcomes</i>	3b – Infection Prevention and Control Delivery Plan
		4a - Planned Care and Cancer Recovery
	Goal 4: Accessible and kind care	4b – Regional Diagnostics Plan
Our Communities <i>Our population is healthy and we have a positive impact on the determinants of health</i>	<i>Patients have timely access to services and positive experiences</i>	4c – Mental Health Recovery Plan
	Goal 7: Healthier communities	7a – Population Health
		7b – Integrated Localities
	<i>Our communities support good health</i>	7c - Social model for Health and Wellbeing
		8a – Decarbonisation & Sustainability
		8b – Local Economic and Social Impact
		8c – Financial Roadmap
	Goal 8: Positive impact beyond health	8d – Welsh Language and Culture
	<i>As an organisation we have a positive impact beyond health</i>	



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Section 2: Our Key Priorities for 2023/24 (incorporating the Ministerial Priorities)



Key improvement measures for 2023/24



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In October 2022, Welsh Government placed the Health Board in targeted intervention for planning and finance, as well as enhanced monitoring (EM) for performance. In addition, Welsh Government also gave the Health Board a series of accountability conditions (AC) for areas where improvements are needed. Our performance focus this year is around the key measures that are outlined within Enhanced Monitoring, the accountability conditions, the Ministerial Priorities and the national measures which form part of the performance management and accountability of the NHS Performance Framework for 2023-24. These measures will be monitored through the IPAR, IQPD and improvement discussions will be undertaken within the Enhanced Monitoring Working Group and the Directorate Improving Together Sessions. A summary of the key improvement areas for these accountability conditions and enhanced monitoring areas is given below. For further details see the 'System measures' section of the [IPAR dashboard](#).

Area for Improvement		Current status	Performance (statistical process control)		
			Over time	National target	Local trajectory
 Planned Care Recovery	Ensure actual activity realised is back to 19/20 levels especially in surgical specialties	Grey	n/a	n/a	n/a
	Deliver zero 52 weeks wait for first outpatient appointments by June 2023	Blue	Improving	Consistently missing	Exceeded
	Deliver zero 104 weeks waits for treatment by Spring 2023	Blue	Improving	Consistently missing	Exceeded
 Urgent and Emergency Care	Eradicate ambulance handovers to emergency departments taking longer than 4 hours by 31 st March 2023	Grey	Usual variation	Hit and miss	Not achieved
 Cancer	At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023.	Orange	n/a	n/a	n/a
	Reduce the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December	Orange	n/a	n/a	n/a
 Mental Health	Continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories	Grey	Usual variation	Hit and miss target over 12+ month period	n/a
	Meet the agreed improvement trajectory for psychological therapies by 31 st March 2023	Grey	Usual variation	Consistently Missing	n/a
	Neurodevelopmental services: Submit an improvement trajectory to demonstrate how we will meet the national target by 31 st March 2023 and have clear plans in place to improve neurodevelopmental services	Orange	Concerning	Consistently Missing	n/a
 Infection Control	C.Difficile: Reduce the number of cases	Orange	Concerning	Hit and miss	n/a
	E.Coli: Reduce the number of cases	Grey	Usual variation	Hit and miss	n/a

Ministerial Priorities for 2023/24 and alignment to our Planning Objectives



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Ministerial Priorities for 2023/24	Planning Objectives for 2023/24
Urgent and Emergency Care <ul style="list-style-type: none"> Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability Implementation of Same Day Emergency Care services that complies with the following: <ul style="list-style-type: none"> Is open 5 days a week moving to 7 days a week 12 hours a day by the end of Q2 Is accessible at key times evidenced by the emergency care demand profile in of each hospital site Is direct access and bypasses Emergency depts. Delivers a service for at least medical and surgical same day care Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. Demonstrate utilisation of allocated resources by Welsh Government and measures impact as set out by the national programme Health boards must honour commitments that have been made to reduce handover waits Delayed Transfers of Care <ul style="list-style-type: none"> Regular monthly reporting of 'Pathways of Care' (DTCO) to be introduced for 2023/24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination 	3a - Transforming Urgent and Emergency Care Programme (Six Goals)
Planned Care, Recovery, Diagnostics and Pathways of Care <ul style="list-style-type: none"> 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024 Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity) Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024 Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary Cancer Recovery <ul style="list-style-type: none"> Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026, 	4a – Planned Care and Cancer Recovery 4b – Regional Diagnostics Plan
Mental Health and CAMHS <ul style="list-style-type: none"> Implement 111 press 2 on a 24/7 basis for urgent mental health issue Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS. 	4c – Mental Health Recovery Plan
Access to Primary Care (and Community Services) <ul style="list-style-type: none"> Improved access to GP and Community Services Increased access to dental services Improved use of community pharmacy Improved use of optometry services 	7b – Integrated Localities

Key Programmes of Work

Ministerial Priorities for 2023/24	Key Priorities/ Programmes of Work
Delayed Transfers of Care	Building Community Capacity (BCC) has been a direct response to the challenges posed by Delayed Transfers of Care. The work throughout 2022/23 aligned to 2022/23 Planning Objective 4Q which significantly increases the workforce across the Health Board and Local Authorities to create additional community capacity to step-up and/or step-down patients to facilitate timely discharge and reduce admissions wherever possible through early intervention. The BCC work undertaken throughout 2023/24 will now move under the Transforming Urgent and Emergency Care Programme, as this work aligns to Policy Goals 1 and 6.
Access to Primary Care	At the heart of our Primary and Community vision is the ongoing development and delivery of the Primary Care Model for Wales (PCMW), especially the implementation of the extensive programme of contract reform being undertaken in Wales and the Accelerated Cluster Development Programme (ACD). Focused around the communities and Clusters within Hywel Dda, we will ensure care is better coordinated to promote the wellbeing of individuals and communities. We work with our partners including the Regional Partnership Board to transform primary and community care to strengthen integration between primary and secondary care, to ensure whole system approaches and to support sustainability of services. This will be achieved as Clusters acting together at scale and pace, with clear alignment to the Health Board's Strategic Vision. The links between clusters and the Regional Partnership Board will be strengthened to enable further development of the ACD programme.
Urgent and Emergency Care	In response to the on-going system pressures, the focus for the Transforming Urgent and Emergency Care (TUEC) Programme in 2023/24 will be on revisions to the Same Day Emergency Care Model (SDEC), incorporating proactive care and Building Community Capacity via Home First and Further, Faster, Together. TUEC will support a clear reduction on the current level of surge beds within the four acute sites, aligned to clear operational plans developed within each County System. There will also be an operational review to revise the delivery of Urgent Primary Care and GP Out of Hours, to increase access for our population.
Planned Care, Recovery, Diagnostics and Pathways of Care	<p>The activity profile for both Planned Care and Diagnostics makes a number of assumptions to achieve the level of improvement set out below. Firstly, the capacity represents a Full Year Effect which is inclusive of any transformation and efficiency opportunities (achievable in-year). Secondly, these assumptions are based on a combination of Seen on Symptom (SOS) / Patient Initiated Follow-up (PIFU), Get It Right First Time (GIRFT) level productivity (where possible) and cataract productivity. Moreover, to support both Planned and Cancer pathways, any diagnostic assumptions and benefits associated with the Straight to Test models for FIT and CMATs are also assumed within the capacity assumptions. Finally, the capacity assumptions also include any known planned changes such as 17 main Theatre Sessions within Withybush and a doubling of Inpatient sessions at Prince Philip (from 7 to 14).</p> <p>Based on the above assumptions, the achievement of the Ministerial Priorities is then predicated on a combination of additional capacity. The additional capacity is expected to come from a combination of Regional Solutions, Outsourcing/Insourcing arrangements and Waiting List Initiatives. However, all of the additional capacity assumes that at least £6m of the centrally held recovery monies is fully accessible to the Health Board. For example, £3.5m is needed to support the Regional Endoscopy programme with Swansea Bay UHB, which is expected to cost circa £7m per annum on a regional basis.</p>
Cancer Recovery	Our plan for cancer centres on improved access, quality and throughput, such that we aim to reach 70% by the end of 2023/24 with regards to the reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion. This is predicated on increasing capacity within our service model; the availability of diagnostic services; and continued work on National Optimised Pathway in all tumour sites. In parallel, and to ensure longer term (non-surgical) service sustainability, we will continue to work with Swansea Bay University Health Board on the South West Wales Cancer Centre, with particular attention being given to radiotherapy and outpatient capacity.
Mental Health and CAMHS	Hywel Dda have been the first Health Board in Wales to go-live (24/7) with the 111 Press 2 service, but will continue and monitor and evaluate the service moving forward, particularly to understand the impact of the wider implementation across Wales. We are cognisant of the of the improvements that we have to make with respect to both SCAMHS and LPHMSS for waiting time performance. However, there are also wider demand and capacity issues that we are assessing with respect to neuro-divergence, including Autism Spectrum Disorder and Integrated Psychological Therapy Services.

Transforming Urgent and Emergency Care Programme

(Planning Objective 3a)

Utilising the 6 Goals framework develop and implement a four year transformational plan that enhances our Urgent and Emergency Care pathway to provide a 24/7 Home First approach in the community that delivers the Ministerial priorities and optimises acute hospital capacity and hence contributing to the realisation of our strategic aim to deliver increased care closer to home.

In adopting a Home First approach, the Transforming Urgent and Emergency Care (TUEC) programme is expected to further integrate and develop a health and care system for older adults and adults with complex health needs as according to the ‘Further, Faster’ agenda. For 2023/24 the TUEC plan is expected to optimise acute hospital capacity to the value of 80 beds by March 2024

Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 3: Safe and High Quality Care	<p>Planning Objective 3a: Transforming Urgent and Emergency Care (TUEC) Programme</p> <p>TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026.</p> <p>Executive Lead: Director of Operations</p>	<ul style="list-style-type: none">Implement same day Urgent & Emergency Care services which meets the needs of the population, has direct access to Emergency Departments which includes medical and surgical same day care, which facilitates direct access to WASTAgree and implement an integrated health and social care solution in time for next winter. Implementation to commence in Carmarthenshire to expand across Health Board footprint.Regular monthly reporting of ‘Pathways of Care’ (DTC) to be introduced for 2023/24 and reduction in backlog of delayed transfers through early joint discharge planning and coordinationImplementation of frontier platform and associated trainingImplement clinical streaming hub	<p>Programme Measures</p> <ul style="list-style-type: none">Patient / Service User feedback Measures:<ul style="list-style-type: none">‘My care is provided in the most appropriate setting to meet my health and care needs’ i.e. What Matters‘How likely are you to recommend our services to your friends or family should they need similar care or treatment’Patient / Service User Safety Measure:<ul style="list-style-type: none">Closed incidents where harm finally classified reported as moderate or worseTUEC Outcome Increased number of <u>healthy days at home</u> (overarching Outcome for the Whole Population)TUEC High Level Outcome Indicators<ul style="list-style-type: none">Reducing the number of people over 75 who stay longer than 21 days – measure of impact on discharge effectiveness / efficiency on the ‘back door’ (Inpatient Complexity management)Reduction in Conveyance RatesReduction in Conversion RatesReduction in proportion commissioned care hours / placements following in patient stay (balance measure) <p>Policy Goal Measures</p> <ul style="list-style-type: none">There are measures associated with each of the 6 Policy Goal areas <p>Bed optimisation</p> <ul style="list-style-type: none">Expected to optimise acute hospital capacity to the value of 80 beds by March 2024

Transforming Urgent and Emergency Care Programme (Planning Objective 3a)



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This slide provides an overview of our current progress against the 6 Urgent and Emergency Care Goals

Policy Goal 1

- Project Management of the Technology Enabled Care Programme evaluation, currently awaiting 2023/24 commissioning decisions.
- Virtual Wards – has been nationally defined as Enhanced Community Care.
- Proactive care/Risk Stratification – The next phase of Proactive Care project will be to scope best practice with regard to anticipatory care planning and digital solutions for identifying vulnerable populations. Once complete engagement with Hywel Dda Clinical and Operational Leads as to how well this practice is embedded and how a consistent approach can be delivered.

Policy Goal 2

- Ongoing development of Clinical Streaming Hub, working with Digital Team to ensure alignment of TUEC priorities and work plan particularly in relation to the development of a Digital Coordination Hub.
- HDdUHB Homefirst definition circulated with key stakeholders. Next phase to scope existing Homefirst provision against Home first definition (including Enhanced Community Care) and associated funding streams (Local Authority, Health Board and Regional). The scoping will provide clarity and identify those areas which need development to ensure equity of Homefirst provision across the West Wales footprint. This will become part of the programme workplan.
- Immedicare - DPIA currently being signed off, initial care home and GP engagement events successful. Roll out delayed nationally as Vision/Adastra is unable to link with Immedicare's System1

Policy Goal 3

- Same Day Emergency Care (SDEC) provision is available in Prince Philip, Glangwili, Withybush and Ceredigion Intermediate Care Centre (Same Day Urgent Care).
- To date, all have contributed to reducing conversion rates for patients with ambulatory case sensitive conditions and our frail patient group.
- Engagement workshop held with SDEC Steering Group and stakeholders to review Peer Review findings and look to develop business case for Welsh Government on future model. Finance, clinical leads and TUEC Programme Leads will meet to further develop the model options, finances and assumptions and circulate with the stakeholder for agreement. To be submitted to Welsh Government by end of March 2023.

Policy Goal 4

- Advanced Paramedic Practitioner (APP) Navigator in CSH Evaluation period extended till end on March, Privacy Impact (PI) sign off required for WAST/HB data to be used in evaluation to inform future roll out. Delayed PI sign off is currently delaying roll out of model. However, an agreement is expected to be signed off by the 24th of March with a meeting to review evaluations being set for w/c 27th March
- There are a number of projects with regard to APP roles in Health Board currently which include, GP Out of Hours Improving Together and APP posts, rotational training plan for x 3 APPs (2023/24), roll out of APP Navigators as part of the 24/7 UPC / Clinical Streaming Hub model, and Health Board commissioning of additional APP Trainees for next year's (24/25) cohort. A APP Project Group is being set up which will provide a coordinated approach to the work, provide clarity of direction for all involved, highlight the inter-dependencies between workstreams and reduce duplication of work.
- 'Llesiant Delta Wellbeing' have secured the appointment of an additional 8 Whole Time Equivalent Community Wellbeing Responders (CWRs). Currently reviewing CWR competency framework with Clinical Leads and Nursing colleagues with a view to develop the required Memorandum of Understanding, Standard Operating Procedures and PI documentation.
- Points of Care (PoC) Testing – scoping the advantages of utilising CWR positions to utilise PoC tests. It has been agreed that PoC testing would be best utilised for Out of Hours and would be to pilot Blood Sugar/Glucose, Keytones, Urine analysis tests on a small cohort of CWR workers initially, with a view to training the CWRs in the next few months on more complex testing which would be expected to bring additional benefits.

Policy Goals 5 and 6

- Working with 'Faculty AI' to develop and roll out the **Frontier** digital platform to manage complex discharge. Frontier led training undertaken with Senior Nurse Managers and DLNs on new system. Phase 2 of Frontier led training with a 'train the trainer' approach is being rolled out in March. Senior Nurse Managers and DLNs in Pembrokeshire and Ceredigion are currently undertaking training.
- Roll out of PG 5 national Toolkit, inclusive of SAFER bundle, red/green initiatives, board round checklist, D2RA and deconditioning posters/infographics. Phase 1 roll out is currently being undertaken and is concentrated on pilot areas within General Hospitals, Phase 2 will be wider rollout inclusive of Community Hospitals.

Transforming Urgent and Emergency Care – Bed Efficiency



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The table below sets out the bed efficiencies associated with the 6 policy goals and the respective benefits realisation of each scheme/programme (aggregated by site)

- Each of the three counties have developed their operational plans to respond to the unprecedented demand, with quality and performance improvement at the heart of the plans. Equally, a clear focus has been on reducing the current level of financial expenditure within the current run rate and in as far as is reasonably possible, the expenditure has been suitably mitigated and reduced.
- As part of the operational planning approach in 2023/24, the reduction and improvement across each site relating to the bed 80 bed efficiency encompasses all of the applicable (Transforming Urgent and Emergency Care) TUEC deliverables
- To facilitate and deliver an 80 bed efficiency, the operational plans have identified a number of surge beds across each site. Further, the operational plans have appropriately attributed the beds to both the Policy Goals and 3 C's (Conveyance, Conversion and Complexity) within the TUEC programme
- To note, the bed efficiencies are based on local system responses, these responses are based on but not limited to; adopting best practice within the acute hospitals to enable flow. All aspects of discharge, including assessments, home first, nurse liaison and community services. Moreover, to improve and deliver seamless discharge in 2023/24, we are working closely with our Local Authority partners to develop robust system plans. This includes increasing domiciliary care capacity, which commenced in 2022/23 under the auspices of Building Community Capacity. However, this will now novate under TUEC and will form part of Home First/Further, Faster, Together
- Bed efficiencies are also aligned to reducing bed occupancy in Y Lolfa in Glangwili (Dedicated Discharge Ward). It is important to note that while Y Lolfa as an inpatient environment will be decommissioned to comply with fire and safety improvement, the model of patient care being delivered in Y Lolfa will be re-provided in another designated area, which may be within a community hospital
- All of the efficiencies are triangulated between finance, planning and workforce to provide an overall net financial reduction. Consequently, £1.6m of the £3.0m savings affiliated to the TUEC have been identified below:

County/Site	Bed Efficiency Expectation	Plan to deliver full Bed Efficiency from:	Total Financial Reduction in 2023/24 (cumulative)	Full Year Effect
Ceredigion – Bronglais General Hospital	13	November 2023	£484,263	£590,000
Pembrokeshire – Withybush General Hospital	23	December 2023	£268,000	£492,000
Carmarthenshire- Glangwili General Hospital	27	November 2023	£736,239	£1,261,000
Carmarthenshire –Prince Philip Hospital	17	November 2023	£122,740	£245,000
All Counties and Sites	80	November / December 2023	£1,611,242	£2,588,000

Ministerial Priority – Delayed Transfers of Care



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- Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023/24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination
- There is a Complex Care Database which reports on Ready to Leave and Medically Optimised across all sites within the Health Board.
- The Complex Care database allows all operational teams a clear understanding of the pressures across each site by understanding both Ready to Leave (RtL) and Medically Optimised (MO)
- The Delayed Patients Census is produced on a weekly basis which sets out the reason for the delay and by site
- Aligned to the current Delayed Transfers of Care reporting, it is envisaged that Policy Goals 1 and 6 will support the reduction in the current number of patients who are a DTOC through a variety of specific targeted programmes, some of these include: Virtual Wards, Proactive Care, Home First, Digital enablers and Safe principles

Reason	Amman Valley Hospital	Bronglais Hospital	Glangwili Hospital	Llandovery Hospital	Prince Philip Hospital	South Pembrokeshire Hospital	Tregaron Hospital	Withybush Hospital	Total
Awaiting Social worker allocation	3	2	20	0	12	10	0	19	66
Awaiting completion of assessment by social care	2	3	14	0	18	10	0	15	62
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	2	8	6	0	2	0	0	21	39
Awaiting start of new home care package	4	0	8	3	8	3	0	1	27
Awaiting completion of arrangements prior to placement	1	1	15	1	5	1	1	0	25
Awaiting RH availability	2	0	1	1	10	0	0	0	14
Awaiting reablement care package	0	1	6	3	0	0	0	3	13
Awaiting NH availability	0	0	1	0	1	1	0	5	8
Awaiting Residential care home manager to visit and assess (Standard 3 residential)	1	1	2	1	0	0	0	0	5
No suitable abode	0	0	4	0	0	0	1	0	5
Awaiting Continuing Healthcare (CHC) Assessment	0	1	0	0	0	1	0	2	4
Awaiting integrated health /social care community provision	1	0	0	0	2	0	0	0	3
Awaiting provision of medicines management dispensing equipment/support	0	0	1	0	2	0	0	0	3
Patient / family choice related issues	1	1	0	0	0	1	0	0	3
Mental Capacity / Court of Protection delays	1	0	0	0	1	0	1	0	3
Awaiting transfer to intermediate care bedded facility	0	0	1	0	0	0	0	1	2
Patient / family refusing to move to next stage of care/ discharge	0	0	1	0	1	0	0	0	2
Awaiting joint assessment	0	0	1	0	0	0	0	0	1
Awaiting community based health provision D/N, CPN	0	0	1	0	0	0	0	0	1
Awaiting funding decision	0	1	0	0	0	0	0	0	1
Awaiting completion of adaptations (DFG's)	0	0	0	0	1	0	0	0	1
Awaiting restart of previous home care package	0	0	0	0	0	1	0	0	1
Awaiting Community Resource capacity	0	0	0	0	1	0	0	0	1
Patient / family refusing to participate in financial assessment	0	0	1	0	0	0	0	0	1
Disputes between agencies	0	0	1	0	0	0	0	0	1
Safeguarding issues impacting discharge arrangements	0	0	1	0	0	0	0	0	1
Awaiting nursing/residential home self-funding	0	0	1	0	0	0	0	0	1
Awaiting palliative care home	0	0	0	0	1	0	0	0	1
Total	18	19	86	9	65	28	3	67	295

Planned Care and Cancer Recovery (Planning Objective 4a)



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We are continuing to look at ways of recovering the current backlog we have in our waiting lists. Whilst patients are waiting, we are continuing to roll out a number of support mechanisms for our patients. One of these is our Waiting List Support Services (WLSS), a process of proactively and compassionately communicate with patients on waiting lists. Key elements of the service include:

- Keep them regularly informed of their current expected wait
- Offer a single point of contact should they need to contact us
- Provide advice on self-management options whilst waiting
- Offer advice on what do to if their symptoms deteriorate
- 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
- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

In the last year, as a result of the support, 1559 patients escalated to Medical Professions due to deterioration in condition; 1383 patients signposted for Support (self management programmes/Patient Knows Best/Community Teams / Smoking Cessation); and 24 Armed Forces Veterans identified since November 2022. Over 76% of patients utilising the system rated it either very good or good.

Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 4: Accessible and Kind Care	Planning Objective 4a: Planned Care and Cancer Recovery Implement the planned care recovery programme in compliance with Ministerial priorities. Executive Lead: Director of Operations	Develop trajectories and plans for:- <ul style="list-style-type: none">• 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024• Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025• (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)• Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024	Forecast delivery milestones <ul style="list-style-type: none">• We do not expect any outpatients to be waiting in excess of 104 weeks by June 2023• Forecast Stage 1 52 week breach volume is likely to reduce to 2.8k by June 2023 (limited to 3 specialties), without additional solutions• Forecast total pathway 104 week breach volume is likely to reduce to 2.6k by June 2023 (limited to 9 specialties), without additional solutions Stage 1 forecast <ul style="list-style-type: none">• Capacity within core resource level will be sufficient to limit waiting list growth to 6 specialties• Excluding impact of additional solutions, total Stage 1 waiting list likely to reduce by circa 7k if demand remains within forecast levels• Forecast 36 week breach volume of circa 13.4k patients by March 2024 (limited to 7 specialties) without additional solutions• Forecast 52 week breach volume of circa 6.5K patients by March 2024 (limited to 7 specialties) without additional solutions• Potential to resolve forecast 36/52 week breaches by March 2024 with additional investment through a mix of enhanced internal and external solutions Stage 4 forecast <ul style="list-style-type: none">• Capacity within core resource level will be sufficient to limit waiting list growth to 4 specialties• Excluding impact of additional solutions, total Stage 4 waiting list is likely to increase by circa 1.7k (plus impact of additional Stage 1 36 week conversions) if demand remains within forecast levels• Forecast 36 week breach volume will increase up to 14.5k patients by March 2024 (limited to 10 specialties), without additional solutions• Forecast 52 week breach volume will increase up to 12.5K patients by March 2024 (limited to 10 specialties), without additional solutions• Potential to reduce forecast 36/52 week breaches through a mix of enhanced internal, regional and external capacity solutions with additional investment

Planned Care and Cancer Recovery (Planning Objective 4a)



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Strategic Goal	Planning Objective	Specific Deliverable	Outcome	
Strategic Goal 4: Accessible and Kind Care	Planning Objective 4a: Planned Care and Cancer Recovery Implement the planned care recovery programme in compliance with Ministerial priorities. Executive Lead: Director of Operations	Improve Oncology Outpatient Facilities at Prince Philip Hospital and Glangwili General Hospital for 5 days a week. <ul style="list-style-type: none">Explore the potential outpatient facilities at Glangwili and Prince Phillip Hospital in order to align with the South West Wales Cancer Centre (SWWCC) Strategic Programme Case (SPC).	<ul style="list-style-type: none">Improved accessIncreased qualityIncreased throughputthe delivery of more sustainable model going forward	<ul style="list-style-type: none">Q1: 60%Q2: 67%Q3: 68%Q4: 70%
		Delivery of outpatient clinics for high volume tumor sites at Withybush and Bronglais via digital solutions <ul style="list-style-type: none">Patients to attend the hospital and have support and presence of Non-Medical Prescribers (CNS or Pharmacist/Staff Grade workforce) in clinic, with the oncology consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).Bolster the MDT workforce for in- person clinic support.Transfer the clinic work load undertaken by Bronglais to the SWWCC consultant-based team, and increase the middle grade staff/nursing/pharmacy to support the virtual model.	<ul style="list-style-type: none">Additional investmentthe delivery of more sustainable model going forward	
		<ul style="list-style-type: none">Implementation of faecal immunochemical test (FIT)FIT role out in April 2023	<ul style="list-style-type: none">Equitable care to all categories of patientsIdentify patients at highest likelihood of having cancerOptimization of resourcesAppropriate prioritization of patients for Straight to Test (STT) endoscopy – reduction in endoscopy use by 50%Out Patient Appointments (OPA) better utilized – improved access to urgent/routine patients. Proposed reduction in OPA need by 50% in the first year with incremental gains in pathway times30% routine referrals returned to primary20% STT Colon – incremental gains as pathway progressesImproved patient satisfaction – get the reassurance early	
		Transfer of Haematology Service from Pathology to Cancer and Oncology <ul style="list-style-type: none">Support Haematology Service Review to inform alignment with Oncology Service	<ul style="list-style-type: none">Reduce Spend	
		Implementation of Gynaecology Regional Working <ul style="list-style-type: none">Joint recruitment of Gynaecology oncologist/Surgeon to increase capacity at OPD,PMB and Theatre.Training plan for nurse hysteroscopists (Aberystwyth University) for Wales to facilitate increase in nurse hysteroscopy housed within Hywel Dda (In line with GIRFT review)Recruitment of trainee nurse hysteroscopy x 2 within the Health Board/ Swansea Bay UHB (SBUHB)Sharing of additional hysteroscopy capacity with SBUHB	<ul style="list-style-type: none">Sustainable service	
		<ul style="list-style-type: none">Single Cancer Pathway (SCP)Project Manager is mapping optimal pathway opportunities	<ul style="list-style-type: none">Improved trajectory towards a national target of 75%Reduced number of patients waiting over 62 days	

Planned Care and Cancer Recovery (Planning Objective 4a) Key Assumptions & Delivery Actions

This slide provides an overview of the key actions and planning assumptions underpinning our Recovery Planning ambitions:

Demand & Capacity

- 2022/23 referral patterns have remained steady and below pre-pandemic levels with no headline indications of increasing RTT demand pressure
- Forecasts to June 2023 are based on known Stage 1 and Total Pathway cohorts (52/104 weeks)
- Forecast for 2023/24 based on demand modelling (derived demand) by specialty by stage (including assumptions re ROTT)
- Delivery plans are based on core (funded) capacity for 2023/24 by specialty by stage
- RTT delivery plans **exclude** capacity reserved for cancer and other urgent pathways
- Delivery plans **exclude** additional unfunded/unbudgeted capacity assumptions (no Waiting List Initiatives or in/outsourcing beyond current resourced level)
- Our delivery plans outline additional recovery opportunities for consideration (to be supported via the £50m recovery fund retained by Welsh Government to support regional proposals)
- Includes Full Year Effect productivity & transformation improvements

Seen on Symptoms (SoS) / Patient Initiated Follow-up (PIFU)

- Over 33,000 patients to date have been managed via SoS/PIFU pathways
- An average of 1700 patients are added to SoS/PIFU pathways per month
- Our SoS / PIFU pathways span **26** specialities, **180** clinical conditions and over 272 clinicians
- We have delivered a forecast efficiency gain of £4.8m (SoS) £2.7m (PIFU)
- Our SoS / PIFU models Improve capacity for stage 1 outpatients and reduce the need for clinic based follow-up reviews
- Our approach:
 - Improves patients’ engagement with their health, encouraging them to become ‘partners’ in their own care,
 - improves patient satisfaction, reducing anxiety and inconvenience
 - Reductions in waiting times and delays in treatment/reviews . Improved use of clinical resources
 - Reduction in service costs due to reduction in avoidable follow ups, Did Not Attends and lost capacity
 - Reduction in unmet need and delayed follow ups and associated risk of harm.

Improved Productivity:

- Our new outpatient (Stage 1) capacity levels have been planned above 2019/20 (pre-pandemic) levels in specialties where increased capacity is required
- Our plans reflect a shift from follow-up capacity to new outpatient capacity achieved through 2022/23 as a result of our outpatient transformation programme. In do doing, we have continued to reduce the volume of patients experiencing delayed follow-up care.
- Our plans are based on improved levels of surgical productivity, adopting GIRFT standards where clinical experience/competency and infrastructure supports these ambitions
- As a consequence of our cataract improvement plan, supported by Welsh Government during 2022/23, we have increased cataract operating list productivity via our dedicated operating capacity at Amman Valley Hospital to 8 patients per list
- Building on well established models utilising CMAT to support effective management of orthopaedic demand and cataract risk stratification models, we have extended our ‘straight to test’ models to the adoption of FIT testing across our cancer and non-cancer colorectal pathways, thereby reducing demand for outpatient assessments and endoscopy procedures where clinically appropriate
- Medium and Long term sustainability service and workforce fragility issues to be addressed via the Clinical Services Plan

Supported by current and planned improvements in workforce availability, our delivery plans include additional capacity during 2023/23, not available to us during 2022/23. These include:

- 17 Main theatre sessions Withybush, focused General Surgery and Gynaecology, supported by a dedicated elective ward (Ward 9)
- 50% increase in orthopaedic In-Patient sessions at to be delivered at Prince Philip Hospital, increasing to 14 per week by May 2023
- An increase to 16 sessions per week at the dedicated Prince Philip Modular Day Surgical Unit, which opened in December 2022

Planned Care and Cancer Recovery (Planning Objective 4a) June 2023 Forecast Delivery Milestones



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This slide highlights the forecast position as at June 2023 in respect of the 52 week outpatient assessment and 104 week treatment recovery milestones

	Stage 1: End June 2023		Total Pathway 104 weeks: End June 2023			
Speciality	52 weeks	104 weeks	Stage 1	Stage 2 / 3	Stage 4	Total
General Surgery	0	0	0	10	119	129
Urology	0	0	0	51	814	865
Breast	0	0	0	0	0	0
Colorectal	800	0	0	44	132	176
Vascular	243	0	0	40	53	93
Trauma and Orthopaedics	1770	0	0	37	942	979
ENT	0	0	0	96	210	306
Ophthalmology	0	0	0	0	0	0
Pain Management	0	0	0	0	30	30
General Medicine	0	0	0	0	0	0
Cardiology	0	0	0	0	0	0
Gastroenterology	0	0	0	0	0	0
Dermatology	0	0	0	31	0	31
Respiratory Medicine	0	0	0	0	0	0
Neurology	0	0	0	0	0	0
Rheumatology	0	0	0	0	0	0
Paediatrics	0	0	0	0	0	0
Geriatric Medicine	0	0	0	0	0	0
Gynaecology	0	0	0	0	0	0
Total	2813	0	0	309	2300	2609

- We do not expect any outpatients to be waiting in excess of 104 weeks by June 2023
- Forecast Stage 1 52 week breach volume is likely to reduce to 2800 by June 2023 (limited to 3 specialties), without additional solutions
- Forecast total pathway 104 week breach volume is likely to reduce to 2.6k by June 2023 (limited to 9 specialties), without additional solutions

Planned Care and Cancer Recovery (Planning Objective 4a)

Stage 1 forecast for 2023/24



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This slide highlights the forecast Stage 1 position in respect of 36/52 week delivery milestones by March 2024:

Speciality	Annual Gap / Surplus	36 week breaches January 2023	52 week breaches January 2023	Forecast 36 week breaches March 2024	Forecast 52 week breaches March 2024
General Surgery	-2827	977	407	0	0
Urology	387	712	47	1159	387
Breast	-816	11	0	0	0
Colorectal	-603	1588	1114	892	314
Vascular	121	701	539	841	364
Orthopaedics	-1351	559	49	0	0
ENT	-2629	2738	1863	0	0
Ophthalmology	3323	1936	605	5770	3323
Pain Management	-840	218	27	0	0
General Medicine	-518	9	0	0	0
Gastroenterology	599	1039	495	1730	599
Endocrinology	-331	0	0	0	0
Diabetic Medicine	-194	0	0	0	0
Stroke Medicine	-517	0	0	0	0
Cardiology	0	18	0	0	0
Dermatology	483	793	23	1350	483
Respiratory Medicine	0	0	0	0	0
Neurology	1062	420	12	1645	1062
Rheumatology	-726	395	200	0	0
Paediatrics	-45	45	0	0	0
Geriatric Medicine	-6	6	0	0	0
Gynaecology	-1794	330	19	0	0
Total	-7221	12495	5400	13387	6532

- Capacity within core resource level will be sufficient to limit waiting list growth to 6 specialties
- Excluding impact of additional solutions, total Stage 1 waiting list likely to reduce by circa 7000 if demand remains within forecast levels

Planned Care and Cancer Recovery (Planning Objective 4a)

Stage 4 forecast for 2023/24



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This slide highlights the forecast Stage 1 position in respect of 36/52 week delivery milestones by March 2024:

Specialty	Annual Forecast	For3722ecast breaches to 31 st March 2024 (excluding stage 1 breach conversions)		Forecast breaches to 31 st March 2024 (including stage 1 breach conversions)	
	Gap / Surplus	36 weeks	52 weeks	36 weeks	52 weeks
General Surgery	-74	769	607	769	607
Urology	1341	3722	3337	4046	3661
Breast	-20	0	0	0	0
Colorectal	-148	63	0	250	187
Trauma and Orthopaedics In-patient	819	4163	3622	4163	3622
Trauma and Orthopaedics Day case	-643	0	0	0	0
ENT	262	665	613	665	613
Ophthalmology	-54	1304	926	2141	1763
Pain Management	-163	256	229	256	229
General Medicine	0	0	0	0	0
Gastroenterology	197	688	478	912	702
Endocrinology	0	0	0	0	0
Diabetic Medicine	0	0	0	0	0
Stroke Medicine	0	0	0	0	0
Cardiology	0	0	0	0	0
Dermatology	0	0	0	391	391
Respiratory Medicine	0	0	0	0	0
Neurology	0	0	0	0	0
Rheumatology	0	0	0	0	0
Paediatrics	0	0	0	0	0
Geriatric Medicine	0	0	0	0	0
Gynaecology	190	908	738	908	738
Total	1707	12539	10550	14502	12513

- Capacity within core resource level will be sufficient to limit waiting list growth to 4 specialties
 - Excluding impact of additional solutions, total Stage 4 waiting list is likely to increase by circa 1.700 (plus impact of additional Stage 1 36 week conversions) if demand remains within forecast levels
 - Forecast 36 week breach volume will increase up to 14500 patients by March 2024 (limited to 10 specialties), without additional solutions / Forecast 52 week breach volume will increase up to 12500 patients by March 2024 (limited to 10 specialties), without additional solutions
- Potential to reduce forecast 36/52 week breaches through a mix of enhanced internal, regional and external capacity solutions with additional investment**

Planned Care and Cancer Recovery (Planning Objective 4a) - Regional Opportunities

This slide provides an overview of the key regional recovery opportunities, jointly developed with Swansea Bay UHB:

<p>Ophthalmology</p> <ul style="list-style-type: none">• Medium term regional cataract strategy supported by Welsh Government in 2022/23 with investment in capacity at Amman Valley Hospital supported by capacity at Glangwili and Bronglais General Hospitals• Higher volume principles incrementally adopted at Amman Valley during 2022/23 - increase to 8 cataracts per list with FYE modelled for 2023/24• Workforce deficit continues to limit clinical session capacity expansion ambitions with resultant demand/capacity imbalance at Stage 1• Although recurrent Stage 4 demand / capacity now approaching balance (due to use of independent sector to reduce backlogs during 2022/23), significant backlog of 36/52+ week patients remains• Short –term 23/24 (backlog reduction)<ul style="list-style-type: none">• Potential to resolve forecast 36/52 week breaches and address backlogs by March 2024 through mix of partnership solutions with Swansea Bay UHB supplemented by independent sector / insource capacity, with additional investment• Medium-Long term (sustainability)<ul style="list-style-type: none">• Regional recruitment opportunities to enhance current workforce, address recurrent Stage 1 capacity gap and sustain Stage 4 demand/capacity balance	<p>Endoscopy:</p> <ul style="list-style-type: none">• Regional Endoscopy recovery plan, jointly developed with Swansea Bay UHB, submitted to Welsh Government December 2022• Demand and capacity modelling supported by Delivery Unit• Unsustainable demand / capacity imbalance across South West Wales region ((active waiting list and surveillance deficits) – 44 lists deficit per week• Circa 40% of current physical capacity not utilised due to regional workforce shortage• Regional plan outlined a 5 year recovery plan, subject to Welsh Government Recovery Fund support <p>Short –term (reduce backlogs)</p> <ul style="list-style-type: none">• Embed recent workforce improvements (nurse endoscopists and consultants)• Waiting List Initiatives / insource / outsource solutions to reduce backlogs <p>Medium-Long term (sustainability)</p> <ul style="list-style-type: none">• Further clinical endoscopist workforce development (20 lists per week by 2025/26)• Further increase funded lists• Resource implications – circa £7m per year over 3 years reducing to £3.7m in 2026/27
<p>Orthopaedics</p> <ul style="list-style-type: none">• Exponential growth in Hywel Dda In-Patient demand due to recurrent capacity deficit (forecast 3 fold increase in IP waiting list over next 5 years). Forecast recurrent In-Patient deficit (circa 819 cases) but DC surplus• SBUHB expected to close current IP deficit for HVLC (high volume, low complexity) cases via Neath Port Talbot Hospital development but remaining deficit for LVHC (low volume, high complexity) cases and day cases <p>Scenario 1:</p> <ul style="list-style-type: none">• Potential to deliver an additional 6 weekly orthopaedic In-Patient operating sessions at Prince Philip enabling an approximate additional 500 joint replacement procedures over a 12 month period. Successful implementation will be subject to workforce availability and engagement with staff across the region. This has not been included in our modelling assumptions until confirmed. <p>Scenario 2:</p> <ul style="list-style-type: none">• Due to clinical concerns regarding restricted access for LVHC patients, emerging clinical proposal to concentrate of LVHC regional cases via Prince Philip Hospital (and Morriston Hospital) with HVLC cases via Neath Port Talbot (and Bronglais General Hospital)• Day case surgery to continue at majority of sites across South West Wales region• Would enable greater focus on LVHC priority cases across region but would significantly reduce forecast throughput per list at Prince Philip and significantly increase forecast Hywel Dda Stage 4 (36/52 week) breaches. This proposal would limit Hywel Dda’s progress versus ministerial priorities without mitigating additional HVLC IP capacity solutions to close gap:<ul style="list-style-type: none">• Supplement internal capacity in short term via independent sector• Consideration of opportunities to regionalise waiting list• Support medium term recovery through conversion of 2 x Prince Philip theatres to Laminar Flow to support additional HVLC volumes	

Regional Diagnostics Plan (Planning Objective 4b)

Diagnostic Context and Challenges, and Regional Solutions

Context and Challenges

Diagnostic interventions are an integral aspect across all specialities and medical areas - the importance of timely diagnostics across all pathways is fundamental to achieving the Urgent Suspect Cancer and Referral to Treatment ministerial priorities. However, there is significant fragility at present within a number of key diagnostic interventions where demand and capacity do not align. Equally, there is a significant reliance on an external party to read the scans and support the Out of Hours rota:

- **Endoscopy**- is extremely challenged across all modalities, with circa 75% of patients routinely waiting over 8 weeks for Colonoscopies, Cystoscopy, Flexible Sigmoidoscopy and Gastrosopies
- **Cardiology**- Is extremely challenged within both Echocardiograms and CT angiography. Echocardiograms have circa 67% routinely waiting in excess of 8 weeks across the Health Board. Bronglais is the site impacted the most with 83% of patients waiting in excess of 8 weeks. In order, to address these waits the service continues to have a robust triage system in place, attempt to source locums and will utilise the demand and capacity work that is currently being undertaken. The service has also commenced an insourcing solution and the intention is that this will run into 2023/24 at greater capacity. In-house staff are also being offered enhanced payment rates to increase activity. There is also a medium to longer potential option to “grow our own” capacity by securing additional workforce, which is currently going through a Value Based Healthcare approach. The only substantive CT Coronary Angiography capacity within the Health Board is at Bronglais which provides a capacity of approx. 150 per year. The Health Board also commissions this from Swansea Bay. An additional list has run at Glangwili since August 2022, but with short-term project funding which will cease in July 2023 – this is currently undergoing a Value Based Healthcare approach with business case for sustainability due in May 2023. CT Coronary Angiography demand for Hywel Dda is approximately 600-800 per year. With a current substantive capacity of 150 at Bronglais and the capacity at Swansea Bay UHB, the development of substantive capacity at Glangwili and future further capacity at Withybush and Prince Philip Hospital are priorities for the service in the coming 12-18 months. Additionally, 5 Cardiologist underwent training in CT Coronary Angiography in 2022, which now provides a skill capacity of 7 Cardiologists spread across all 4 acute sites.
- **Non-Cardiac Computed Tomography**- Performance relating to GP and Consultant referrals across all 4 sites for non-cardiac CT is very good at 90%> of patients being seen in 8 weeks or less. However, the model relies heavily on an external provider which comes at a significant expense. Therefore, the model is not sustainable and does not have the productivity level (despite the good performance) of a substantive workforce model (as the provider needs to discuss 20% of cases with University Health Board staff)
- **Non-Cardiac Magnetic Resonance Imaging (MRI)**- performance is extremely challenging with less than 59% of patients (GP referrals) having their MRI within 8 weeks (at a University Health Board aggregate level). The majority of the 8 weeks > waits are within Prince Philip, where only 30% of patients are waiting < 8 weeks. MRI (Non-Cardiac) performance is slightly higher within Consultant referrals with 61% of patients currently under 8 weeks.
- **Non-Obstetric Ultrasound** – performance for Consultant referrals remains around 81% (aggregated) for patients waiting 8 weeks or less. The performance for GP referrals is higher across Glangwili, Bronglais and Withybush General Hospitals achieving circa 88% (aggregated across the three). However, the number of patients waiting 8 weeks or less in Prince Philip Hospital is 65%

Regional Diagnostic Hubs

During 2023/24, we will develop a Business Plan for both Health Boards Executive Boards’ agreement outlining any potential financial ask and next steps. This will include any requests for funding that could be sought for regionally led and managed programme resource for programme delivery from central funding. However, work has already begun on both our regional pathology centre of excellence, and on regional endoscopy.

Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 4: Accessible and Kind Care	Planning Objective 4b: Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024. Executive Lead: Director of Operations	<ul style="list-style-type: none">• Implement regional diagnostic hubs.	<ul style="list-style-type: none">• Reduced waiting times• Increased number of Pathways that are Straight to test

Regional Diagnostics Plan (Planning Objective 4b)

Diagnostic Context and Challenges, and Regional Solutions



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Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 4: Accessible and Kind Care	Planning Objective 4a: Planned Care and Cancer Recovery Implement the planned care recovery programme in compliance with Ministerial priorities. Executive Lead: Director of Operations	<p>Radiology Scanning (CT/MR/Plain film):</p> <ul style="list-style-type: none"> Continue to utilise locum Radiographers to fill gaps in areas of staffing vacancy and where staffing is under resourced until new graduate appointments are on-board, inducted and established. Utilise findings of capacity and demand work currently being undertaken. Utilise the D&C work to inform and implement a sustainable solution to extend the working day to reduce pressure and reliance on overtime and agency work. At present, we utilise Ever-light for a significant reporting of OOH scans. A sustainable model can reduce the reliance on Ever-Light, whilst ensuring the current CT capacity is not only maintainable, but the productivity can be increased by circa 20- 25%. Recruitment of 12 radiographers, lead in time for training. However, once complete will be fast tracked into areas most needed, which will free up capacity for the more experienced radiographers (the benefits of the 12 additional radiographers are more likely to be end of year2/beginning of year 3). 	<ul style="list-style-type: none"> Reduce waits in all areas Reduction on agency spend Improve productivity
		<p>Radiology Reporting (CT/MR/Plain film):</p> <ul style="list-style-type: none"> Continue to outsource the reporting element where internal capacity and insourcing options cannot meet demand. Utilise the findings of capacity and demand work currently being undertaken to realise the staffing resource required to enable the implementation of a sustainable solution to meet demand which would include options such as extending the working day to reduce pressure and reliance on outsourcing. CT Out of Hours – look at rotas, potential option to bring in a locum Radiologist overnight. Plain film – recruited a readily trained reporter Recruitment of 2 part time radiologists to replace impending retirement roles, in order to meet demand. Allow Consultants to work more flexibly to attract work force and maintain work life balance. 	<ul style="list-style-type: none"> Reduce waits in all areas Sustainable service Reduced fragility Reduce spend through a reduction in requirement for outsourcing
		<p>DXA:</p> <ul style="list-style-type: none"> Expand Bronglais service to be able to provide full clinical reports in line with those provided by Swansea Bay UHB, option to upskill existing staff with potential support from Swansea Bay UHB. Procurement of a new DXA scanning machine at Bronglais General Hospital, through the potential of charitable funds 	<ul style="list-style-type: none"> Equity in service between the reports generated by the Health Board and SBUHB Improved patient outcomes and experience Sustainable DXA scanner
		<ul style="list-style-type: none"> Further iterations of the Demand and Capacity work required, to include the nuances within the system. Consideration of the recommendations and implementation. 	<ul style="list-style-type: none"> Improved sensitivity analysis Improved monitoring and outcomes

Planned Care and Cancer Recovery (Planning Objective 4a) : Additional Recovery Opportunities via WG Recovery Fund



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This slide highlights the additional recovery opportunities available to the Health Board, should these be supported by the Welsh Government Recovery Fund:

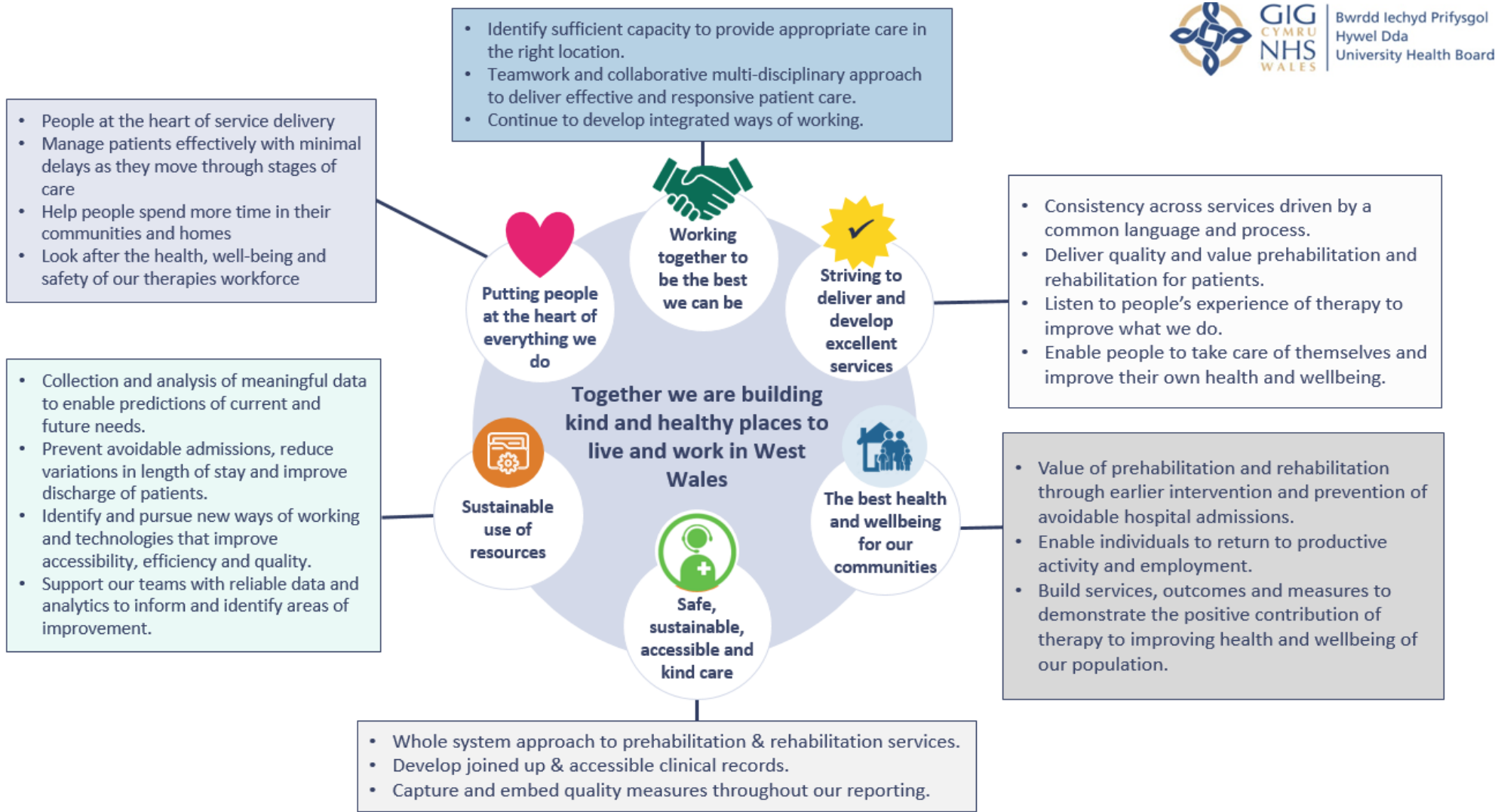
Proposal	Value (£)
Clear Stage 1 36 week breaches by March 2024 <ul style="list-style-type: none">Resolve all Stage 1 36 breaches by March 2024 through a combination of enhanced internal activity and additional external insource / outsource capacity solutions (£3m)Based on historical delivery experience, we believe there is a reasonable opportunity to resolve all specialty 36 week breaches by March 2024 via this solution	£3.0m
Clear Ophthalmology total pathway 36 week breaches by March 2024 <ul style="list-style-type: none">Resolve Ophthalmology total pathway 36 week breaches by March 2024 through a combination of partnership solutions with Swansea Bay, supplemented by independent sector / insource capacity (£2.3m)Based on historical delivery experience, we believe there is a reasonable opportunity to resolve all Ophthalmology 36 week breaches by March 2024 via this solution which would place the Health Board in a positive position for the medium term as recurrent demand / capacity is approaching balance	£2.3m
Progress Regional Endoscopy Recovery Plan <ul style="list-style-type: none">Progress Year 1 implementation of the Regional Endoscopy Recovery Plan with a focus on the following priority actions:(£3.5m)Embed recent workforce improvements (nurse endoscopists and consultants) within core capacityProgress a combination of WLIs / insource / outsource solutions to reduce current backlogs in line with levels outlined in the regional recovery plan	£3.5m
Mitigate 2023/24 impact of Orthopaedic Regional Recovery Plan: <ul style="list-style-type: none">In the event that emerging regional proposals to concentrate LVHC In-patient activity at Prince Philip are supported, explore additional outsource opportunities to mitigate the impact on HVLC IP activity volumes and reduce the orthopaedic In-Patient backlog and forecast Stage 4 36/52 week breaches (£tbc)Support capital investment for conversion of 2 x laminar flow theatres at Prince Philip enhance regional High Volume Low Complexity capacity and support longer term recovery	£2.2m
Reduce forecast Stage 4 36/52 week breaches: <ul style="list-style-type: none">Reduce forecast Stage 4 36/52 week breaches in all other specialties (exc. orthopaedics) by March 2024 through a combination of enhanced internal and external capacity solutions (£tbc)Delivery volumes would be subject to appropriate market testing but outline financial assessment is based on historical delivery experience	£1.4m

Therapy support and alignment to our Strategic Objectives



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Safe and High Quality Care

By March 2024, develop and implement a Prehabilitation and Rehabilitation Plan that will provide a comprehensive individualised person centred framework to support the needs of the population included in “Rehabilitation: a framework for continuity and recovery”. This plan should be fully operational by March 2026

Specific Deliverable	Measures / Outputs
<ul style="list-style-type: none">• Empowers people to be equal partners in maximising their own recovery and independence, especially to ensure a waiting well approach, including Prehabilitation as central to ensuring optimisation of person's rehabilitation.• Seamless early offering of rehabilitation through supporting people closer to home, across all settings.• Provision of resources, training and the confidence to move the risk of decision-making further away from hospital settings.• Avoid unnecessary hospital admission.• A person centred approach mapped to the Rehabilitation six-component stepped care model.	<ul style="list-style-type: none">• Develop data sets on rehabilitation provision to provide full understanding in terms of availability and access to rehabilitation workforce and the types available.• Support and promote the AHP and wider rehabilitation workforce to become leaders of innovative practice through use of digital and data, working to the top of their licence.• Work to provide a more flexible workforce to help wellbeing, career development and succession planning to ensure longevity of services.• Work with people with lived experience from the local population to ensure appropriate clinical space to deliver rehabilitation is inclusive and meets the needs of all.

Welsh Government priority for referral to treatment for access to Therapy Services is 14 weeks, and that this target is achieved by March 2024.

To achieve this target we will continue to deliver

- Clinical triage of all referrals
- Review and develop processes to inform and support patients while they are waiting for treatment
- Continuously review demand and capacity plans and revise monthly activity trajectories and performance outcomes against planned objectives
- Explore development of additional fixed term capacity to address backlog where demand and capacity have equalised
- Scope and adopt digital technology to support waiting list management and alternative service provision
- Review workforce innovation, development and deployment to meet the demand and capacity plans
- Review estate, accommodation and equipment needs to support waiting list activity delivery
- Scope and develop multimodal rehabilitation as part of the stepped care rehabilitation model

We continue to make progress across the entire Mental Health and Learning Disabilities portfolio across our wider Transforming Mental Health agenda. We were the first Health Board to 111 Option 2; we continue to work towards meeting our targeted trajectories in respect of Part 1A & 1B and are on track to achieve 80% by March 2023 and to work with partners through the Regional Partnership Board to further strengthen care and support arrangements for children with emotional and mental health needs by becoming early adopters of the national Early Help and Support Framework, which is being implemented as part of the Together for Children and Young People (TCYP) programme.

We have undertaken a procurement exercise to outsource assessment and treatment to address our waiting lists in both Adult and CYP ASD services, which closed at the end of October 2023. Following evaluation and stand still period, contracts have been awarded to two providers up until 31st March 2025. This has the capacity to provide a minimum of 150 individual diagnostic assessments per year per provider, which would mean an additional 300 assessments to be completed across Child and Adult Services per year.

Work is progressing on the Learning Disability Service Improvement programme (LD SIP) for the community and inpatient settings change programme, with a review of the former Ty Bryn service having been completed. An SBAR was presented to Board in January 2023, outlining the future direction of travel and next steps based on recent service assessments, which was shared with the Executive Team in mid-December 2022. The report included a comprehensive Engagement Plan scheduled for February/March 2023, following which a further analysis report will be taken to Board in for final approval on the service changes.

Work continues on developing our Memory Assessment Service (MAS). Good progress has been made on waiting time initiatives with Occupational Therapy, including agreed action planning and patient contact. A Service Specification setting out the new service model is currently being engaged/consulted on. The procurement process for the MH&LD Third Sector Framework for a range of early intervention and prevention services commenced in November 2022. All aspects of the tendering process have been coproduced with service user and carers being involved in the development of new Service Specifications as well as being scoring members of the evaluation process.

Mental Health Recovery Plan (Planning Objective 4c)



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Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 4: Accessible and kind care	Planning Objective 4c: Mental Health Recovery Plan	<p>111 Option 2 (All age Mental Health Single Point Of Contact) - Hywel Dda was the first Health Board in Wales to implement 111 Option 2 in June 2022. From November 2022, the service has been operational 24/7, providing an all age open access service to Hywel Dda residents. Additionally, a 24/7 professional line provides advice on assessment and triage to a range such as GP's, Police, WAST, 111, A&E, Local Authority, Third Sector and other health professionals.</p> <ul style="list-style-type: none">• Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.• Weekly reporting on national dataset, alongside local targets.• Establish monitoring processes to capture national minimum data set and local targets.• Welsh Government National Dataset on call wait times, call length etc to be implemented as business as usual.• Review demand and capacity against call volumes/length/presenting issue following national advertisement campaign.• Service to move from pilot initiative to business as usual.• Finalise national and local reporting requirements/timelines – on all age open access line and professional line.	<ul style="list-style-type: none">• Reduction in callers distress level• maintain low call waiting times• reduction in Mental Health presentations on A&E, Police, WAST etc,
	To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues.	<p>Recover waiting time performance to performance framework standards for SCAMHS assessment and intervention</p> <ul style="list-style-type: none">• Ensure adequate workforce to meet service demand. Qualified Practitioners required to under assessments.• Undertake demand and capacity review against service need. Report monthly through Heads of Service meeting. Continue to review training needs against workforce skill mix.• The service will work to expand its use of digital services and resources to increase capacity and improve efficiencies.• Work collaboratively with RPB colleagues to seek sustainable funding for Kooth on-line counselling platform. Ensure staff have adequate digital resources to efficiently and effectively manage service demand.• The Service will explore community innovations to reduce onward referrals/demand in to SCAMHS Primary Mental Health Service. Undertake a review of the Part 1 Scheme with Partner agencies, to reflect key service developments.• In line with the 'No Wrong Door' approach SCAMHS will work with multi-agency referral panels to agree community interventions to reduce the demand on secondary care services and mitigate against waiting lists. Clarify how the SCAMHS Primary Mental Health Service structure aligns with the Measure.• Service reporting on maintained trajectories to move to business as usual.• Continue quarterly meetings with Delivery Unit colleagues. Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.	<ul style="list-style-type: none">• Compliance with the Measure – <u>we will aim to achieve the 80% target across the year</u>• reduced wait times for assessment• reduced wait times for treatment.
	Executive Lead: Director of Operations	<p>Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention.</p> <ul style="list-style-type: none">• Undertake a review of Do Not Attends (DNAS) across all service delivery areas.• Introduce text messaging service for appointment reminders to mitigate DNAs and increase attendance.• Work collaboratively with GP partners to identify innovations in Primary Care Services to deliver early interventions and reduce secondary care referrals.• Implement 'test the concept' approaches to provide additional community support e.g. family support workers.• Evaluate pilot evidence based group interventions. Evaluate use of digital solutions such as 'Attend Anywhere'.• Introduce additional evidence based group interventions as appropriately identified through the review, utilising community venues to increase uptake.• Service reporting on maintained trajectories to move to business as usual.	<ul style="list-style-type: none">• Compliance with the Measure – <u>we will aim to achieve the 80% target across the year</u>• reduced wait times for assessment• reduced wait times for treatment.



Adult Mental Health (AMH)

- Develop and implement a robust co-occurring Mental Health and Substance Misuse Framework and Pathways
- Embed and review co-occurring Nurse roles within high demand co-occurring areas
- Review operational processes and impact of 111 Option 2 to broaden scope with partnership agencies
- Review demand and capacity of Community Mental Health Centres (CMHC's) and Community Mental Health Teams (CMHT's) to ensure appropriate staff numbers in respective areas
- Develop and implement Service Specification for new ways of working across CMHC's and CMHT's (inclusive of Crisis Resolution and Home Treatment Teams)

Learning Disabilities (LD)

- Develop Service Specification for the new LD service model - Consideration to service objectives will need to be given to the following once relevant guidance is published in 2023/24:
 - The new Additional Learning Needs Code for Wales 2021
 - Liberty Protection Safeguards (LPS)

Specilaised Children and Adolscent Mental Health Services (SCAMHS)

- Establish 24/7 Children and Young People (CYP) Alternative to hospital/Discharge Lounge in Carmarthen, linked to Crisis Assessment Treatment Teams
- Develop 2 X Youth Worker led CYP Sanctuaries in Pembrokeshire and Ceredigion
- Achieve and implement the Royal College of Psychiatrist (RCP) Standards for Perinatal Mental Health
- Further strengthen the workforce and the capacity within the restructured S-CAMHS Crisis & Assessment Teams to meet the increased acuity and demand
- Attain accreditation with RCP standards for early intervention in psychosis (EIP)
- Implement all new service developments following Welsh Government funding i.e. ED service

IPTS (Integrated Psychological Therapy Services)

- Monitor the demand and capacity of the service to reduce waiting lists and maximise capacity by monitoring and implementing performance improvements such as job planning, caseload reviews, waiting list reviews
- Implement a new work stream of Psychological Wellbeing Practitioners to further improve links between GP clusters, LPMHSS and other Mental Health services
- Work in partnership with Primary Care and internal services to improve efficiencies in referral processes
- Implement a new work stream of Psychological Wellbeing Practitioners to further improve links between GP clusters, LPMHSS and other Mental Health services
- Continue to embed and integrate LPMHSS and IPTS services to dilute treatment by offering group therapy in LPMHSS to reduce the flow through to IPTS, creating a seamless service delivery

Older Adult Mental Health (OAMH)

- Community Dementia Well-being Team to implement stepped-care model to improve skills and confidence around evidence based best practice dementia care
- Implement action plans stemming from 'All Wales Dementia Care Pathway of Standards' across [hosted] Dementia Well-being Teams against and CMHT and inpatient wards
- Continue to establish Home-for-Life Care Home Design Pilot (16 care homes) in Carmarthenshire Local Authority. Follow up evaluation recommendations from March 2023
- Finalise Acute Inpatient Pathways in line with Shared Care model best practise. Agree implementation dates.

Autism spectrum disorder (ASD)

- Work collaboratively with Welsh Government to implement the recommendations of the Welsh Government Neurodevelopmental review
- In line with the anticipated recommendations of the review develop ways to deliver timely multi-disciplinary assessments and interventions across the age range
- Secure additional funding to increase workforce to meet demand capacity imbalance from Welsh Government Neurodivergence Improvement Funding
- Work with procured private providers to deliver timelier assessments to reduce excessive waiting times
- Work with the Delivery Unit to agree realistic trajectories to meet national targets

Integrated Localities (Planning Objective 7b)

Primary Care Access to Services



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At the heart of our Primary and Community vision is the ongoing development and delivery of the Primary Care Model for Wales (PCMW), especially the implementation of the extensive programme of contract reform being undertaken in Wales and the Accelerated Cluster Development Programme (ACD). Focused around the communities and Clusters within Hywel Dda we will ensure care is better coordinated to promote the wellbeing of individuals and communities. We work with our partners including the Regional Partnership Board to transform primary and community care to strengthen integration between primary and secondary care, to ensure whole system approaches and to support sustainability of services. This will be achieved as Clusters acting together at scale and pace, with clear alignment to the Health Board's Strategic Vision. The links between clusters and the Regional Partnership Board will be strengthened to enable further development of the ACD programme.

This is supported by the seven established Clusters, which have been aligned to an Integrated Locality Planning Group established in each of the three counties, thereby ensuring the integration of plans, joint prioritising of needs for the population and effective use of resources. The Cluster role allows for place-based understanding of the population needs and local assets. Specific Cluster projects may vary on this basis and projects are reviewed on a regular basis to ensure they achieve their aims and continue to be relevant. Over the last 12 months the Accelerated Cluster Development programme has been further developed across the region. The Pan Cluster Planning Groups will work with Clusters through the Integrated Locality Plans to ensure that population health needs are at the core of service development and innovation

Contract Negotiations

- Through working with the four Contractor professions, the focus over the next 12/24 months will be stabilising sustainable service provision as we move into the recovery phase of the COVID pandemic. Our key priority for 2023/24 onwards will continue to be to support service modernisation that provides timely and appropriate access to local services, using Contract reform and Accelerated Cluster Development (ACD) as drivers for change.
- Sustainability of all Primary Care Contractor service provision remains a key priority, recognising the period of instability that many contractors have experienced at times throughout the pandemic. The anticipated outcome of the Contract reform negotiations will also help to shape the future sustainable service provision alongside a workforce strategy that supports the implementation of the Primary Care Model for Wales by bringing other professional groups such as Audiology, Occupational Therapy, Physiotherapy etc into direct access services through General Medical Services.

Primary Care Prototype Data Work

- Whilst some access data is now available through the Access QI work, the use and sharing of this data is currently limited and therefore it is not possible to populate the Ministerial Priorities for General Medical Services with trajectories. Data across the Primary Care contractors is limited in enabling the Health Board to establish a baseline position from which it can set improvement trajectories in line with the Ministerial Priorities
- In order to demonstrate the use of data collected from Managed Practices, we have developed a prototype dashboard to explore demand at a single Managed Practice, looking at: Consultations; Examinations; Referrals; and Disease management as well as demand and capacity. The dashboard can be filtered by date and clinical groups, in order to understand peaks in demand and clinicians workloads. See example of the dashboard on the next slide

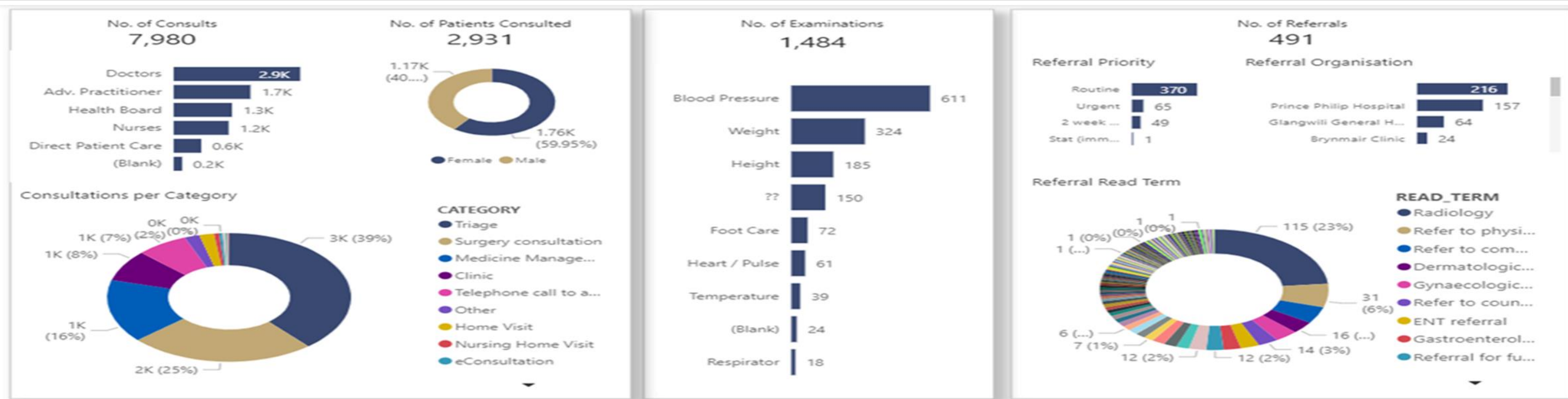
Integrated Localities (Planning Objective 7b)

Primary Care Prototype Data Work



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Weekly automated extracts are expected to be in place by March 2023, and then a full working dashboard will be implemented. This will then be expanded to all Managed Practices. The dashboards purpose is to support the clinical leaders and their team to identify demand patters and to support the management of effective patient care.

Other reports which are in place and being developed further include:

- Access Standards Achievement
- Enhanced Services uptake
- Patient Demographics
- Visiting Programme
- Annual Return compliance 2022
- List Size monitoring
- Sustainability overview
- Workforce overview

Community Pharmacy overview:

There are a number of reports which are in place and being developed further including:

- Common Ailments Service;
- Emergency Medication
- Temporary Closures
- Emergency Contraception
- Flu
- Triage and Treat

Dental and Community Dental Service (CDS) overview:

There are a number of reports which are in place and being developed further including:

- CDS Paediatric Referrals
- CDS Special Care Dentistry Referrals

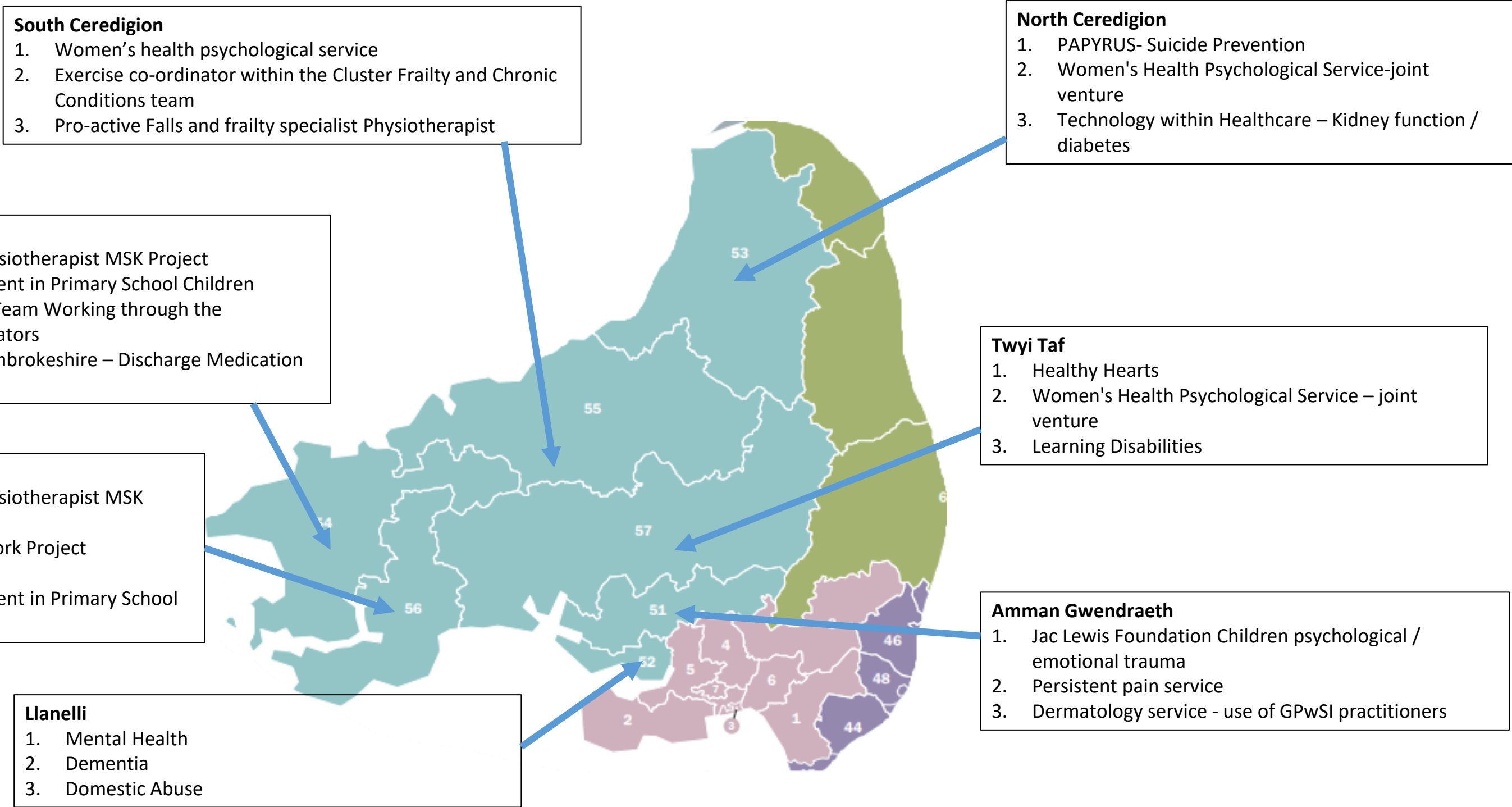
Optometry Service overview:

There are a number of reports which are in place and being developed further including:

- Eye Health Examinations (EHEW)
- General Ophthalmic Services
- Diabetic Retinopathy

For all Primary Care services, there will be a full review in 2023/24 of data availability and requirements to ensure insights are being used to effectively support service development. During 2023/24, we are expecting the WNWRS (Wales National Workforce Reporting System) to collect workforce data for Community Pharmacy, Dental and Optometry

Integrated Localities (Planning Objective 7b) Cluster Priorities for 2023/24



Integrated Localities (Planning Objective 7b)

Access to Primary Care

A whole system approach recognises that improving organisational or population outcomes is predicated on effective and efficient processes by a number of contributors/partners. The whole system approach provides a response to this complexity through a dynamic way of working that brings together stakeholders, including communities, together to develop ‘a shared understanding of the challenge’, ‘mutual agreement of the outcome anticipated’ and integrated action to bring about sustainable, long term change. Each Integrated Locality Plan brings together the Cluster priorities and is co-owned by the Pan Cluster Planning Groups organised to be co-terminous with local authority boundaries. Each plan organises the system on the basis of population need, whilst embedding key enablers such as; Financial sustainability, Quality Improvement Focus, Digital, Workforce and Organisational Development, and Infrastructure

Strategic Goal	Planning Objective	Specific Deliverable		Outcome
Strategic Goal 7: Healthier Communities	Planning Objective 7b: Integrated Localities 7b. Integrated Localities, Accelerated Cluster Development and Primary Care sustainability i. Integrated Localities & ACD ii.Primary care sustainability plan Executive Lead: Director of Primary Care, Community and Long-Term Care	<ul style="list-style-type: none"> All practices are available on the telephone from 8am – 6.30pm All practices have doors open on their designated site from 8.30am to 6pm All practices are submitting data for Phase 1 as part of the move to the unified contract Quality Assurance and Improvement Framework monitoring in line with General Medical Services (GMS) contract requirements 		<ul style="list-style-type: none"> Improved Access to GP Services (Metrics to be finalised, subject to contract negotiations)
		<ul style="list-style-type: none"> Ensure contractual compliance with opening times Ensure appropriate accreditation compliance Ensure contractual compliance with provision of Clinical Community Pharmacy Service and review activity data Review and development of enhanced services through the Enhanced Services group Review of the number of Independent Prescribing Pharmacists and associated service provision 		<ul style="list-style-type: none"> Improved Access to Community Pharmacy Services (Metrics to be finalised, subject to contract negotiations)
		<ul style="list-style-type: none"> Maintaining current level of NHS dental service provision Set volume metrics in accordance with Units of Dental Activity (UDA) and Contract reform baselines Ongoing work with the Local Dental Committees and contractors on the current contract guidance for contract reform Ongoing discussion with Welsh Government over the contract management metrics and availability of data Commissioning of new dental contracts to replace contract resignations Monitor achievement against the baseline using NHS Dental Business Service Authority data when available 		<ul style="list-style-type: none"> Improved Access to Dental Services (Metrics to be finalised, subject to contract negotiations)
		<ul style="list-style-type: none"> Supporting national contract implementation Contract implementation as and when agreements are reached and issued to Health Boards Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocols 		<ul style="list-style-type: none"> Improved Access to Optometry Services (Metrics to be finalised, subject to contract negotiations)
		<ul style="list-style-type: none"> 20% growth in social prescribing Capacity growth in community nursing Increase in intermediate care 	<ul style="list-style-type: none"> Increase in community clinics Workshop for community, primary model Design of community hubs 	

Integrated Localities (Planning Objective 7b) Access to Community Services



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When improving access to Community Services, a whole system approach is required and recognises that improving organisational or population outcomes is predicated on effective and efficient processes by a number of contributors/partners. Over 90% of health care activity is delivered outside of hospital and a further 80-90% of health outcomes relate to the wider determinants of health which are not NHS delivered. The whole system therefore, provides a response to this complexity through a dynamic way of working that brings together stakeholders, including communities, to develop a common ambition for the population, mutual agreement of the outcomes and integrated action to bring about sustainable, long term change. Each Integrated Locality Plan brings together the Cluster priorities and is co-owned by the Integrated Locality Planning Groups organised to be co-terminous with local authority boundaries.

Our objectives are:

- To deliver the shift of focus and resource from reactive treatment and care to preventative and proactive care through “growing the green”.
- To reduce inequalities in health outcomes through a focus on place-based service models adaptive to population need and the configuration of local assets but based on regional principles and standards.
- To wrap our services around our population to deliver seamless integrated care so that people only need to go to hospital when absolutely necessary and for as short a time as clinically required.
- To offer world-class environments, response and experience for our population which is flexible and adaptive in their community.
- To do this we will be increasing our community access to social prescribing, ambulatory community clinics, homebased care through community nursing teams and working with partners to increase intermediate care at home and long term domiciliary support services.

Our outcomes are focused on:

- To deliver the shift of focus and resource from reactive treatment and care to preventative and proactive care through “growing the green (& blue)”.
- To reduce inequalities in health outcomes through a focus on place-based service models adaptive to population need and the configuration of local assets but based on regional principles and standards.
- To wrap our services around our population to deliver seamless integrated care so that people only need to go to hospital when absolutely necessary and for as short a time as clinically required.
- To offer world-class environments, response and experience for our population which is flexible and adaptive in their community.



Our
Patients

Our
Population

Integrated Localities (Planning Objective 7b)



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Strategic Goal	Planning Objective	Specific Deliverable	Outcome
Strategic Goal 7: Healthier Communities	<p>Planning Objective 7b: Integrated Localities</p> <p>7b. Integrated Localities, Accelerated Cluster Development and Primary Care sustainability</p> <p>i. Integrated Localities & ACD ii. Primary care sustainability plan</p> <p>Executive Lead: Director of Primary Care, Community and Long-Term Care</p>	<ul style="list-style-type: none"> GP clusters agree scale and scope for Elemental Customer Relationship Management (CRM) – Co-ordinate GP cluster communications, starting in Pembrokeshire New Specialist Practitioner (SP) to be using Elemental CRM - Ensure all new SP can access and are fully trained on system GP cluster implement Elemental CRM in practices ID GP liaisons per Practice Face-2-Face set up per practice Training and communications completed for GP and Allied Health Professionals (AHP) per practice Community referrers and partner agencies are aware and linked (as per requirement) to Elemental CRM Scope referral reasons from data and ensure they are reflected in the partner bodies who refer in to and out of the SP service Reflect on highlighted need and gaps within communities to deliver social model for health & wellbeing 	<ul style="list-style-type: none"> 20% capacity growth in social prescribing activity to support a growth in community resilience 5% capacity growth in proactive community care contacts to support the growing acuity and fragility of people in the community through community nursing teams. 98 bed increase in intermediate care “community beds” to support care for people in our “virtual ward” Improvement in access to primary care 34% increase in ambulatory community clinics as earwax and continence services are further embedded Grow & measure the impact of social prescribing/community connections Right-sized multi-professional place based teams able to respond to presenting and proactive needs Risk stratification, proactive MDT care planning & delivery Integrated community networks & teams Homebased care development in partnership with Local Authority & independent sector Improved primary & community care access including core diagnostics Ambulatory Community Clinics Integrated Community Infrastructure – Health & Wellbeing Hubs



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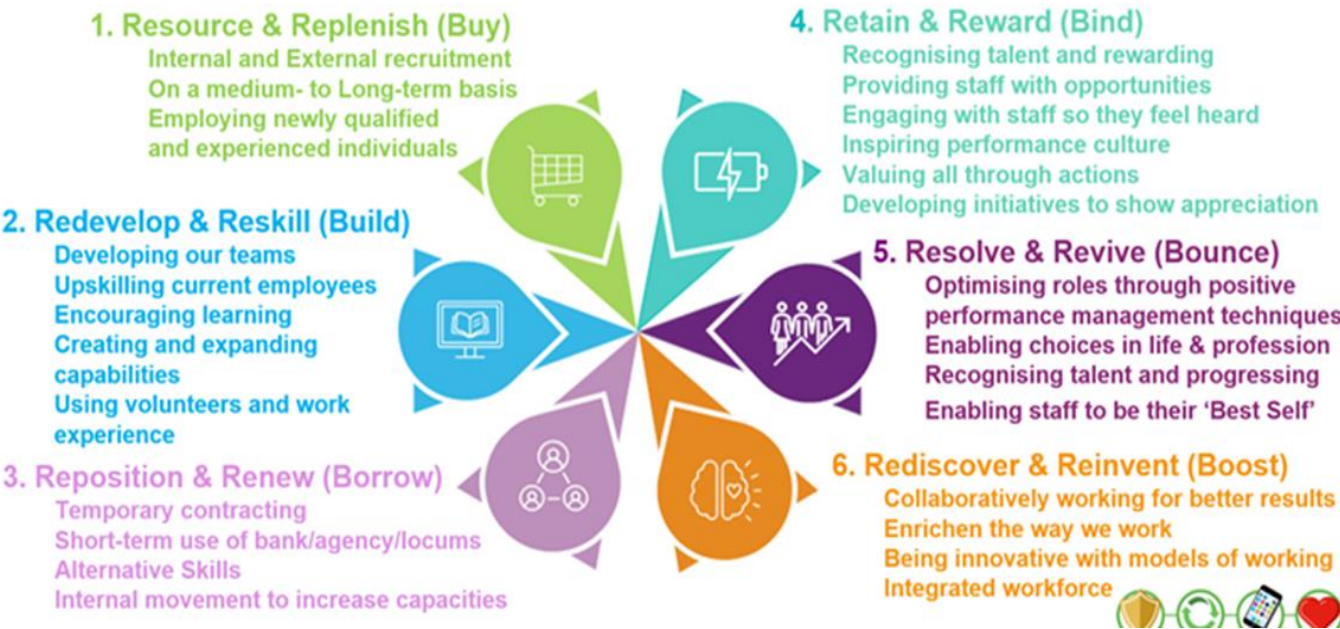
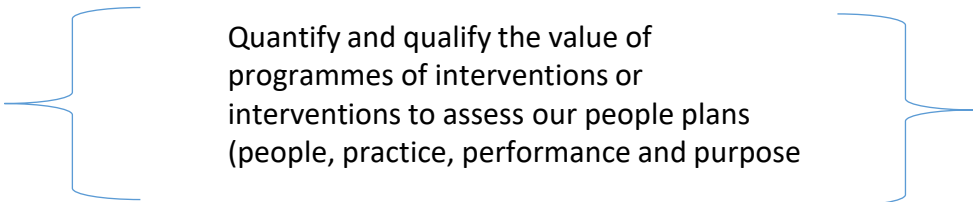


Section 3: Our Planning Objectives for 2023/24 (incorporating our local priorities)

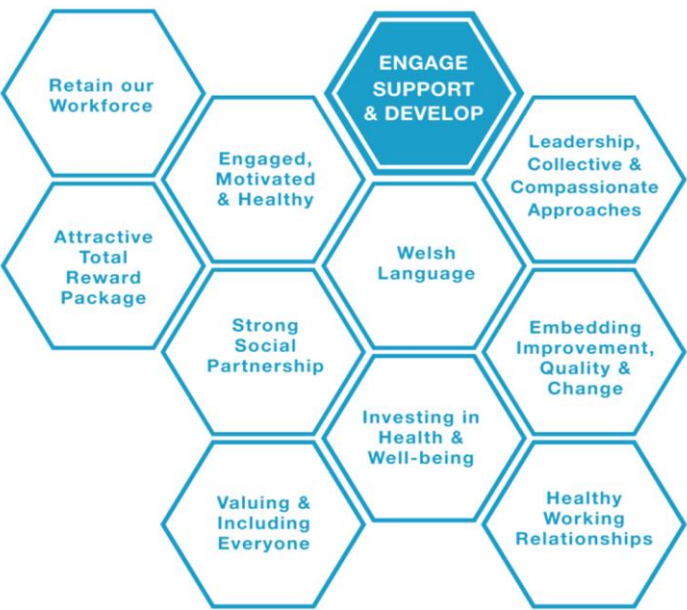
Our People Plan – Strategic Intent & Alignment

Our strategic roadmap for workforce

- Workforce transitions:
- 1. Stabilisation (1 – 3 years)
 - 2. Evolution (2 – 4 years)
 - 3. Metamorphosis (3 – 5 years)
 - 4. Re-creation (5 – 7 years)
 - 5. Re-generation (6 – 8 years)



Each workforce transition in the strategic road map will draw on all of the elements of the People Regeneration Framework and will transfer from “development” to business as usual as the People Objectives we define as a priority come to fruition on an annual and cyclical basis. The National Plan is aligned to our focus and ethos of development as indicated below and within our People Planning Objectives – those that will feature this year and those that will underpin future transitions in our workforce



Our People Plan – Building on success



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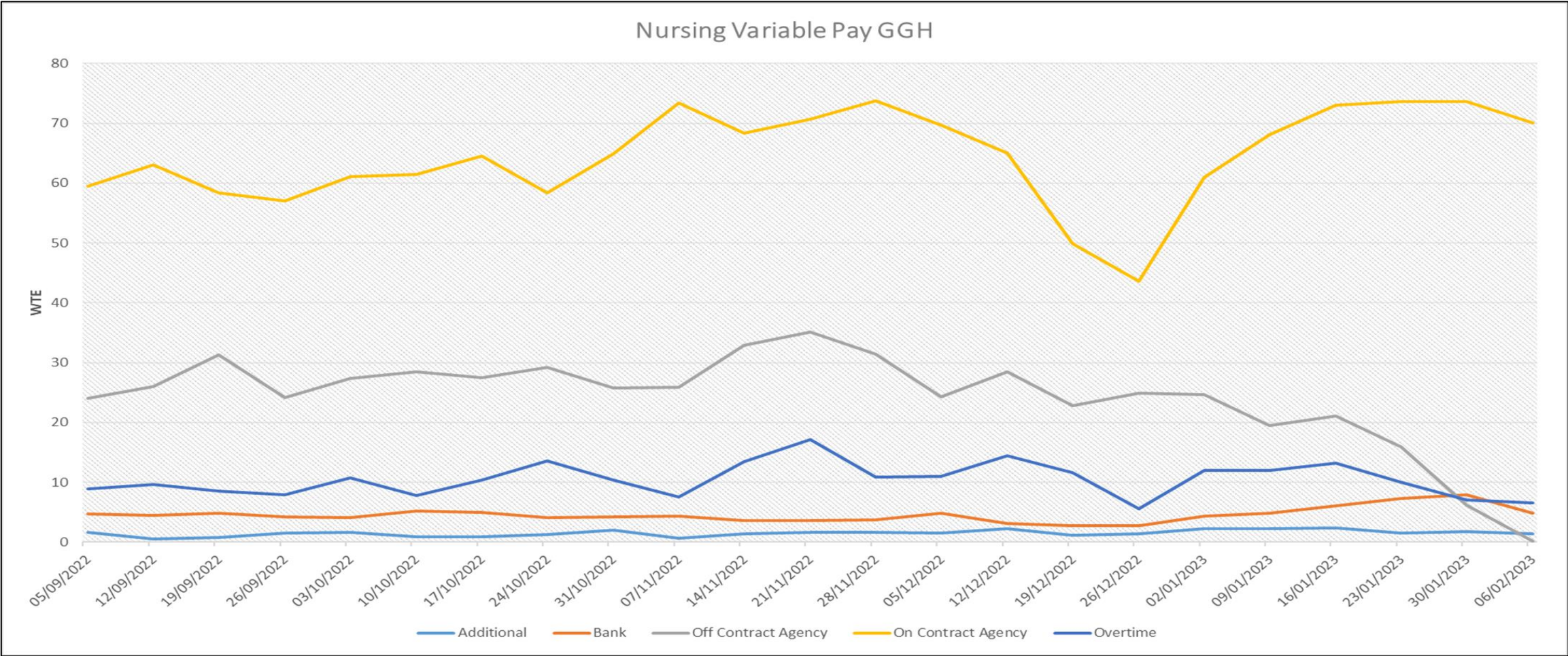
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One of the main challenges in any Health and Care System is the availability of workforce. Therefore, to support both a current and future plan, the development of the Workforce Transitions of our People Plan aligned to a 10-year strategy (2022/23 to 2032/33) is a critical foundation in achieving our ambitions

A 3-year continuous planning cycle forms the underpinning planning assumption around our strategy. Equally, the plan is based on education and skills and is tied into wider strategies delivered by government initiatives i.e. educational pathways, widening access, WBFGA etc. which are underpinned by HEIW 's Education and Commissioning Plans

The triangulation of the strategy is predicted on understanding our demand (so what services will be required) and the supply (what staff will be required). In attempting to quantify the available workforce in the next 1-10 years (aligned to demand), the workforce team utilise the People Regenerative Framework to approximate the expected workforce based on the different internal and external strategies being deployed. What's more, this framework has proven reasonably accurate at providing a range of permissible outcomes.

Consideration and clear workforce assumptions regarding the likely retirements/leavers and changes to working practices need to be balanced against new and additional staff to ensure a clear net position is understood



The strategic deployment of new staff to create safe and sustainable services has been an underpinning principle and success in 2022/23. Due to the level of fragility within Glangwili General Hospital, it was agreed that all newly recruited International Nurses (100 WTE by the end of March 2023) would be deployed to Glangwili to support the fragility of the rota fill-rates and reliance on agency staff. Consequently, the outcome of this approach, resulted in a 37% increase in Band 5 Registered Nurses within Glangwili between August 2022 and January 2023. There are further WTE improvements expected upon successful completion of requisite exams.

Of note, there has been a clear reduction in the use of off contract agency (and a small reduction in overtime) since the inception of this targeted approach to workforce stabilisation (slide below). Moreover, as further International Nurses successfully complete their exams, a further reduction in agency staff is expected.

Therefore, in 2023/24 the Nurse Stabilisation will be rolled out and implemented within other Hospital commencing with Withybush Hospital to support the fragility of services and rotas across the site. Finally, it is expected that the targeted deployment of staff will deliver a reduction of circa £4m in agency premium

The Regeneration Framework for Nursing and Midwifery



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Nursing & Midwifery		Budgeted Establishment 22/23	Actual SIP 22/23	Projected Gap 22/23	QUARTER 1 - END JUNE 2022	QUARTER 2 - END SEP 2022	QUARTER 3 - END DEC 2022	QUARTER 4 - END MARCH 2023 (January 2023 Data)	Projected Gap 23/24	Projected Gap 24/25	Projected Gap 25/26	Projected Gap 26/27
Funded establishment /SIP / Projected Gap		3,372.10	2,919.00	-497.4	-499.9	-514.3	-514.3	-497.4	-485.4	-395.4	-191.4	-71.4
Additional linked to RN posts e.g. NSLA increase												
1	Resourcing Based Activity (BUY)											
	TRAC (BAU) Resourcing			124	31	31	31	31	100	100	100	100
2	Overseas RN Resourcing			100		35	52	14	120	150		
	Commissioning ask to HEIW			229					304	288	256	257
3	Streamlining Registrants (Actual Received)			100		68		40	152	144	128	129
	Bank to substantive			10	5		5		10	10	10	10
Registrant Agency to substantive				5	1	2	1	1	5	5	5	5
Registrant Direct Hire				10		5		5	10	10	10	10
Return to Practice				5		3		2	5	5	5	5
Returned from Retirement				28	7	7	7	7	74	50	17	23
Centralised RN Recruitment				10	2	3	3	2	10	10	10	10
Conversion to substantive from FTC				5	1	2	1	1	5	5	5	5
Assumption WTE Resourcing TOTAL				397	47	156	100	103	491	489	290	297
3	Retention (BIND)											
	Assumption WTE General Turnover (-Retention)			124	31	31	31	31	118	118	118	150
3	Retirement			220	110	50		60	297	200	77	90
	Retention Initiatives											
TOTAL 'additional' WTE (resourcing minus turnover)				53	-94	75	69	12	76	171	95	57
Workforce Development Based (BUILD)												
Apprentice Pipeline (Potential)				33.6		33.6						27
Impact on RN Residual Deficit of AP Pipeline				-410.8	-593.9	-405.7	-445.3	-485.4	-409.4	-224.4	-96.4	12.6
RN Outturn (Part time degree)									14	33	25	30
Impact on RN Residual Deficit of RN Outturn				-444.4	-593.9	-439.3	-445.3	-485.4	-395.4	-191.4	-71.4	15.6
Total WTE Increase from Development				33.6	0	33.6	0	0	14	33	25	57
BORROW												
Bank					85.9	73.1	64.2	64.2	64.2	60	50	50
Agency					287	250	357	357	300	250	200	100
Commissioning (X%) External workforce. Figures to be added in due course												
Total WTE Increase from Temporary Workforce				0	372.9	323.1	421.2	421.2	364.2	310	250	150
Projected Impact on RN Actual Figures				-410.8	-593.9	-405.7	-445.3	-485.4	-395.4	-191.4	-71.4	42.6
Projected impact with temporary workforce utilisation					-221	-82.6	-24.1	-64.2	-31.2	118.6	178.6	192.6

To illustrate the Regeneration Framework for our largest cohort of professionals – Nursing & Midwifery, if predicted figures become a reality, we would see a potential increase in our nursing workforce of c90 from current predicted vacancies at the end of 2022/23 of -485.4 to -395.4 at end of 2023/24.

Our People Planning objectives underpin this modelling and is consistent with our future ambition.

Risks(r) , decisions(d) and assumptions(a) to achieving this position include:

1. **Confirmation of funding to continue with overseas nursing recruitment and the ability to appoint and secure 140 individuals** completing their OSCE training and ongoing funding to 150 in 24/25; **42 "nurse" apprentices, 30 Grow our own level 3 (d)**

- Assumed 120 based on reasonable attrition for IELTS for overseas nurses (a)

2. Based on previous years commissioning we receive approximately **50% of our ask to HEIW therefore this has been calculated for our future known commissioning figures**. Our ask for 2023/24 is higher than previous figures therefore we may not receive the predicted 152. Previous years we have received c.100 graduates (a)

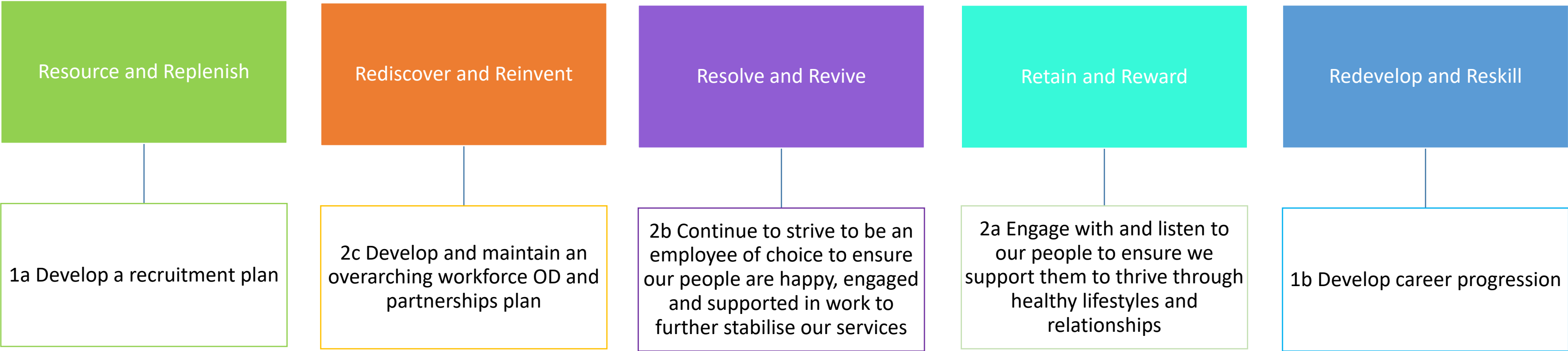
3. **Retirement figures are based on an increase in those due to retire in the coming year** and previous pension changes. However recent proposed changes to the NHS Pension Scheme from the DHSC to allow for a more flexible retirement option could alter these figures dramatically if they are accepted and come into being in October 2023 as proposed. (a & r)

Further exploration of scenarios utilising the Regeneration Framework for all professional groups based on impact of retirement and pipeline has been explored within the scenarios section of People Technical Document and the appendices.

Within the People Technical Document we have undertaken the detailed analysis of our Education Commissioning Pipeline and current people development from now to 2027, which will inform our submission to HEIW.

Workforce Planning Objectives 1a – 2c

The actions determined as a priority for 2023/24 for our People Plan are outlined below:



Underpinning the priority actions for 2023/24 for our People Plans following we have broken down the priorities above into discreet projects and identifying the planning work that will underpin future plans. These form part of our iterative strategy to “re-generate” our people and "careforce" and will be reviewed annually for impact as well as aligned to our 10 year trajectory.

All of the following Planning Objectives are framed and supported by the intentional application of the People Regeneration Framework as illustrated above and will be held under 2c as we continue to evolve our approach to development of our people plans across all services and professions as we work to enhance capacity and capability across the system. The detail of deliverables and outcomes are identified.

Recruitment Plan (Planning Objective 1a)

The Planning Objectives relating to workforce are a critical element of our overarching approach our workforce plan, and build upon the Planning Objectives we have had in previous years. Workforce is central to how we deliver our services, and is not just focused on the number of people we have working for us, it needs to include how do we recruit and retain the people we need; how do we best support them; how do we ensure they are valued and have the opportunity to progress their careers; how do we make sure they are listened to; and how do we make sure that Hywel Dda is their employer of choice. This range of factors encompasses the Planning Objectives that sit under strategic goals 1 and 2 – namely, train and grow our people; and Support and Retain our People respectively.

Workforce & OD will develop a recruitment plan (which enables service sustainability) designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates. This will involve a comprehensive review and updating of all job descriptions, utilisation of alternative methods of advertising, providing employability skills to support candidates into employment and also developing a comprehensive attraction plan to highlight successes of Hywel Dda and potential opportunities for staff. In addition, the Health Board will also employ apprentices throughout the year and further develop existing staff to move into registered roles.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 1. Train & Grow our people	Planning Objective 1a Develop an attraction and recruitment plan (which enables service sustainability) and deliver a plan which is designed to streamline and modernise processes, recruitment from different talent pools, attract and support candidates Executive Lead: Director of Workforce and OD	<ul style="list-style-type: none">Redesign all job description & person specs with focus on key responsibilities and core requirements breaking down qualifications to allow broader understanding of requirement. Schedule to be developed by 30th June 2023 with timescales for completion for key roles.	<ul style="list-style-type: none">Number of Job Descriptions amendedReview of number of applicants for jobs/ retention/performance
		<ul style="list-style-type: none">Implement new methods of advertising and appointing to roles including none electronic methods and move from traditional interviews where appropriate to do so. To commence on 1st April 2023	<ul style="list-style-type: none">Different methods trialled evaluatedSuccess of specific campaigns, numbers recruited/outcomes
		<ul style="list-style-type: none">Develop programmes for employability support for public, managers and future leaders by 28th February 2024	<ul style="list-style-type: none">Number of people through alternative routes
		<ul style="list-style-type: none">Develop attraction plan linked with R&D, service development, improvements, innovation, benefits and educational offer to new recruits by 30th September 2023	<ul style="list-style-type: none">Monthly Workforce and OD media coverage to feature recruitment and employment events and successes.Story telling from staff experiences to bring employment in Hywel Dda to life
		<ul style="list-style-type: none">Appoint to vacancies via different employment pools e.g.<ul style="list-style-type: none">in 2023/24, appoint 42 clinical apprentices by 31st January 2024In 2023/24, appoint 8 non clinical apprentices by 31st January 2024appoint 140 overseas nurses by 31st March 2024scope by 31st July 2023 and begin to appoint overseas doctors and AHPsdevelop 100 opportunities for students to join the nursing and hotel facilities banks by 30th September 2023.Develop 36 opportunities for HCSWs to join Level 3 development pathway and 30 HCSWs to Level 4 development pathways by 31st March 2024	<ul style="list-style-type: none">numbers appointed in line with requirement in objectives
		<ul style="list-style-type: none">explore the possibility for introduction medical apprenticeships, scope possibility by 31/3/2024Enhance the Health Board offer by 31st July 2023 to improve the lives of local population by implementing initiatives to support social responsibility requirements and supporting areas of deprivation e.g. local volunteering	<ul style="list-style-type: none">Number of targeted adverts to postcodes identified as deprived areas.Number of people appointed from areas with deprived postcode areas. 44Evaluate examples of where staff are released to undertake activities in their local communities

Career Progression (Planning Objective 1b)

The Health Board will develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role. It will do this by identifying and targeting development pools, scoping individuals for career progression and supporting with opportunities to develop in role and in alternative roles. The Higher Awards process will be reviewed to ensure it links with Health Board future workforce needs. Linked with both of these a new inter-professional education plan will be developed and implemented

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 1. Train & Grow our people	Planning Objective 1b. Develop career progression opportunities for all that want them, and for those that don't ensure they have appropriate development to be the best they can in their role. Executive Lead: Director of Workforce and OD	<ul style="list-style-type: none">Identify and target development pools to support future registrant roles by 31st December 2023	<ul style="list-style-type: none">Number of staff benefitting from specific develop opportunities
		<ul style="list-style-type: none">Scope opportunities by 31st July 2023 to support individuals to develop with career progression or develop skills and gain experience to enhance role, which may include on and off the job training and flexible employment opportunities.	<ul style="list-style-type: none">Number of staff securing training placesNumber of individuals supported through this programmeOutcomes for individualsCESR route secondee frameworkClinical Fellow rotations
		<ul style="list-style-type: none">Reshape higher awards process to link with Training Needs Analysis and deliver the workforce with the skills required for the future by 31st March 2024.	<ul style="list-style-type: none">% of higher awards which achieve objectives of Training Needs Analysis.
		<ul style="list-style-type: none">Develop by 31st October 2023 an inter-professional education plan to commence delivery with full implementation by 1st January 2026.	<ul style="list-style-type: none">Delivery of trajectoriesImproved staff survey measure to feel supported with their development

Supporting our People (Planning Objective 2a)

Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships. The Health Board will implement a single point of access for health and wellbeing support for its people ensuring wellbeing charters are fully embraced. The Workforce and OD team will ensure kind processes are followed to support people during challenging times. To listen to our people a second discovery report will be undertaken to support retention and we will continue to strive to be a diverse and culturally inclusive organisation which enables healthy and happy working cultures.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 2. Support and Retain our People	<p>Planning Objective 2a</p> <p>Engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships</p> <p>Executive Lead: Director of Workforce and OD</p>	<ul style="list-style-type: none"> Implement Single point of access for health and wellbeing services with parity of service support for physical and psychological wellbeing by 31st October 2023 Wellbeing charters are fully embraced by 30th September 2023 	<ul style="list-style-type: none"> % take up and usage of Wagestream Take up of Meals provision Take up of Period packs Number of Wellbeing champions Fatigue and Facilities charter Midwives Caring for You Charter
		<ul style="list-style-type: none"> Deliver kind people processes to support individuals during challenging times to note improvements by 31st March 2024 	<ul style="list-style-type: none"> Improved case management to reduce timelines Monitoring ER action plan delivery against timescales. Data gathered from Investigating officers case management.
		<ul style="list-style-type: none"> Undertake second discovery report by 31st October 2023 to listen and understand how best to support staff retention. 	<ul style="list-style-type: none"> Findings analysed and compared to previous and new forward action plan developed.
		<ul style="list-style-type: none"> Implement actions within the Strategic Equality Plan by 31st March 2024 to enhance Hywel Dda as a diverse and culturally inclusive organisation that supports staff, patients, carers and the population we serve. 	<ul style="list-style-type: none"> Reverse mentoring rollout Making a difference training uptake Anti Racism Wales Action Plan LGBTQ+ Wales Action Plan Disability Confident award Carer confident award Equality, Diversity and Inclusion Annual report Strategic Equality Plan Objectives Number of staff participating in staff networks eg Enfys, BAME, Armed Forces, Carers, Respect, Ability
		<ul style="list-style-type: none"> Promote and provide proactive and responsive support to local teams to enable healthy and happy working cultures by 31st December 2024 	<ul style="list-style-type: none"> Number of OD interventions Evidence of progress from people culture plans Evidence from surveillance data.

Employer of Choice (Planning Objective 2b)



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Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services – The Health Board will ensure it is an employer of choice by increasing the Health Board education and development offer supporting staff development in and outside the workplace. Through a robust workforce stabilisation programme the Health Board will reduce vacancy levels thus removing reliance on agency and locums and seek wherever possible to introduce and support flexible employment. Digital workforce solutions will be identified to support workforce agility and staff will be recognised for their achievements and contributions via a number of staff reward and recognition schemes.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 2. Support and Retain our People	Planning Objective 2b Continue to strive to be an employer of choice to ensure our people are happy, engaged and supported in work to further stabilise our services. Executive Lead: Director of Workforce and OD	<ul style="list-style-type: none">• Increase the Health Board education and development offer, supporting enhanced opportunities to develop outside the workplace by 1st January 2024	<ul style="list-style-type: none">• Life long learning fund spend• Numbers of staff who volunteer in communities• Staff who are members of governing bodies• Staff who are local councillors
		<ul style="list-style-type: none">• Through workforce effectiveness stabilisation programme improve staff experience by filling substantive vacancies and thereby reduce reliance on external locums and agencies for medical, AHP and nursing specifically, 3 year trajectory with in year actions to be agreed for all workstreams by 31st March 2023	<ul style="list-style-type: none">• Variable pay spend• Increase in substantive workforce• Success against change programmes
		<ul style="list-style-type: none">• Widened choices to be developed by 31st March 2024 relating to employment contracting opportunities.	<ul style="list-style-type: none">• Increase numbers of retire and returns approved• Increased numbers of flexible working applications approved• Leaving due to lack of flexibility is a never event• Revision of Terms and Conditions to reflect national workforce plan• Number of fixed term contracts converted to open ended contracts• Working with managers to review contracting arrangements to ensure each contract is the right choice from the outset.
		<ul style="list-style-type: none">• Enable job enrichment by enhancing roles and ways of working where appropriate, methodology and core principles to be developed by 30th September 2023	<ul style="list-style-type: none">• Number of enhanced roles• Examples of job rotation schemes
		<ul style="list-style-type: none">• Plan developed to optimise digital opportunity and facilitate cost effective workforce agility by 31st March 2024	<ul style="list-style-type: none">• Digital processes introduced• Workforce planning shift linked to technology
		<ul style="list-style-type: none">• Further develop and spread formal and informal people recognition internally and externally by 31st March 2024	<ul style="list-style-type: none">• Awards entered and won• Long service award numbers / Chairs award nominations• Nominations for Kings Honours• Health Board staff awards nominations• Uptake of staff benefits• ACCIA applications and awards

Partnerships Plan (Planning Objective 2c)

Develop and maintain an overarching workforce, OD and partnerships plan - The Health Board will further develop workforce OD and partnership plans by implementing succession planning and a leadership talent management pipeline to support cultural progression and performance improvement. The workforce and OD team will develop short and long term workforce plans for service and professional groups. Workforce intelligence will be used to influence the future.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 2. Support and Retain our People	Planning Objective 2c Develop and maintain an overarching workforce, OD and partnerships plan Executive Lead: Director of Workforce and OD	<ul style="list-style-type: none">Implement succession planning and talent management pipeline by 31st March 2024 to continue cultural progression and performance improvement	<ul style="list-style-type: none">Numbers of programme participants.Percentage from leadership talent pools appointed to leadership rolesNumber of coaching interventions
		<ul style="list-style-type: none">Further develop the Health Board short and long term workforce plan for services and professional groups by 31st March 2024	<ul style="list-style-type: none">Workforce plan developed linked to annual plan10 year workforce plan development
		<ul style="list-style-type: none">Understand our people by using qualitative and quantitative workforce intelligence of past to influence the future, new metrics to be developed by 31st August 2023	<ul style="list-style-type: none">Exit interviews undertakenStay interviews undertakenStaff surveysMonthly Board outcome survey
		<ul style="list-style-type: none">Develop process of listening and learning from staff experiences ensuring regular feedback within the organisation by 31st March 2024	<ul style="list-style-type: none">Six monthly cultural progression report shows evidence of listening to our staffBAME Advisory Group progress
		<ul style="list-style-type: none">Promote a culture of innovation and enhance university Health Board reputation by 31st March 2024	<ul style="list-style-type: none">Number of Bevan exemplarsMedical and nursing conferencesPartnership innovation examples evidenced

Infection Prevention and Control (Planning Objective 3b)



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To achieve the strategic vision of a zero-tolerance approach to health care associated infection and to move towards our ambition of no preventable infections, whilst enabling collaborative working across our Health Economy there is a requirement to invest in the infection prevention and control service as a priority. Our Infection Prevention Improvement Plan needs to be wider than Nosocomial Infection and capable of providing:

- An integrated service capable of responding to outbreaks and incidents in hospitals, care homes and other community settings, working with partner originations to deliver a regional model for Infection Prevention and Control.
- Proactive Improvement programmes with planning capabilities working in partnership with Public Health Wales, Local Authority and emergency planning colleagues across the region. The service must be capable of providing assurance through education and training, audit and surveillance activity, and specialist advice and to apply quality improvement methodology to mitigate risks and improve quality and safety reducing the impact of infectious disease within our population.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs	
Strategic Goal 3: Safe and High Quality Care	3b: infection prevention and control action plan	A review the structure and scope of activity expected of the Infection Prevention and Control (IPC) team to deliver an effective IPC programme that extends across acute, community and primary care <ul style="list-style-type: none"> • Develop a plan which includes continuation of an IPC nurse '7 day service' 	<ul style="list-style-type: none"> • Provide optimum level of service from within existing resource • A costed gap analysis including resource/changes needed to increase 'community' IPC activity • Provision of a 7 day 'on call' or on site IPC nurse service from within existing or additional resource 	
		A bi-monthly review of progress against Healthcare Acquired Infection (HCAI) action plan by each locality	<ul style="list-style-type: none"> • Reduction in the number of cases of HCAI • Reduction against national reduction expectations as outlined in WHC (2021) 028 amr-hcai-improvement-goals-for-2021-to-2022.pdf (gov.wales) and locally agreed reduction trajectory • Percentage of the total number of CDI cases with severe and/or fatal disease 	
		Circulate national and local HCAI surveillance data to triumvirate leads and senior managers on a monthly basis to raise awareness of rates of HCAI both nationally and locally i.e. at a Health Board, county, hospital level to drive increased engagement with reduction expectations	<ul style="list-style-type: none"> • Access to HCAI dashboard via intranet / Power BI by the end of March '23. • Circulate PHW HARP Team national and local data second week of every month to Triumvirate Leads and members of the Infection Prevention Strategic Sub-group from March '23. 	
	A detailed infection prevention and control action plan has been developed to target the management of C difficile infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia	Based on the national reduction expectation and local performance, agree specific HCAI reduction trajectories with each county triumvirate team	<ul style="list-style-type: none"> • Improved performance against national Welsh Government reduction expectations and locally agreed reduction trajectories • Decrease in number of HCAI related DATIX reportable incidents 	
		Work collaboratively with the Health Board communications team and locality public health / health protection teams to raise awareness of the risk of HCAI and positive actions that can be taken by staff, patients and the public	<ul style="list-style-type: none"> • Regular audit of patient hand hygiene / access to hand wipes, before and after awareness campaigns to assess impact of intervention • Carry out a local 'gloves off' campaign aimed at reducing overuse of procedure gloves: measurable through procurement / cost savings and audit of practice 	<ul style="list-style-type: none"> • Monitor the number of urine specimens taken in care homes/GP surgeries • Measure the reduction in antibiotic prescribing for UTI in primary care
		<ul style="list-style-type: none"> • Monthly 'Start Smart Then Focus' (SSTF) audit of antimicrobial prescribing by medical staff in secondary care, in collaboration with the antimicrobial pharmacists, to drive improvement in antimicrobial stewardship • Refresh and deliver an IPC education and training programme which supports the improvement trajectory 	<ul style="list-style-type: none"> • Number of staff attending mandatory IPC update training • Number of IPC training sessions delivered / number of hours • Number of staff completing ANTT training and competency assessments (by discipline/acute and community) 	<ul style="list-style-type: none"> • Number of audits carried out • Increased compliance with SSTF objectives • Reduction in antimicrobial prescribing / inappropriate prescribing • Number of staff completing online induction e learning (recorded by ESR)
	Executive Lead: Director of Nursing, Quality and Patient Experience	Develop a strategic plan to increase the number of negative pressure isolation suites and increased access to single room accommodation in preparedness for existing, new and emerging communicable disease threats	<ul style="list-style-type: none"> • A strategic plan with outline costs • Increase in compliance with WHC 2018 (033) • Number of DATIX reports of failure to isolate due to lack of appropriate facilities 	<ul style="list-style-type: none"> • Number of portable air purifiers in use as temporary mitigation against airborne risk of infection • Number of temporary isolation facility canopies used over 12 months (Rediroom)

Estates Strategy (Planning Objective 5a)

Our estates strategy is critical to how meet the requirements of our Strategy ‘ A Healthier Mid and West Wales’ - we are currently developing a Strategic Outline Case (for the new Urgent and Planned Care Hospital) and a re-purposed Withybush and Glangwili). However, we are also cognisant of the on-going capital developments we require across the organisation; and how this plays into work on a regional basis with our partners through, for example, our developments are included in the Regional Partnership Board’s 10-year capital plan and progressed via the Health and Social Care Integration and Rebalancing Fund.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 5: World Class Infrastructure	5a: Estates Strategy Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include: Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (WG) (Q2) A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board Fire and Business Continuity.... Executive Lead: Director of Strategy and Planning	PBC / SOC <ul style="list-style-type: none">PBC endorsed by Welsh Government following the completion of the Review of the Clinical ModelCompletion of SOC for Board consideration and submission to Welsh Government for approval	<ul style="list-style-type: none">Receipt of Welsh Government endorsement for the PBC following the completion and report on the Review of the Clinical ModelApproval of SOC by Welsh Government following period of scrutiny
		RPB integrated capital plan	<ul style="list-style-type: none">Submission of 10 year capital plan to Welsh Government
		Agile Working Strategy completion & approval	<ul style="list-style-type: none">Delivery planComms & Engagement Plan & LaunchMaintain/enhance staff digital capacity and capability that aligns with Health Board’s Digital StrategySuccessful delivery of pathfinder projects including evaluationsAgile Working Toolkit & launch event/sAgile (or flexible) Working Policy and/or procedures
		Property strategy	<ul style="list-style-type: none">Engagement with service leads to review and agree strategy content.Seek Board approval by Q2.Undertake financial assessment exercise to establish accurate base costs;Review opportunities for benchmarking performance.
		Fire Enforcement Works Compliance: <ul style="list-style-type: none">Complete Withybush Phase 1 contract August 2023Complete Glangwili Phase 1 contract January 2024To deliver completion of new Decant Ward as an enabler for Phase 2 Fire Work at WithybushTo develop Withybush Phase 2 Business Justification Case (BJC) circa August 2023To develop Glangwili Phase 2 BJC circa August 2023Work towards Welsh Government endorsement on Bronglais PBC and progress with BJC subject to WG supportTo invest a range of EFAB funding in several community sites/hospitals	<ul style="list-style-type: none">Continue to engage with Mid and West Wales Fire and Rescue Service (MWWFRS) to ensure that Fire Enforcement Notices and Letters of Fire Safety Matters are managed within agreed programme dates at all times. As adjustments are necessary to these programmes dates full agreement is achieved with MWWFRS and updated notices/letters issued to the Health Board.To continually update Welsh Governemnt on programme delivery and financial outturn projections.
		Business Continuity: Major Infrastructure Improvement Programme. (Noting endorsement of PBC in July 2021): <ul style="list-style-type: none">Engage further with NWSSP on the scoping document submitted February 2023Subject to the above to commence the BJC process to allow the urgent progression of essential infrastructure improvements Reinforced Autoclaved Aerated Concrete RAAC (Predominately at Withybush): <ul style="list-style-type: none">Initial surveys undertaken as established by NWSSPFurther, more enhanced surveys now requested by NWSSP are being progressed at scoping stageTo complete the above surveys which may need to be plank by plank examinations where necessary (initial indications are that this could take circa 9 months to complete survey work only. This would be extended if immediate works are necessary)Associated costings for survey work is now being established for consideration for WG supportWhere required from the above any necessary remedial works undertaken	<ul style="list-style-type: none">To respond to any scrutiny queries raised on the scoping document.Subject to support to develop appropriate resource schedules to progress BJC stage.Full reports on RAAC condition from surveys undertaken on a plank by plank basis with associated ward closures where necessary to make this possibleTargeted interventions undertaken to timelines dictated by the risk identified in surveys.Where possible following risk assessment align any major repair works with future Fire Enforcement works at Withybush

Estates Strategy (Planning Objective 5a)



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Programme Business Case (PBC)

The Programme Business Case (PBC) to implement our Health and Care Strategy was submitted to Welsh Government in February 2022. The capital infrastructure requirements contained within the PBC includes the following:

- Development of the Health Board Community infrastructure
- the repurposing or new build of Glangwili and Withybush general Hospital
- implementation of a new urgent and planned care hospital (with architectural separation between them) within the zone of Narberth and St Clears
- Redevelopment of Prince Philip Hospital and Bronglais General Hospital

The PBC is based on the public consultation, which concluded the need for a new Urgent and Planned Care Hospital (UPCH) in an identified geographic zone between Narberth and St Clears. The land appraisal process has continued during 2022/23 to shortlist three sites, which will be considered within a public consultation that commenced in February 2023.

In addition to the consultation, the programme of work includes several workstreams to deliver the various requirements of the process:

- Technical land appraisal (including. negotiations with land owners and topographical surveys etc)
- Clinical review
- Development of a Strategic Outline Case (for the new UPCH and a re-purposed Withybush and Glangwili)
- Development of a Transport and Accessibility Strategy

We will 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 and develop plans for all other infrastructure requirements in support of the health and care strategy.

Regional Business Cases

There are a number of regional business cases, particularly with Swansea Bay UHB, that we are helping to develop. These include:

- Thoracic Surgical Services Centre
- Pathology Services
- South West Wales Cancer Care Centre
- Vascular Hybrid Laboratory
- Cardiac Catheterisation Lab

Regional Partnership Board (RPB) Programme for Government commitment to develop 50 integrated health and social care hubs and to support the rebalancing of the residential care market. Formal guidance has been issued to RPBs in respect of the Health and Social Care Integration and Rebalancing Fund (IRCF).

This fund will support RPBs and their partners (including the Health Board) to deliver a programme of local community hubs to co-locate front-line health and social care and other services. The assumption is that all the Community Infrastructure Projects detailed in our Programme Business Case will be included in the RPB 10-year capital plan and progressed via the IRCF route. Priority projects for 2023/24 include:

- Cross Hands Full Business Case (FBC); Fishguard, Aberystwyth and Llandovery Strategic Outline Case/Outline Business Cases
- Cylch Caron FBC and Carmarthen Hwb and Pentre Awel (although neither of these are Health Board led)

Business Continuity: the Interim Years

Business continuity schemes continue to be progressed against a significant estates and medical device backlog. Whilst discretionary capital is allocated to these areas, the limited available capital for 2023/24 mean that the allocations available make very little impact to the backlog. Large scale impact will require All Wales Capital Programme support.

The PBC for the Major Infrastructure work has been endorsed by Welsh Government. Work will now commence on agreeing the schedule of projects to progress with Welsh Government and the process of drawing down fees to develop the individual project business cases.

The following are the schemes currently included in our forward looking All Wales Capital Programme, recognising that these are a mixture of being in construction, in Business Case development stage, or still in scoping and to be agreed with Welsh Government.

Priority Actions for 2023/24:

Construction

- Fire Works Withybush and Glangwili General Hospitals; Aseptic Unit Withybush General Hospital

Business Case

- Chemotherapy Day Unit Bronglais; Aberystwyth Sexual Assault Referral Centre (SARC); Mental Health and Learning Disabilities priority schemes (Tudor House and Preseli)

The Enabling Plan details the pressures associated with the backlog around Estate Infrastructure, Statutory Compliance, Equipment and Information Management and Technology (IM&T). We will need to prioritise discretionary capital on this and seek All Wales Capital support to have an impact at scale to ensure sustainability in the interim years pending strategic investment in new and repurposed hospital infrastructure. The scale should not be underestimated and will require the infrastructure and resources to manage the investment programme. **There is a Technical Document available on request for Infrastructure and Investment**

Research and Innovation (Planning Objective 5b)

The University Health Board's Research and Innovation Strategy (2021/24), recognises the importance of research and innovation to the Board and ensures that it can secure several benefits of wider importance including: improving the quality of care; improving recruitment and retention; finding solutions to some of our biggest challenges e.g. COVID, Cancer treatment; contributing to the local healthcare economy; and retaining our University status. Progress has included: plans being developed for every site, with specific proposals that take account of their local geography and surrounding facilities. This includes developing the capability to undertake commercial studies on every site, and establishing collaborative links with primary care to support research in General Practices. A new team spanning clinical engineering and research (Tritech) has been established and is supporting the development and evaluation of new technologies and devices to ensure they are making the maximum contribution to improving patient outcomes, when considered alongside their costs (supporting Value in Healthcare).

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 5: World Class Infrastructure	Planning Objective 5b: Research and Innovation Executive Lead: Medical Director	<ul style="list-style-type: none"> Deliver the third year of the R&I Strategy, through the associated action plan 	<ul style="list-style-type: none"> A support package for primary care research with translation into improved activity A fully operational clinical research facility at Withybush Secure the sustainability of staffing arrangements, mindful of HCRW funding environment Develop and stabilise our organisational commitment to offering dedicated time and support to clinical research leads.
		<ul style="list-style-type: none"> Deliver the third year of the TriTech Business plan, through the associated action plan. 	<ul style="list-style-type: none"> Achievement of metrics set out within Board approved business plan (these are being captured monthly).
		<ul style="list-style-type: none"> Grow the wider organisational innovation agenda. 	<ul style="list-style-type: none"> Identification of organisational priorities for innovation, alignment of support, and/or analysis of gaps and how they could be addressed. Maintain on-time delivery of current innovation projects Maintain effective Governance and decision making. Clinical Leadership – increase the number of clinical leads to support innovation. Academic Collaborators – increase the number of joint posts. Publications – increase publications in conferences, journals etc. IP and Commercialisation – increase IP share on innovation projects. Grant Income – increase grant income.
		<ul style="list-style-type: none"> Enhance the university partnership arrangements to focus more specifically on University Health Board priorities 	<ul style="list-style-type: none"> Identification and advancement of three additional areas with each of our core academic partner organisations.

Digital Agenda (Planning Objective 5c)

The continued work to improve the Digital maturity across the University Health Board will be accelerated, by the development of a digitally-enabled transformation programme. Taking a value-based approach, we have undertaken solutions architecture work and conducted some soft market testing in support of this. An internal business case will be produced for the Board by May 2023, as we look to secure funding for the development of a Digital Strategic Partner to assist in delivering our vision. Digital enablement of health and care provision is key to supporting the regional ambition for Hywel Dda, to further:

- Create a truly integrated and resilient health and care service, supporting the needs of the Hywel Dda region.
- Provide citizen-led connected pathways, unlocking new digitally enabled ways of working, improving outcomes for all in a financially sustainable way.
- Empower citizens to stay healthy and well, addressing inequalities and providing proactive and appropriate care at the right time and place

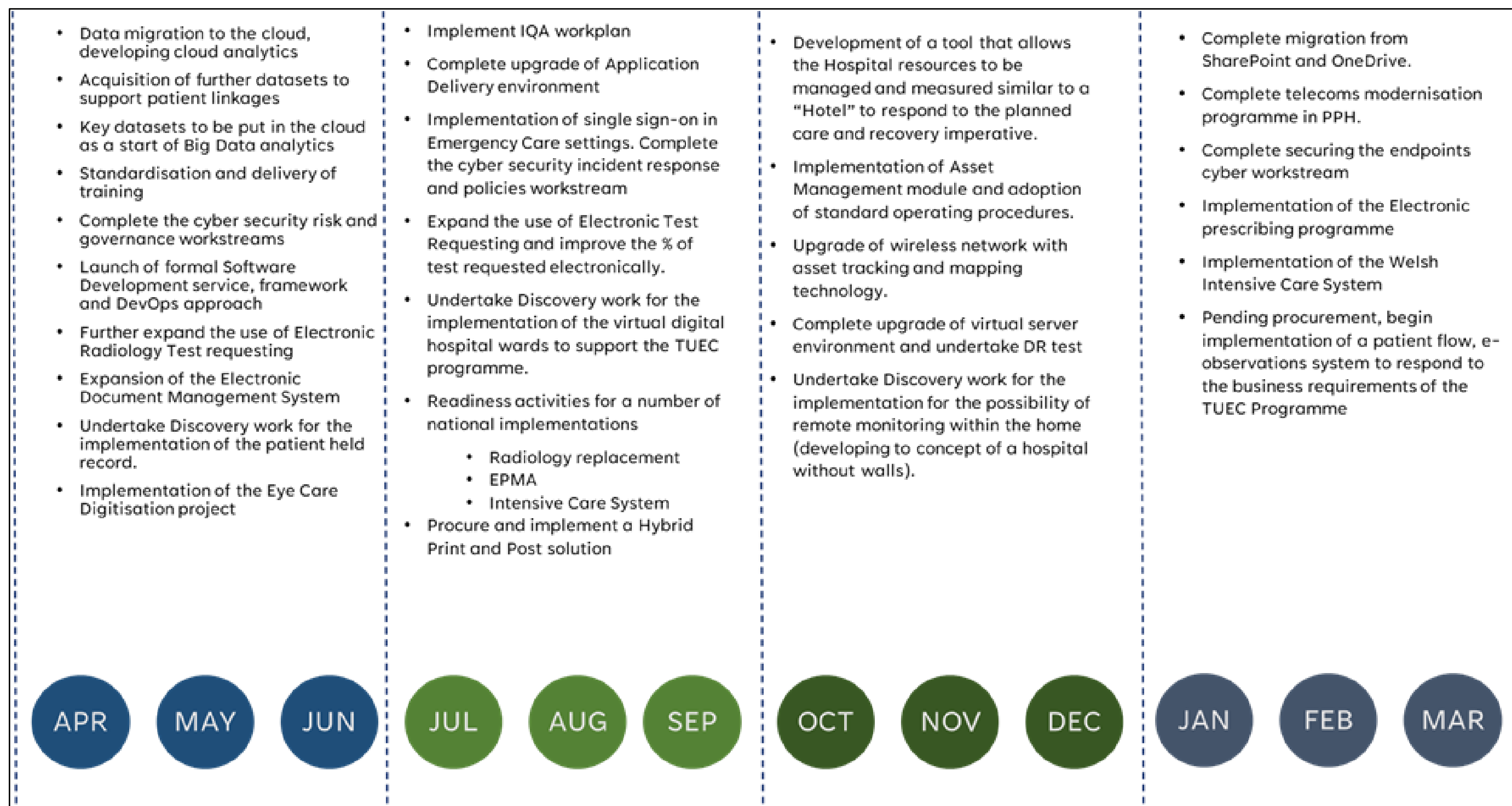
Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 5: World Class Infrastructure	<p>Planning Objective 5c: Digital Agenda</p> <p>Lead the digital enablement for Hywel Dda University Health Board, supporting the agreed outcomes of the transformational programme. Will ensure further support engagement across the wider region to ensure key stakeholders are appropriately connected, ambitions are aligned, resources allocated, and financial investment and outcomes are agreed. The emerging plan will command the support of Welsh Government and the Board; and will be procured to ensure that transformation activities can commence by October 2023 with an agreed commercial partner.</p> <p>Executive Lead: Director of Finance</p>	<ul style="list-style-type: none"> • A digital strategic partner to plan / deliver the ambitious Digital Enablement Plan 	<ul style="list-style-type: none"> • Establish a Programme (Digital Enablement) which is linked into the wider A healthier Mid and West Wales. • Draft programme / project governance documents • Draft a tender specification, gaining approval and market tested • Tender for a strategic partner to: <ul style="list-style-type: none"> ○ Support for the upcoming Digital Transformation Programme ○ Support for future IT/digital change and transformation work ○ Provide expert advice around our data / analytics ambitions • Award contract within the timescales
		<ul style="list-style-type: none"> • Continue with the delivery of the Digital Inclusion Programme 	<ul style="list-style-type: none"> • Develop links with specific service leads within the University Health Board to engage staff with a skills and capability assessment • Explore opportunities to build on and develop community based digital volunteers • Develop a library of resources linked to digital health literacy support for patients • Explore opportunities of developing and embedding health hubs within the current support spaces • SMART Partnership Funding application completed and submitted to Welsh Government.
		<ul style="list-style-type: none"> • Data and analytics 	<ul style="list-style-type: none"> • Embed the Data Science Platform into the University Health Board • Develop a data fabric that will allow the sharing of data across health and social care • Development of visualisations that show real-time information to operational teams, and provide data for dynamic planning • Development of an education programme for the use of data in decision making • Further expand the use of “our performance dashboard”

Digital priorities for 2023/24 (Planning Objective 5c)



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Clinical Services Plan (Planning Objective 6a)

As described in “Our Strategic Direction” the University Health Board has an agreed strategy, “A Healthier Mid and West Wales”, which we are progressing and which sets out the future configuration of services once our new hospital network has been established. Our direction of travel has not changed and we are not proposing any significant changes in this regard. Nonetheless, there are a number of services which are currently impacted following the pandemic or are increasingly fragile. For these, it is necessary for us to consider how best to configure them in the intervening period in order to ensure services are safe, sustainable, accessible and kind. In some areas, work has been underway for some time e.g. urgent and emergency paediatric services, and in others there are recent issues which have caused us to take temporary action e.g. critical care. Whilst each individual service can be considered separately, there are inevitably interdependencies, which means a programme approach is necessary. These plans will be clinically led and will be developed in an open and transparent manner, with the full engagement of stakeholders. The development of a clinical services plan is also an action within the Targeted Intervention requirements of Welsh Government.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 6: Sustainable Services	<p>Planning Objective 6a: Clinical Services Plan</p> <p>Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board.</p> <p>Executive Lead: Director of Strategy and Planning</p>	Agree and implement Health Board approved plan for sustainable model for Urgent and Emergency paediatric services in the interim years.	<ul style="list-style-type: none"> Consultation on configuration of paediatric services Board approval of plan and implement recommendations
		Develop and engage on a plan for reconfiguring Planned care across the health board to maximise recovery opportunity and provide a sustainable service for the interim years	<ul style="list-style-type: none"> Reduce unwarranted variation and improve patient outcomes Increase productivity and efficiency - GIRFT Create centres of excellence and sustainable services Improve recruitment and retention
		General Surgery Emergency services Executive Lead: Director of Operations	<ul style="list-style-type: none"> Create a sustainable rota Develop viable and sustainable pathways Review ambulatory and complex surgery arrangements to support pathway redesign
		Develop and engage on a plan for reconfiguring Critical Care and provide a sustainable service for Carmarthenshire in the interim years.	<ul style="list-style-type: none"> Develop an interim Standard Operating Procedure to support clinical decision making, transfers and overall management of patients Develop a medium and long term solution for Critical Care
		<p>Stroke</p> <ul style="list-style-type: none"> Progress the Hyper-acute Stroke Unit (HASU) business case with Swansea Bay UHB through the ARCH Programme Develop and engage on a plan for improving the stroke pathway across the Health Board, including early supported discharge, and provide a sustainable service in Carmarthenshire ahead of the Morriston HASU opening 	<ul style="list-style-type: none"> Finalise the HASU business case Board approval of the HASU business case Consultation on options for the Carmarthenshire stroke service Develop the plan and business case for a re-designed stroke pathway across the Health Board Board approval of the stroke re-design business case and implement recommendations
		<ul style="list-style-type: none"> Diagnostics Local and Regional 	<ul style="list-style-type: none"> Reduced waiting times Pathways Straight to tests

Consultation on the urgent and emergency paediatric services at Withybush and Glangwili General Hospitals

Until October 2014, a 24-hour paediatric inpatient unit was available at both Withybush and Glangwili General Hospitals. A permanent change was made on 20th October 2014, following a period of consultation, from a 24-hour inpatient unit to a 12-hour Paediatric Ambulatory Care Unit (PACU) service at Withybush General Hospital, and was supported by a Dedicated Ambulance Vehicle introduced to enable the emergency transfer of patients supported by specialist trained staff between hospital sites as Glangwili General Hospital remained a 24-hour inpatient unit.

A series of temporary changes have been made to the service (with the first temporary change occurring in 2016), including the suspension of the PACU at Withybush as part of the response to the COVID pandemic. It should be noted that returning to a 24-hour emergency paediatric service in Withybush is not being considered.

The Board, at its meeting held on 24th November 2022, received a report detailing three shortlisted options on how the urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital could be delivered between now and the establishment of the new hospital network. A series of workshops were held to develop and appraise the options, which were appraised using criteria identified through staff and public engagement.

The options can be summarised as follows:

- Option B – An enhanced model of how services were delivered after the 2016 temporary change (PACU service during fixed hours)
- Option B2 – Option B with additional work to review transportation and emergency care pathways at Glangwili General Hospital for paediatric care
- Option C – An enhanced version of the current service model

During the meeting, the Board reached agreement with the Community Health Council (CHC), in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Service 2011, that the proposals for change would be a substantial change to services. The Board has a statutory responsibility to undertake consultation under Section 183 of the National Health Services (Wales) Act 2006.

In January 2023, the Board approved that all three options: Option B, Option B2, and Option C should be formally consulted on with the University Health Board’s population and this will be launched to the public on 26th May 2023 to reduce the impact of consultation fatigue as the Land consultation has recently been launched for the proposed site of the new urgent and planned care hospital.

Based on the scope of the consultation, the following matters have not yet been decided and are open to influence in the consultation, so we want to gather views on:

- The suitability of each of the three options in delivering the urgent and emergency paediatric services at Withybush General Hospital and Glangwili General Hospital between now and the establishment of the new hospital network; and
- The positive and negative impacts associated with each of the three options in delivering the urgent and paediatric emergency services at Withybush General Hospital and Glangwili General Hospital between now and the establishment of the new hospital network, to enable due consideration around avoiding, or reducing, negative impacts for the service by the service users and the wider public.

Pathways and Value Based Healthcare (VBHC) (Planning Objective 6b)

Hywel Dda produced its VBHC strategy "Our approach to Value Based Healthcare 2022/25" and this encompass the plans for the development of capability for the routine capture of Patient Reported Outcome and Patient Reported Experience Measures in all areas of focus, the design and implementation of a focused and practical VBHC education programme and the implementation of a robust pathway costing. Programme. In addition, the VBHC team are seeking opportunities to expand its work including the rapid value programme, work with Primary Care and the link with the Health Pathways programme

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 6: Sustainable Services	<p>Planning Objective 6a: Pathways and VBHC</p> <p>To implement the pathway interface programme that will transform and streamline clinical care pathways across Hywel Dda University Health Board within the next 3 years. Empowering GPs and patient facing health professionals to support patients effectively and efficiently through a digital pathways interface that improves the balance between hospital-based care and gives emphasis to a social model for health and wellbeing and Value Based Health Care.</p> <p>Executive Lead: Medical Director</p>	<ul style="list-style-type: none"> Development and delivery of action plan associated with second year of VBHC strategy 	<ul style="list-style-type: none"> Execution of all plans arising from first nine service reviews Completion of a further 9 service reviews Identification of new technology platform for capturing patient reported outcomes
		<ul style="list-style-type: none"> Development of rapid value programme to identify and stop low value activity 	<ul style="list-style-type: none"> A minimum of six areas of low value activity identified and stopped within the organisation
		<ul style="list-style-type: none"> Implement the community Health Pathways interface that will transform and streamline clinical care pathways across the Health Board. 	<ul style="list-style-type: none"> Robust implementation plan 50 live pathways –go live dates TBC Ensure effective reporting of pathway localisation may not meet evidence base and clinical effectiveness (clinical governance)
		<ul style="list-style-type: none"> Work with Subject Matter Experts to localise and develop condition specific pathways written and agreed between primary, secondary care and specialist services. 	<ul style="list-style-type: none"> Pathway prioritisation and identification based on the greatest need for our population and services VCR prioritisation approach Number of new/localised pathways
		<ul style="list-style-type: none"> Develop Health Board wide relationships and collaborative working across Primary, secondary and community services and organisations 	<ul style="list-style-type: none"> Increased collaborative pathway localisation/development Increase continuous engagement with our communities and patients in planning, pathway design and development
		<ul style="list-style-type: none"> Continuous comprehensive engagement and communication plan consisting of a suite of communication and engagement opportunities to maximise engagement across all primary and secondary care workforce e.g. webinars 	<ul style="list-style-type: none"> Deliver stakeholder engagement plan Baseline survey to GP's Baseline survey to wider PC workforce to include AHP, therapies, nurses.
		<ul style="list-style-type: none"> Develop a benefits realisation framework to support and demonstrate the delivery of value, improvements and opportunities. 	<p>Examples include:</p> <ul style="list-style-type: none"> Platform usage/Number of pathway pages accessed Patients referred to the right place at the right time/less being redirected (improved quality of referral) Increase in community services utilisation Impact on specialities Number/percentage of referrals redirected and Number/percentage of referrals returned Number/percentage of alternative pathway destinations PROMS for population groups, aligned to specific individual or group pathways PREMs for patients, families and carers to assess experience Working with VBHC to increase number of pathways with PROMS and those with integrated PREMS Population health demographics

Continuous Engagement (Planning Objective 6c)

The Health Board has committed to a continuous engagement approach. As we work to develop services involvement from patients and key stakeholders will be key to this approach. A new Engagement and Experience Group has been established. This will be used as a mechanism to ensure the voices of staff, stakeholders, patients, carers and citizens are listened to when designing, developing, reviewing or changing services, whilst informing the work of the Hywel Dda at all times.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 6: Sustainable Services	<p>Planning Objective 6a: Continuous Engagement</p> <p>To establish an overarching programme of work for continuous engagement with a set of continuous engagement plans that make it easier for people to have conversations with us.</p> <p>This will:</p> <ol style="list-style-type: none"> 1. Increase public confidence and trust in the reputation of the Health Board 2. Offer greater ability of service users to influence services and to be better informed. 3. Improve decision making that is driven by public feedback. 4. Enhance visibility of the Health Board's values through open and transparent communication. <p>Executive Lead: Communications Director</p>	<ul style="list-style-type: none"> By 31st May 2023, produce a series of standards and guidance on continuous engagement to promote good practice across the organisation. 	<ul style="list-style-type: none"> Further developed links with the regional continuous engagement steering group
		<ul style="list-style-type: none"> By November 2023, develop a series of engagement opportunities that build on the range of 'Willing to listen' events that aim to gain an understanding of what would motivate people within the Rising Risk Groups to be more aware of their own health and their own agency in connection with their health. 	<ul style="list-style-type: none"> Increased awareness of the Health Board's <i>A Healthier Mid and West Wales</i> strategy amongst partner organisations and their
		<ul style="list-style-type: none"> By November 2023, agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics. 	<ul style="list-style-type: none"> Increased participation of seldom heard groups in engagement activities, leading to increased awareness within seldom heard groups of services and support available to them
		<ul style="list-style-type: none"> By 31st January 2024, establish a mechanism for measuring the triangulation of feedback from all sources of engagement with public, patients and staff, to ensure that the work of the University Health Board is informed and influenced by the views and perspectives of all our stakeholders 	<ul style="list-style-type: none"> Greater volume and better evidence/information that demonstrates key themes/issues relating to the health and well-being of patients, staff and public Improved intelligence on the views of our population that can assist in decision making and targeting resources more effectively

Population Health (Planning Objective 7a)



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We are making a transformational shift towards supporting people to live well by promoting wellbeing and preventing ill health. Building on the wellbeing goals and commitments set out in the Health and Wellbeing Framework, we have an opportunity to adopt new approaches and solutions to reduce health inequalities and achieve a healthier and more resilient Hywel Dda. We recognise the shared responsibility to act on all determinants of health by supporting partners to create new and sustainable opportunities to support our economy and build on the positive impacts of, for example, COVID mitigation strategies such as increasing digital inclusion and using and supporting community assets and resources. Health protection remains critical, including managing Tuberculosis and other community spread infectious diseases effectively requires resources to ensure we protect the health of our population. Minimising the spread and mitigating the impact of these in the community, both in terms of health but also the wider determinants of health and well-being which result e.g. impact on employment, poverty, is a key priority working with our partners

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 7: Healthier Communities	Planning Objective 7a: Population Health Develop and Implement public health plans which Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course	HEALTH IMPROVEMENT • Develop and implement, in partnership, a comprehensive and strategic plan to improve population health and wellbeing and tackle the leading causes of preventable ill health and early death. The overarching plan will include specific action plans to address Tobacco control, the statutory Alcohol Harm Reduction and Drug misuse plan, emotional wellbeing, suicide and self-harm, physical activity and nutrition, health and housing and gambling.	<ul style="list-style-type: none"> Develop by end of March 2023 a comprehensive Hywel Dda Health Improvement & Wellbeing Plan to be tabled at the Board in May 2023 By May 2023, establish Tobacco Control Board (chaired by respiratory consultant) and sub-groups to lead on implementation of the detailed tobacco control element of the plan and achieve Smokefree ambition of 5% smoking prevalence by 2030. This will include implementation of action plans for the following areas: P1: Tackling health inequalities associated with smoking through targeting priority groups P2: Preventing the uptake of smoking especially in children and young people P3. Making Smokefree the norm through implementation of legislation and policy locally P4. Supporting more smokers to quit through continued delivery and development of evidence based, innovative smoking cessation services Work with the Area Planning Board and key partners throughout 2023/25 to implement key aspects of the statutory alcohol harm reduction and drug misuse section of the plan via the Implementation Groups and plans for each of: <ul style="list-style-type: none"> Prevention and Early Intervention Harm Reduction Treatment and Recovery Crime Reduction and Availability Complex Needs – Substance Misuse, Mental Health and Housing Strategic Planning and Partnership By May 2023, ensure the overarching plan includes detailed action plans in consultation with partners on the public health input into emotional wellbeing, suicide and self-harm, physical activity and nutrition, health and housing and gambling. By May 2023, ensure the plan includes detailed actions for: research of specific projects, demonstration of impact and outcomes achieved by the plan and how the plan will align with value based health care. By March 2025, evaluate implementation and refresh plans in line with findings
	Executive Lead: Director of Public Health	HEALTHY WEIGHT • Implement the University Health Board's Healthy Weight Healthy Wales plans, including an evaluation of the learning and, in light of this learning, refreshed plans for the next planning cycle.	<ul style="list-style-type: none"> By September 2023, working with Swansea Bay UHB and PSB partners, develop a whole system map at a strategic level to understand work going on across the West Wales region around the healthy weight agenda Work towards development of a fully staffed Level 3 MDT service that meets the standards of the All-Wales Weight Management pathway for adults (date tbc) Improve access to weight management support and interventions for adults in Hywel Dda (date tbc) Develop a costed model for the expansion of services at Level 2 of the pathway for adults (date tbc) Develop an agreed model of delivery for healthy weight provision for children and families at level 2 and 3, in line with the new Children, Young People and Families pathway (date tbc)

Population Health (Planning Objective 7a)

Specific Deliverable	Measures / Outputs
<p>OPTIMISING HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE</p> <p>Continued implementation of the HEALTHY SCHOOLS AND PRE-SCHOOLS SCHEME across Hywel Dda to ensure: Ongoing support for health improvement initiatives that raise awareness of risk-taking behaviour and increase knowledge and awareness of health improvement programmes (e.g. E-cigarette use in schools, Smoke Free Policies, Moondance Schools Programme (Bowel Cancer Screening), role out of Play Training in partnership with Ceredigion Actif, raise awareness of childhood imms programme).</p> <ul style="list-style-type: none">• Ongoing support for all primary schools to complete the mental and emotional health and well-being self-evaluation tool and statutory guidance on embedding a whole school approach to mental and emotional health and well-being• Ongoing support schools with the Health and Wellbeing Area of Learning and Experience and Relationships and Sexuality Education elements of the Curriculum for Wales and ensure schools adopt a ‘whole school approach’ to this work• Promotion of the School Health Research Network for schools to obtain their bespoke report about their students/learners’ health behaviours• Roll out of the food security pilot to pre-school setting using a place-based approach.	<p>By March 2024, ensure:</p> <ul style="list-style-type: none">• Nominated schools achieve NQA accreditation as well as continue to embed health and wellbeing in to the day to day life of settings.• Continued close working with Director of Education and Heads of Service in the LEA through attendance at strategic meetings and supporting the LEA education and health agenda• Health behaviours are embedded into the daily life and value system of the schools (25 (40%) schools in Pembs achieve the NQA, 44 Schools and 30 pre-school settings in Ceredigion)• Schools can demonstrate a whole school approach to health and wellbeing.• Maintaining strategic profile of Health Promoting Schools with the DoE & Heads of Service in PCC will ensure schools prioritise their involvement in the Scheme at a time of great pressure and challenge• Increased knowledge and awareness of the impact of health harming behaviours in children and families.• Improved confidence of staff through professional learning• Health and well-being is embedded throughout the school in the policies, staff, ethos, environment, wider school community and not just the curriculum• Ensure children’s rights and learner voice is at the heart of everything the school does• Schools use data to inform the curriculum and meet the needs of their learners• Schools develop evidence-based practice• To provide evidence of the effectiveness of health interventions and health-related activities over time
<ul style="list-style-type: none">• Contribute effectively to the EARLY YEAR’S agenda in Hywel Dda, including ensuring public health input into the Regional Children and Young Peoples Board and provide ongoing support to statutory programmes as well as all Pathfinders Programmes to ensure service integration and transformation.• Establish a ‘early years’ leadership group within the University Health Board, ensuring continued effective public health input into school nursing and health visiting workplans.• Working with PSB and RPB colleagues to strengthen the role of population health programmes, including childhood vaccination and healthy eating in our partnership working across Hywel Dda	<p>By March 2024, ensure:</p> <ul style="list-style-type: none">• Health Board Early Years Leadership Group is established• Develop and Early Year Outcomes Framework and Data Dashboard to support ongoing monitoring and evaluation.• Undertake a CYP Needs Assessment• Development, Implementation, and evaluation of a Continuous engagement framework.• Social Prescribing Pilot for young People (<i>linked to existing Social Prescribing workplan</i>)• Evidence that the population priorities are embedded in wellbeing plans
<p>Implement the Welsh Government Framework for a WHOLE SCHOOLS APPROACH TO EMOTIONAL AND MENTAL WELLBEING through:</p> <ul style="list-style-type: none">• Establishing county level advisory groups to co-ordinated provision of support to schools to undertake self-assessments and identify priority areas for action.• Provide support to individual and clusters of schools to develop key actions arising from the assessments and work with partners to support schools to address needs.• Ensure alignment to mental health and wellbeing services for children and young people as well as the Welsh Network of Healthy Schools Schemes.• Participate in the National Implementation Leads Network to share resources and best practice.• Provide regular updates to the Regional Children and Young Peoples Board as part of local scrutiny and governance.	<p>By March 2025, ensure that every school in the Hywel Dda area has implemented the Welsh Government Framework for Mental Health & Emotional Wellbeing and can demonstrate that:</p> <ul style="list-style-type: none">• Schools can demonstrate that they are implementing the framework and wellbeing is improving.• There is service and policy alignment across statutory and community sectors to ensure whole education approach.• The voice of the child and other key stakeholders (e.g., Teachers) are being listened to and acted upon.• The wellbeing needs of children and young people are being met. <p>The education workforce is supported/empowered to identify, prevent, and act on wellbeing issues.</p>

Population Health (Planning Objective 7a)



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Specific Deliverable	Measures / Outputs
WFGA/ PARTNERSHIPS <ul style="list-style-type: none"> Work closely with Public Service Boards and partners to implement agreed wellbeing plans across the University Health Board. Provide public health expertise to the development of the Regional Continuous Engagement Steering Group priorities and Action Plan. Provide public health expertise to the development of the Regional Preventions Board priorities and Action Plan. 	<ul style="list-style-type: none"> Hywel Dda Health Improvement and Wellbeing Plan to be developed for May 2023 Board, through engagement with Area Planning Board and consultation with all partnerships, including PSBs, RPBs, Local Crime Justice Boards, Regional Safeguarding Boards and Serious Violence Organised Crime (SVOC) and Contest Board. By June 2023, support improved regional collaboration and coproduction of a continuous engagement approach across Hywel Dda. Embed continuous engagement within action plans and partnership working across the LPHT. By June 2023, support production of primary prevention focused action plan to be delivered by the Regional Preventions Board that adds value to all three PSB action plans in taking forward the WBFGA national outcomes. Further develop actions by 31st December 2023 to enable the early identification of unpaid carers and support that helps them to address their own health and wellbeing needs.
HEALTH INEQUALITIES Arrange a facilitated discussion at board aimed at agreeing our approach to reducing health inequalities, develop plans for, and implement the agreed approach.	<ul style="list-style-type: none"> Working closely with the Community Development Outreach Team, increase direct engagement between the Health Board, and other trusted intermediaries, ethnic minority communities and vulnerable groups, individuals, families and communities. Implement actions by 31st March 2024 that tackle barriers to accessing health services, promoting healthy lifestyle choices and reduce inequalities in health experienced by diverse communities and vulnerable groups. Develop an options appraisal for Board (due for discussion in April 2023) setting out potential evidence-based approaches to reducing health inequalities across the area. This includes options of taking a population-level approach or a more targeted one (e.g. focusing on areas of highest socioeconomic deprivation, life course approach, Marmot principles etc) By March 2024, further develop the Equity Advisory Group, which aims to provide a platform for all concerns of inequity on access and delivery of Health Board healthcare services. By March 2024, develop the Executive Equity group to enable strategic discussions on addressing Inequity.
SCREENING Work with Public Health Wales to implement the all-Wales plans for reducing inequalities in screening	<p>Phase 1 – 2023/24</p> <ul style="list-style-type: none"> An overall increase in screening rates across the three cancer screening programmes 2019/20 to 2023/24. A reduction in the difference between screening uptake in the most and least deprived areas in Hywel Dda Identified barriers for targeted interventions to address low uptake in those groups experiencing inequity e.g. underserved groups, those with protected characteristics. <p>Phase 2 - 2023/24 & 2024/25 A community network of trusted voices within communities where uptake is low, or barriers are known to be in place, acting as community champions to screening.</p>

Population Health (Planning Objective 7a)

Specific Deliverable	Measures / Outputs
<ul style="list-style-type: none">HEALTH PROTECTIONDevelop and implement a sustainable health protection system, including plans specifically around our COVID and TB response.	<ul style="list-style-type: none">Consolidate current TTP model and future development of a multi-agency health protection system across Hywel Dda region in line with the Review of Health Protection undertaken by Public Health Wales – March 2024Working across the Health Board take forward the agreed actions from the Llwynhendy TB Outbreak External Review – March 2024Develop Hywel Dda plan to support Welsh Government Elimination of Hep B and C. Working across the Health Board, seek to action the 12 action points as per Welsh Health Circular. Hywel Dda delivery plan due June 2023
<p>HEALTHCARE PUBLIC HEALTH</p> <ul style="list-style-type: none">As part of ‘A Regional Collaboration for Health’ (ARCH), produce a substantive Health Needs Assessment to provide clarity on the current state of health and wellbeing amongst the population of Hywel Dda and Swansea Bay UHBs.Provide public health leadership for a Health Impact Assessment to evidence a benefits and impacts baseline for the Outline Business Case for the Swansea Bay City Deal Campuses Project, drawing on the expertise of the HIA for Pentre Awel, in accordance with the Public Health (Wales) Act 2017.Support the Health Needs Assessment and Evaluation of the NHS Delivery Plans utilising the Health Care Public Health approach.Provide Public Health Leadership and Support to the Transformation Projects, e.g. Cardiology, Atrial Fibrillation, National Exercise Referral Scheme, and the Clinical Pathways Interface Steering Group.Review and effectively monitor the Policy on Procedures of Limited Clinical Effectiveness/INNU at a local and national level to ensure a Value Based Healthcare Approach.Provide Public Health support to the Individual Patient Funding Request Panel, IPFR QA Panel, OWMAG and WHSSC Prioritisation Panel to deliver an effective, consistent, high quality Value Based Healthcare Approach.Provide Public Health Leadership and Support for Health Needs Assessments and Service Reviews e.g. Sexual Health Services Needs Assessment and Strategy.	<ul style="list-style-type: none">By March 2024, publish the ARCH Health Needs Assessment.By March 2024, publish the Health Impact Assessment.Produce Annual Reports on delivery progress as appropriate including to the Network Board.Develop updated Policy on Procedures of Limited Clinical Effectiveness/INNU through collaborative work with VBHC Lead/HTW by March 2024.Sexual Health Services Needs Assessment and Sexual Health Services Strategy to be completed by March 2024.
<p>SOCIAL AND GREEN SOLUTIONS</p> <p>Adopt a whole systems approach to improving population health through ‘Social and Green Solutions for Health [and Wellbeing]’, as part of the wider social model of health</p>	<ul style="list-style-type: none">Develop and implement an action plan for the continued development of the Social Prescribing Service, including the roll out of Elemental within GP surgeries across the region by March [2024/2025].Establish a robust suite of measures and reporting mechanisms for Hywel Dda Social Prescribing Service underpinned by Value Based Healthcare principles by [October 2023].Lead the regional implementation of the National Social Prescribing Framework across the University Health Board following launch by Welsh Government.Commission training and workforce development opportunities as identified in the Hywel Dda principles of social prescribing by [September 2023/March 2024].Facilitate the development of professional practice across the Hywel Dda region through the West Wales social prescribing Community of Practice.Develop the role that ‘green’ and ‘blue’ assets play in the promotion of population health and wellbeing.

The University Health Board continues to use a blended approach in order to deliver the COVID Vaccination Programme at the pace required, and accommodate the logistical issues caused by the vaccine characteristics, vaccine supplies, our demographics and rurality and changing national policy and advice. However, it is also important to recognise the wider immunisation and vaccination programme that we deliver.

For 2023/24, planning we continue to scope the use of four delivery arms:

- **Primary Care Vaccination Services:**

Welsh Government issued the Primary Care COVID Immunisation Service (PCCIS) on 19th December 2020, and updated in August 2021, which sets out the parameters for the commissioning of all licensed vaccines by Primary Care contractors. The PCCIS enables the direct commissioning of GP Practices and Community Pharmacies. We continue to engage to commission our Primary Care Contractors to support the delivery of the booster programmes in 2023/24, in order to provide safe and accessible vaccinations for our rural population.

- **Health Board Vaccination Centres**

Sites across our four Acute sites are used for any pop up clinics required to be able to vaccinate those with unknown allergies and need to have their vaccine administered within a hospital setting. Discussions with General Managers and County Leads have identified areas within the University Health Board estate which could be used as vaccination centres for the 2023/24 programmes. Challenges remain within the Carmarthenshire locality and the provision of a vaccination centre from one of the existing MVC estates will be scoped to mitigate the risk in this densely populated county.

- **Supplementary Clinics**

Community venues across West Wales have been identified and continue to be scoped for use in the programme for flexible, pop-up style clinics that can be opened to target specific groups in local community venues to facilitate access should it emerge that certain cohorts require enhanced pathways.

- **In-reach/out-reach vaccination service**

Vaccination teams continue to support in hospital vaccinations for inpatients as we move into 2023/24 programme plans. These also include our Mental Health & Learning Disabilities services. Vaccination team will also support housebound patient vaccination and care home residents within this out-reach service for 2023/24

- **Community Nurse Immunisers**

Since the inception of the Community Nurse Immuniser Team the offer of domiciliary vaccination to those who cannot access vaccination services through conventional routes was established and increased month on month as the service became known about. The service offered during the COVID pandemic was minimal due in part to restrictions on movement and as the mass vaccination need, but as restrictions have lifted and mass vaccination support lessens, the Community Nurse Immunising team can re-establish the domiciliary service

- **Increase uptake of flu vaccine in 2 and 3 year olds**

Uptake of Live Attenuated Influenza Vaccine (LAIV) in 2 and 3 year olds for 2022/23 flu season is 39.3% as at 15th February 2023. There was a 70% increase in hospitalisations of children under 5 years of age from flu in 2022/23 flu season, compared to 2021/22. Discussion with, and advice to, primary care colleagues around the importance of delivering LAIV early during flu season 2023/24 in protecting infants, and the protection this also provides for the rest of the population with children being considered ‘super-spreaders’ of winter respiratory viruses. Improve acceptability of LAIV for parents of 2 & 3 year olds, re-iterating the messages around the risk of hospitalisation of children under 5 from flu, and their role in protecting more vulnerable family, friends and communities.



Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 7: Healthier Communities	Planning Objective 7a: Population Health	<ul style="list-style-type: none"> Improve current childhood immunisation uptake. Focus on: <ul style="list-style-type: none"> 3 doses of 6in1 by age 1 2 doses MMR by age 5 	<ul style="list-style-type: none"> Strengthen the message around the importance of vaccines in preventing morbidity and mortality from vaccine preventable diseases Improve acceptability of vaccines in light of anecdotal reports of 'vaccine fatigue' Improve accessibility to 'baby clinics' for those who are underserved in our communities, adapting clinics to meet the needs of those attending or offering alternative venues including domiciliary vaccination service for those unable to access routine services
	Develop and Implement public health plans which	<ul style="list-style-type: none"> Improve shingles uptake in Hywel Dda 	<ul style="list-style-type: none"> Work in collaboration with GP colleagues who deliver the Shingles vaccine programme, providing detailed GP uptake levels, allowing targeting of areas with low uptake and providing support in planning extra clinics. Strengthen the message around the importance of shingles vaccine in preventing morbidity from shingles and Post-herpetic neuralgia (PHN), by engagement with community services, 3rd sector providers eg local 'Age UK' groups, community groups e.g. Evergreen clubs Using the approach above can also be used to improve uptake in our other routine and selective adult vaccination programmes i.e. pneumococcal vaccination programme and seasonal flu vaccine programme
	<ul style="list-style-type: none"> Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course 	<ul style="list-style-type: none"> Increase uptake of flu vaccine in 2 and 3 year olds 	<ul style="list-style-type: none"> Discussion with, and advice to, primary care colleagues around the importance of delivering Live, attenuated influenza vaccine (LAIV) early during flu season 2023/24 in protecting infants, and the protection this also provides for the rest of the population with children being considered 'super-spreaders' of winter respiratory viruses Early proactive discussion with primary care colleagues, Local Authority partners and early years providers, around changing means of delivery of LAIV in 2023/24 e.g. immunising 3 year olds in pre-school settings Improve acceptability of LAIV for parents of 2 and 3 year olds, re-iterating the messages around the risk of hospitalisation of children under 5 from flu, and their role in protecting more vulnerable family, friends and communities. Improved access to appropriately timed clinics and use of community venues
	<ul style="list-style-type: none"> Provide robust health protection and vaccination services for the community 	<ul style="list-style-type: none"> Increase our domiciliary offer to improve equity of access to vaccines for 'hard to reach' individuals and communities 	<ul style="list-style-type: none"> Advise primary care colleagues and other services e.g. health visiting and school nursing services, of the role and availability of the Community Nurse Immunizing Team in delivering domiciliary vaccinations. Maintain a database of domiciliary vaccinations delivered, to continue to evidence the need for the service
	<ul style="list-style-type: none"> Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches 	<ul style="list-style-type: none"> Ensure a robust vaccination service for pandemic and incident response, including Covid-19, TB and hepatitis vaccination where required 	<ul style="list-style-type: none"> Development of clear plans for delivery of the 2023 Spring Booster Covid-19 vaccination programme and ensure a robust system is in place for any future covid-19 vaccination requirements. Vaccination plans as part of incident and outbreak response to be built into management plans where required
Executive Lead: Director of Public Health			

Social Model for Health and Wellbeing (Planning Objective 7c)



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In 2018, the Health Board committed to working towards becoming an organisation that delivered services aligned with the vision of a Social Model for Health and Wellbeing. At the time of publication 'A Healthier Mid and West Wales' called out the requirement to do further work on defining how that vision could be transformed to become an agreed, sustainable, and practical model, for use in all parts of the health and wellbeing system. Throughout 2021 and 2022, work progressed with a systematic review of the literature, a themed review of the conversations with a purpose.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 7: Healthier Communities	Planning Objective 7c: Social Model for Health and Wellbeing (SMfHW) Executive Lead: Medical Director	Community proposals for place-based action: <ul style="list-style-type: none"> Agree at least one community in each Local Authority for initial focus of activity. Carry out direct engagement with community members to map assets and determine priority areas of need, and appetite for involvement. Identify community leaders in each community. Identify options for resource-sharing with communities. Develop an approach to evaluate, measure or demonstrate the impact of place-based activity on health and well-being. Collate and share lessons learned to help inform or support future place-based activity. 	<ul style="list-style-type: none"> SBAR for Executive Team summarising decision-making process to identify at least one community in each Local Authority (April 2023) SBAR for Executive Team summarising direct engagement activity with community members (July 2023) SBAR for Executive Team summarising community assets and priority areas of need identified through direct engagement with community members (September 2023) List of potential community leaders in each community (September 2023) SBAR for Executive Team (options appraisal) summarising options for approaches to resource-sharing with communities (November 2023) Event to share potential approaches to evaluate, measure or demonstrate the impact of place-based activity on health and wellbeing (November 2023) Production and dissemination of "lessons learned" log to help inform or support future place-based activity (December 2023)
		<ul style="list-style-type: none"> Agreement on the process steps for embedding the SMfHW in the three identified groups of 1) Our People 2) our partners 3) our communities. 	<ul style="list-style-type: none"> Board seminar Q1 to test and agree specific next steps per identified group, to enable clear understanding of scope, resource requirement and timelines.
		<ul style="list-style-type: none"> Embed SMfHW into other major Health Board programme of work 	<ul style="list-style-type: none"> Agree how SMfHW findings is incorporated into A Healthier Mid and West Wales implementation and business case development Agree how SMfHW findings is incorporated into Digital programme
		<ul style="list-style-type: none"> Communicate the University Health Board's progress towards its transformation in to a SMfHW organisation 	<ul style="list-style-type: none"> Bilingual, accessible and interactive website that collates key pieces of work, enables progress updates to be shared in a timely manner, and staff and citizens to influence design and approach Site hits and user engagement
		<ul style="list-style-type: none"> Embed the concept of whole system approach to Food for wellbeing in to Health Board 'business as usual' 	<ul style="list-style-type: none"> Terms of Reference for the Food Systems Action Group (FSAG) that recognise the scope of food related interest within the Health Board. Develop a work plan (that aligns whole system priorities and One Health Strategy) for 2023/24 including: <ol style="list-style-type: none"> the regional Health Weight Healthy Wales programme, Healthier Schools programme, Public Service Board-specific food projects, Health Board food Procurement projects

Decarbonisation and Sustainability (Planning Objective 8a)



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The aim is to reduce our Carbon footprint in line with the requirements of the 'All Wales NHS Decarbonisation Strategic Delivery Plan'. A Decarbonisation Task Force Group has been established to progress the University Health Board's decarbonisation agenda specifically focusing on identifying opportunities for carbon reduction. The key focus on Procurement, Buildings, land use and Transport. This Task Force is supported by sub-groups for each of these areas. The sub-groups are focusing on developing individual strategies and action plans to identify opportunities and schemes across our estate.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 8: Positive Impact Beyond Health	Planning Objective 8a: Decarbonisation and Sustainability Implement the Board-approved plan for Decarbonisation and support initiatives which promote environmental sustainability and One Health, with the ambition of making Hywel Dda a leading organisation in this area. This work will incorporate both large-scale schemes with a significant benefit to the environment and the development of a 'green' culture which encourages teams and individuals to make changes within their services in support of this ambition Executive Lead: Director of Strategy and Planning	One Health <ul style="list-style-type: none">By March 2024, develop a clear framework and template to be used across relevant plans that will embed "One Health" principles within their delivery and develop a training package accessible for all staff to raise awareness of "One Health" principles and how they can be implemented in the day-to-day work of the Health BoardDevelop a 'Green Strategy' by March 2025 incorporating biophilic design principles and climate adaptation plans to be embedded across all assets and estates as feasible.	<ul style="list-style-type: none">Sustainable Travel Charter created in partnership, reflecting targets of carbon management and the challenge of rural areas – by September 2023Implement and continuously improve the engagement program and Approach to Healthcare measures to empower sustainable quality improvement activitiesUse a One Health lens to deliver on Well-Being and Future Generations Act to meet reporting requirements for 7 Well-Being Goals and 5 ways of workingFormalise the Green Health priorities by developing a Green Strategy that reflects the health and wellbeing needs of patient cohorts, staff groups and community partners associated with the University Health Board by March 2025
		Decarbonisation: development of Decarbonisation Strategy and action/delivery plan. Deliver the initiatives set out in delivery plan: <ul style="list-style-type: none">Carbon ManagementBuildings, Land & PlanningTransport / TravelProcurementApproach to Healthcare	<ul style="list-style-type: none">Property Asset Strategy – <i>linked to property rationalising plans & carbon performance;</i>Strategic building, land and planning low carbon projects:<ul style="list-style-type: none"><i>Aberystwyth Public sector Low Carbon Heat Project – deliver detailed design;</i><i>Develop scoping and feasibility to deliver public / private solar farms</i><i>Continue to deliver PV spend to save scheme;</i><i>Deliver new Energy Performance Contract via RE:FIT 4 Procurement Framework to select partner to deliver multiple phase low decarb. projects.</i>Transport & Travel Policy:<ul style="list-style-type: none"><i>Continue deliver roll out of electrical vehicles lease scheme.</i><i>Arrange feasibility on car charging infrastructure.</i>Decarbonisation Awareness/Training - <i>e-learning / decarb video / Green Teams.</i>Green/Sustainable Procurement Policy – <i>continue engagement to improve carbon performance with the supply chain.</i>Green Healthcare Strategy – <i>identify best practice projects, delivered and being planned, and support delivery.</i><i>Delivery of the 'Secondary Care Inhaler Recycling Project'</i><i>Carbon Literacy – Implementation of the 'Achieving Net Zero in Wales' E-Learning via ESR</i>

Local Economic and Social Impact (Planning Objective 8b)



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We are cognisant that we are a large anchor institution for West Wales and we have the ability to affect positive change on the economy and our communities including their wider determinants of health. The aim is to positively impact local and Welsh economies – this is fundamental in our desire to take forward the Foundational Economy agenda. In order to support the work within those areas, we felt that it would be helpful to develop some tools which will help inform strategy. Our outcome for Public Value is that our positive impact on society is maximised which is shared in our strategic objectives:

The social value strategy is a fundamental rethink from seeing the public sector as responsible for value extraction to a key function in local value creation.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 8: Positive Impact Beyond Health	Planning Objective 8b: Local Economic and Social Impact We will: <ul style="list-style-type: none"> Direct our expenditure to local benefit Collaborate with partners to maximise our impact Ensure that we remain focused on the long term impact we can have Position ourselves to make the most of tactical opportunities to maximise local funding arrangements for local benefit, for example through the Levelling-up fund. 	Contributing to the local economy as an employer	There are a number of elements or indicators associated with this outcome including: <ul style="list-style-type: none"> Recruiting residents from West Wales. Recruiting local residents from the most deprived neighbourhoods West Wales. Recruiting local residents from areas of known demand on healthcare services. Recruiting local residents from at-risk or legacy sectors of the local economy. Recruiting local residents from populations which have previously seen the Health Board as being 'hard-to-reach'. Provision of long term and sustainable apprenticeship opportunities at the Health Board.
		Creating employment opportunities through our supply chain	We will collect measures which include: <ul style="list-style-type: none"> The percentage of procurement exercises where social value measures were a determining factor (both number of tendering exercises and £) The numbers of new jobs created by our supply chain in West Wales, and in Wales. The number of new apprenticeships created by our supply chain in West Wales, and in Wales. The number of training and development opportunities offered to staff in West Wales, and in Wales.
		Promote good work and ethical working practices through our supply chain	A key measure of good work and ethical working practices is through sign-up to the Welsh Government's Code of Practice for Ethical Procurement in Supply Chains. In 2023/24 ,we will collect data on the percentage of suppliers signed up to the Code of Practice.
		Adopt a hierarchy of intent for procurement spending	We will measure: <ul style="list-style-type: none"> Spend with suppliers based in West Wales. Spend with suppliers based in other parts of Wales. Spend with suppliers based elsewhere. Re-spend of suppliers back in the West Wales economy.
		Developing the West Wales economy in generative ways	We will measure our spend with SMEs and report on this annually.
	Executive Lead: Director of Finance	Driving local wealth creation through leveraging our intellectual assets	We will measure the income which is generated via external industry and research partners. We will also begin to measure the broader impact which our R&D income has on our local economy.

Financial Roadmap Planning Objective 8c

With the Health Board still requiring to submit an acceptable and approvable financial plan, developing deliverable plans to demonstrate a recurrent and rapid improvement in out financial trajectory is necessary, recognising it will span a multi-year timeline given the extent of the current financial deficit.

It should be noted that an Accountable Officer letter been submitted to Welsh Government in February 2023 to notify them that the Health Board will not be in a position to deliver against its statutory financial duties for 2023/24, and therefore will not be submitting a balanced financial plan.

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 8: Positive Impact Beyond Health	<p>To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position.</p> <p>This will:</p> <ol style="list-style-type: none"> 1. Provide clear trajectories, including actions and delivery requirements for the organisation 2. Form the basis of a robust three-year financial plan as part of a broader IMTP 3. Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board's underlying deficit is reduced in a sustainable manner. <p>Executive Lead: Director of Finance</p>	<ul style="list-style-type: none"> By 31st March 2023, submit an Annual Plan aligned to the organisation's priorities. 	<ul style="list-style-type: none"> Approved Board plan submitted to Welsh Government
		<ul style="list-style-type: none"> By 1st November 2023, undertake modelling across all macro-economic elements to provide clarity on any additional challenge / opportunity that will be born after recognising the core allocation uplift, across the three year IMTP. 	<ul style="list-style-type: none"> Expenditure modelling complete to illustrate the likely gap required to be closed by operational savings plans
		<ul style="list-style-type: none"> By 31st March 2023, continually update and share an opportunities framework with the organisation to allow for acceptance of improvements, that can then move into savings tracking and delivery. 	<ul style="list-style-type: none"> Organisation increases its savings plans acceptance and delivery thereof Financial deficit improves against the submitted deficit Annual Plan
		<ul style="list-style-type: none"> Deliver against the financial requirements arising from the Targeted Intervention status. 	<ul style="list-style-type: none"> Feedback from Welsh Government and Financial Delivery Unit arising from formal TI meetings.

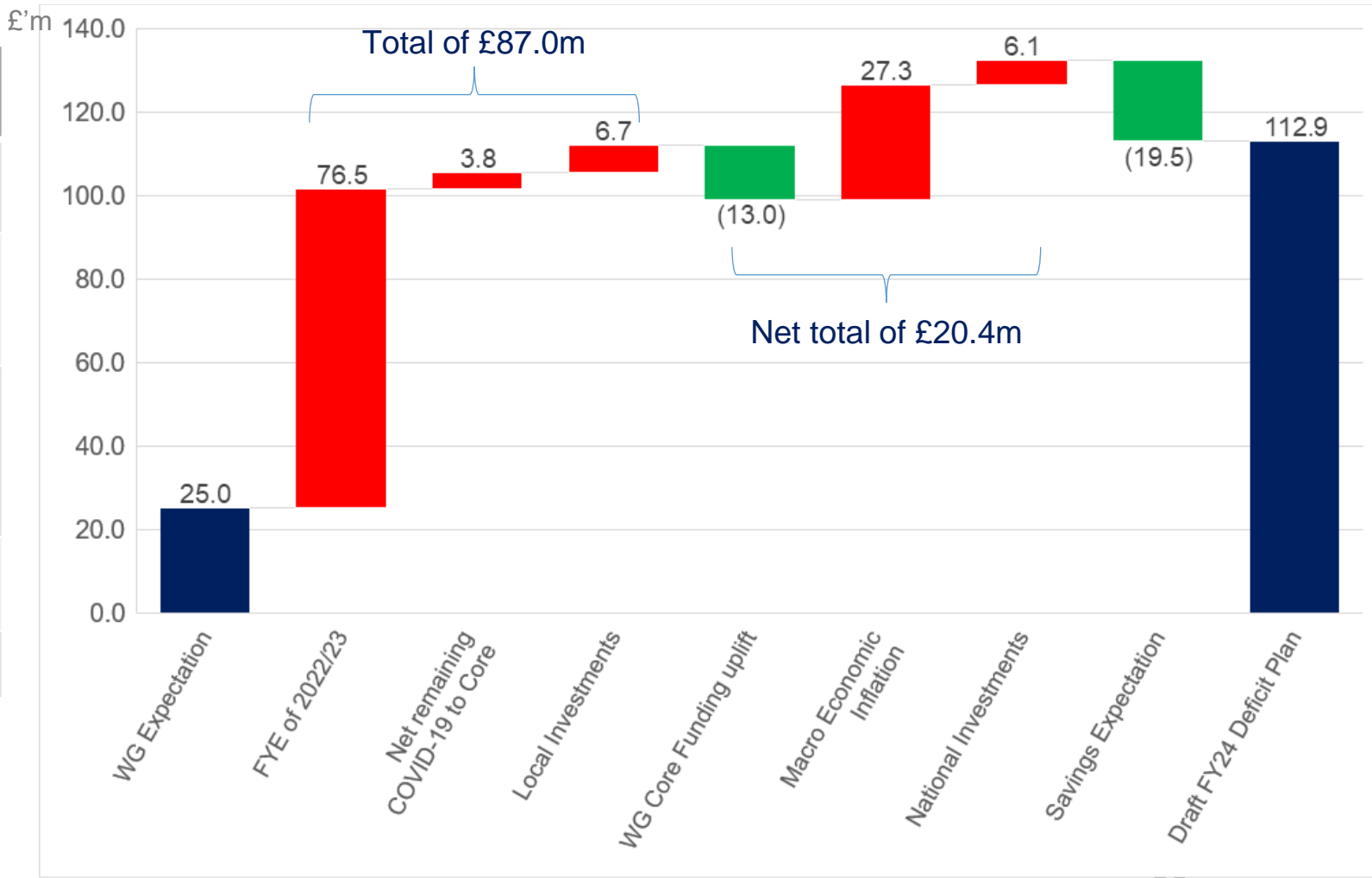
Financial Plan: Framing of the Plan

The financial plan can be summarised into key groups. Recognising the resource utilisations embedded within the 2022/23 financial performance, there is an element of the core plan that has significantly increased when compared to the £25.0m outturn experienced pre-pandemic in 2019/20. This element of the plan will also be subject to an allocation of opportunities to illustrate key drives of the increased deficit.

With the exceptional levels of macro-economic inflation coupled with national commitments, partially offset with the core allocation uplift, there will be a substantial expenditure pressure that will not be able to be managed locally. It will be recognised as a Health Board increase to the deficit.

It has been accepted by the University Health Board that an achievable saving expectation for the opportunity's delivery will be set at 2.5% of the non-ring-fenced allocation, and all portfolios will be expected to review services and delivery against this expectation, utilising the Opportunities Framework and service intelligence and innovation. This is a minimum level of expected recurrent savings delivery, and further recurrent and non-recurrent opportunities will be pursued.

Item Group	2023/24 £'m	Treatment Description
Welsh Government Expectation of Deficit	25.0	Centrally recognised deficit in line with Welsh Government expectations for 2023/24
Full Year Effect of 2022/23, Net remaining COVID-19 to Core, Local Investments	87.0	Local expenditure items requiring offset with Directorate Opportunities; to be recognised against identified Directorates, with Opportunities being allocated in line with Opportunities Framework
Welsh Government Core Funding uplift, Marco Economic Inflation, National Investments	20.4	Macro-Inflationary and National items are unavoidable, and funding will be issued to affected Directorates. The inflationary uplift in funding received from Welsh Government is insufficient, therefore, the net offsetting deficit will be recognised centrally
2023/24 Savings Expectation	(19.5)	2.5% of non-ring-fenced budgets. Further Opportunities requiring identification and in-year delivery by Directorates
Total	112.9	





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Financial Plan: Components

Full Year Effect of 2022/23 Category and Theme by Service £'m		Unscheduled Care	Scheduled Care	Community Services	Mental Health	Primary Care	Women and Children	Specialised Services	Support Services	Commission Services	Corporate Functions	Total
Capacity	Acute bed capacity	2.0										2.0
	Community bed capacity			0.7								0.7
	CHC capacity			(0.6)	3.0		(0.3)					2.1
	Primary Care capacity					1.7						1.7
Activity	Unscheduled care admission activity	3.0		0.5			0.1					3.6
	Patient flow activity	2.5	0.5	1.2			0.3	6.0				10.5
	Diagnostics activity							1.5				1.5
	Elective activity		(1.4)									(1.4)
Drugs	Prescribing or drug regime changes	1.6						1.4				3.0
	Primary Care Prescribing price changes							2.4				2.4
	Secondary Care Drugs price changes	0.6										0.6
Workforce	Non-Clinical Over-establishment	0.7			0.5				0.6		2.9	4.7
	Clinical Over-establishment	2.3	0.2	1.0			0.6	2.1				6.2
	Premium on establishment posts	4.2	3.2				0.5	0.4				8.3
	Vacancies	1.6	0.8	(0.5)	(3.7)			(0.5)			(1.2)	(3.5)
	Other Non-pay	0.8	(0.8)	1.5	0.3	0.4	0.7	0.3	2.2		1.6	7.0
Other	Income			0.1			(0.2)	(0.4)			0.8	0.3
	Deficit Budget / Undelivered Savings	4.3	8.4	1.1		0.5	0.7	1.1	0.5	3.1	32.1	51.8
Total		23.6	10.9	5.0	0.1	2.6	2.4	14.3	3.3	3.1	36.2	101.5

Financial Plan: Components

Local Investment	Description	£'m
Revenue Consequences of Capital Schemes (local)	Relates to additional revenue costs only, arising as a consequence of capital investment via The All-Wales Capital Funding and Discretionary Capital Programme	0.1
Local investment	Optimising Value in Heart Failure Care - FY23 in-year	0.6
	Nurse Staffing Act 25B wards shortfall vs FY23 Plan	0.4
	PBC Posts - Strategic Planning FY23 in-year	0.3
	Tissue Viability Nursing Support FY23 in-year	0.2
	Apprentices and grow your own staff development	0.9
	International Nurse Recruitment fees	1.0
	International Nurse Recruitment – Pastoral support and OSCE training team	0.6
	Building Community Capacity	1.2
	FYE of Earwax Clinics	0.2
	Value based Healthcare Team, Non-Pay, Support, Cellulitis & Prehab	1.2
Grand Total		6.7

National Investment	Description	£'m
National investment	WHSSC (£1.9m) and EASC Plan (£0.6m)	2.5
	DHCW – Microsoft, Digital Intensive Care Unit, Welsh Nursing Record, National Infrastructure & Networking Resilience, WPAS, Welsh Hospital Stock Mgt, Allocate)	1.3
	Swansea Bay Plan	0.7
	LINC – NHS Wales Health Collaborative approved Phase 2	0.9
	ARCH – Functional Neurological Disorder regional service	0.2
	Welsh Risk Pool and NWSSP increased transactional activity	0.2
	Velindre NHS Trust high cost drugs price and volume	0.1
	Women & Children Advanced Paediatric Nurse Practitioner Framework	0.1
	Oncology – Rapid Diagnostic Clinics	0.1
Grand Total		6.1

Macro Inflation	Key Assumptions	£'m
Prescribing price	FYE of 2022/23 price increase £3.6m plus increase in Baseline drug prices during 2023/24 of £2.0m based on average price increase in 3 years prior to 2022-23 which is assumed to be exceptional (3.39% vs 4.79% represents £1.1m risk) plus Cat M	6.3
Prescribing growth	Modelling using growth at the All-Wales level as at October 2022	1.6
Secondary Care drugs horizon	£0.9m is available from the 2022/23 brought forward Reserve; this is assumed to be sufficient however the All-Wales Pharmacy review has not yet concluded.	0.0
CHC Core inflation	Primarily modelled at 4%, all in line with 2022/23 core rate uplifts	2.3
CHC Exceptional inflation	Modelled between an additional 4-13% uplift based on current LA assessments	6.0
LTA inflation	1.5% uplift on contract values in line with Welsh Government baseline funding core uplift	1.8
CPI Core inflation	Modelled at 3.2% based on CPI rate at August 2021	1.9
CPI Exceptional inflation	Modelled at 9.9% based on CPI rate at August 2022, less Core £ above (draft only)	0.9
SLA inflation	Modelled at 2% on SLA contracts attracting inflation	0.2
Utilities Core inflation	Core based on actual price increases per unit April 2018 – March 2022	1.4
Utilities Exceptional inflation	Exceptional Energy Utility costs forecast as at Month 11 using latest NWSSP assumptions	4.9
Grand Total		27.3

Net Remaining COVID-19 to Core	Description	£'m
Facilities	Enhanced Cleaning Standards	1.3
Withybush beds (Puffin ward)	18 additional beds with paediatric services temporarily relocated to Glangwili	1.2
Carmarthenshire	TUE and ARM Technology project	0.3
Women & Children	Enhanced PACU service	0.4
Carmarthenshire	Intermediate Care MDT beds (14 beds, Ty Pili Pala unit)	0.2
Director Operations Management	Storage costs from additional equipment and service needs	0.3
Other	Accommodation costs	0.1
Grand Total		3.8

Financial Plan: Opportunities, Choices and Savings



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The following detail and options have been shared across the Health Board, and are being used to identify and build plans to deliver against the savings expectation. Each framework includes detail to illustrate system opportunities and choices that could be taken, and will form the routine cycle expected for all portfolio's to respond to as part of their financial accountabilities. There is insufficient assurance at this stage of the planning cycle that the savings expectation will be met.

Opportunities approach

- Summarises the scale of opportunity from cost variation
- Provides detailed breakdowns of variation at an HRG level

Choices from Benchmarking

- Presents the analysis from benchmarking the Health Board against others in NHS Wales
- Summarises key choice questions for discussion as a result of the analysis

Resource-intensive service users

- Provides an analysis to establish which services and users consumed the most resource across the various strands of care to identify emerging themes and patterns

Corporate Choices

- Assesses the Choices available in Corporate functions based on a scoring matrix from Strategic objectives

Directorate Choices

- Directorate performance from a Finance perspective split into 3 categories, suggesting choices the University Health Board could make to reduce expenditure
- Based on Operational Driver analysis of current financial year

Previous and Pending Investments

- Summarises the local investments made during the Financial Planning cycles between 2020/21 and 2022/23, in addition to the Local and National investment choices proposed for next year's Plan 2023/24

Welsh Language and Culture (Planning Objective 8d)



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A high proportion of our population in West Wales – whether patients, service users, carers, or our staff - wish and have a need to communicate with the health service through the medium of Welsh. The bilingual needs of our communities is celebrated and embraced by our health board - we are proactive in supporting our colleagues to raise awareness of the importance of making sure information and services are available in both Welsh and English and how this will impact positively on our patient experience. We continue to report progress and key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Monitoring Report, which is published on our website annually. The report includes how the Health Board will continue to promote the use of Welsh language; support staff to use the Welsh language; and endeavour to comply with the Welsh language standards. We are committed, not only to complying with the Welsh Language Standards, but also their broader spirit to enhance Welsh culture and communities. While we are keen to deliver on our statutory duties in meeting all aspects of the standards, we recognise that the commitment is not always consistent across our sites. We appreciate that there is a need for continued support for behavioural and culture change for us to deliver a seamless bilingual service to our service users. As part of this improvement work, the Health Board is completing its 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).

Strategic Goal	Planning Objective	Specific Deliverable	Measures / Outputs
Strategic Goal 8: Positive Impact Beyond Health	Planning Objective 8d: Welsh Language and Culture Building on the Welsh language and Culture Discovery process, we will deliver a Welsh Language plan that supports our ambitions to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. We will also seek to achieve the KPIs outlined within the Bilingual Skills policy, Cymraeg 2050, and More than Just Words Executive Lead: Communications Director	• Production of discovery report by April 2023	• Discovery report approved by People, Organisational Development and Culture Committee (PODCC) in April 2023
		• Welsh language delivery plan produced by April 2023	• Welsh language delivery plan approved by PODCC in April 2023
		• Establish a Welsh language Working/Steering Group by end of April 2023	• Establishment of group by end of April 2023
		• Create a Welsh language mentors network by June 2023	• Establishment of active network by end of June 2023. Launched at Urdd Eisteddfod in May 2023.
		• Support managers to recruit Welsh speakers and support staff to learn/improve staff Welsh Language skills in order to achieve our 10 year target	• Number of posts advertised as Welsh essential • Number of Welsh speaking staff appointed • Increase in the number of staff at each Welsh Language level (as recorded on ESR)
		• Support staff to ensure that in carrying out their duties they promote the Welsh Language and recognise that patients receive care in their language of need as a key patient experience and quality of care issue.	• Decrease in the number of complaints regarding Welsh Language provision
		• Develop a communications campaign to explain the importance of the Active Offer to staff	• Decrease in the number of complaints regarding Welsh Language provision



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Section 4: Delivering the Plan

National – Working with National Organisations



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We continue to work with a number of national organisations, and look forward to a renewed working relationship with these through 2023/24 to deliver national programmes, tailored to meet local needs of the population of Hywel Dda. These include but are not limited to:

NHS Wales Executive

We welcome the opportunity to work with the NHS Wales Executive that will come into existence from 1st April 2023.

National Networks

A critical element of the work NHS Wales Executive will be the National Strategic Networks, which will provide the national focus for a spectrum of network activity in support of the National Clinical Framework.

Within their broad areas of clinical scope, they will:

- instigate the establishment of Implementation Networks to take forward the implementation of new pathways and service models
- recommend the establishment of, and provide the national steer and guidance for, Operational Delivery Networks
- oversee the configuration of, and support to, specific Communities of Practice.

Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)

It is recognised that the emergency / urgent ambulance service continues to face severe pressures across Hywel Dda and we remain fully engaged with both WAST and EASC in respect of the commissioning, monitoring and utilisation of emergency and urgent ambulance services across the Health Board. EASC's commissioning intentions for the service for the coming year have previously been endorsed, and we will continue to liaise closely with both WAST and EASC colleagues and contribute to work streams to ensure service responsiveness and quality is optimised within existing constraints as we move into 2023/24.

Health Education and Improvement Wales (HEIW)

We work closely with HEIW as the national strategic body for the NHS Workforce in Wales to support the delivery of the Health & Social Care Workforce Strategy aligned to A Healthier Wales. We directly input to All Wales Groups on Workforce Planning, Education and Development that cross all professional groups to support the shape and supply of the future workforce. We are leading on the implementation of a number of important initiatives that cross planning, design, development and delivery of the workforce

Digital Health and Care Wales

We are fully committed to collaborating with and partnering DHCW and embrace the future improvement opportunities that it presents. Fundamental to our health and care system transformation, will be the delivery of high quality, cost effective Digital Services. Our vision is to have; secure, resilient, accurate and timely information at the point of patient care; this will be delivered through an integrated application suite, combining; clinical and business applications, underpinned by a robust, cost-effective information infrastructure

WHSSC (Welsh Health Specialised Services Committee)

The development of their strategic commissioning approach includes the delivery of the service strategies for Paediatrics and Mental Health and the conclusion in 2023 of the work on the Specialised Services Strategy. In addition, in 2023/24 WHSSC will be undertaking a strategic service review of cardiac services, delivering the results of the specialised haematology review and developing a specialised rehabilitation services strategy. They will also be building on their value-based healthcare work programme, working with Health Boards on a programme of cross-cutting value, cost-avoidance, demand management and recommissioning priorities and maintain a renewed emphasis on performance management. To support WHSSC on meeting/delivering their priorities, the Health Board will continue to actively input into the WHSSC Management Group and Joint Committee and contribute to the necessary work streams.

We will continue to work proactively with WHSSC on all areas, throughout 2023/24 to ensure that specialised services for our resident population are equitable, safe, effective and sustainable.

Commissioning

Goal	Specific Deliverable	Outcome
Alternative Services Matrix Commissioned Services (External Providers)	<ul style="list-style-type: none">The development of a Matrix which highlights all service areas where there is continued and sustained deterioration within our Commissioned Services. To be identified through the provider data, for example RTT and financial informationAs part of addressing the operational challenges with our Providers, develop a work programme of alternative providers including NHS, Non-NHS, Insourcing etc. who could offer an alternative commissioned service. To be underpinned with activity planning assumptions, identified capacity (and any residual gap), pathways (short and long term) and outcomes.Where there is not an alternative provider, as responsible commissioners, demonstrate the steps and actions that have been undertaken.	<ul style="list-style-type: none">Increased quality and safetyIncreased throughputImproved patient experience and outcomesImproved patient access
Do, Buy, Sell framework/ Agreement	<p><u>Fragile Services (Health Board or External Provider)</u></p> <ul style="list-style-type: none">Identification of fragile services provided by Hywel Dda Health Board or External Providers. Where service is unlikely to remain sustainable, proposed options (where possible) set out, to commission service from another Provider to promote sustainable services <p><u>Repatriation of Services/Procedures (External Providers)</u></p> <ul style="list-style-type: none">Scope out opportunities to repatriate services/procedures etc. within Hywel Dda.Review of low complexity work, that is undertaken outside of Hywel Dda. Assurance must be in place prior to any repatriation, to ensure local services are sustainable and affordable.a. Review of current arrangements with further afield Health Boards to ascertain whether the requirement to commission with Health Board is still required, providing an opportunity to decommission smaller agreements. <p>As part of our Long-Term Agreements, new approach required to factor in Provider Intentions and to work with Commissioners to develop services over the short, medium and long term. To be underpinned, on the basis of strategic and operational planning and commissioning</p>	<ul style="list-style-type: none">Sustainable and affordable servicesIncreased quality and safetyImproved patient experience and outcomesImproved patient access
Referral Management System (RMS)	<ul style="list-style-type: none">Understand and investigate the elective flow to neighbouring Health Boards that could be undertaken locally within Hywel Dda. Analysis and quantification to be carried out by individual specialties, where significant activity is leaving the Health Board to understand referral patterns and activity	<ul style="list-style-type: none">Improve overall quality of careReduction in referral leakageImprovement in the patient care pathwayHigher patient satisfactionCare closer to home
Interventions Not Normally Undertaken (INNU)	<ul style="list-style-type: none">Review of the INNU policy with similar policies to understand the differences in terms of currently commissioned pathways, clinical thresholds and those that should be subject to Individual Patient Funding Requests (IPFR).In conjunction with Public Health, Clinical Leads and Quality colleagues the INNU policy to be updated to reflect the most appropriate low value interventions. Requirement to review, the level of commissioned activity associated with these procedures and consideration given to what should be routinely commissioned or those that should be subject to the IPFR process. This would mean further procedures added, clinical thresholds tightened/relaxed and procedures removed (as now considered routine commissioned activity).	<ul style="list-style-type: none">Clear access criteriaPrudent use of resourcesIncreased efficiencies
Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)	<ul style="list-style-type: none">To help us maintain and improve the services that we secure from other Health Boards, work with external providers to routinely receive PROMs and PREMs data for our residents.To also continue to work with the Value Based Healthcare team to collect this data via our own methods	Improved patient experience and outcomes
Welsh Health Specialised Services Committee (WHSSC)	<ul style="list-style-type: none">To continuously work proactively with WHSSC to ensure that specialised services for our resident population are equitable, safe, effective and sustainable.	Equitable access to high quality, safe and sustainable specialist services
Cancer patients pathway/flow	<ul style="list-style-type: none">Review flow/pathways of cancer patients to the main cancer centres (Singleton and Velindre) to understand and agree access criteria	<ul style="list-style-type: none">Clear access criteriaPrudent use of resourcesIncreased efficiencies

Analytics – This is an enabler, which will run throughout each programme and respective project.

- For each programme of work commenced (short, medium and/or long term) to be underpinned with statistical processes and sensitivity analysis to demonstrable a measurable impact based on the variables, decisions and interventions agreed.
- This will be an iterative process, but will require clear baseline information such as performance, quality, finance. Clear qualitative narrative will be adopted to highlight any deviation.

Regional – Working with our RPB and PSBs

Regional Partnership Board

The West Wales Care Partnership (WWCP) is currently developing a 5 year strategic plan for 2023/28. Whilst still in draft the key priority areas will focus on:

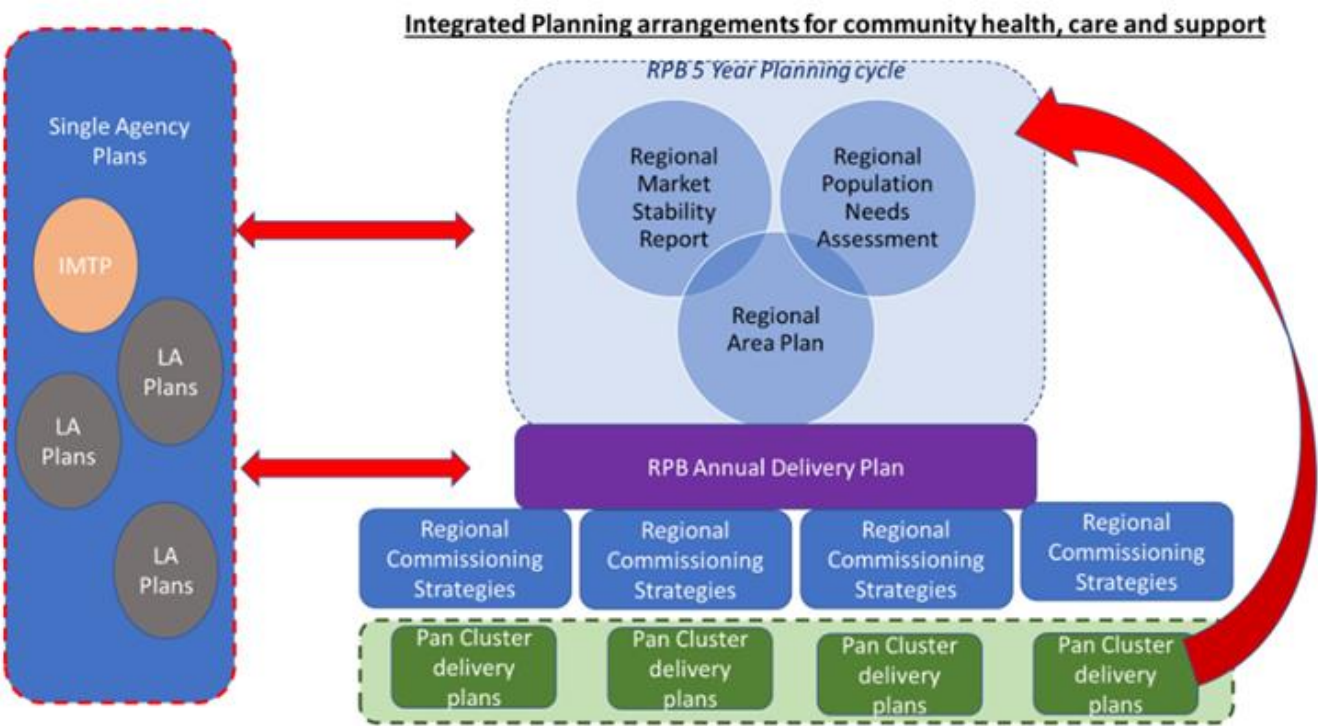
- Supporting People to Manage their own Wellbeing
- Supporting People to stay closer to home
- Having the right services available to meet demand
- A Stable and Resilient Workforce
- Planning and delivering our Services with the people who use them

The Plan, which will be supported by annual delivery agreements, will link to existing plans including our Annual Plans / IMTPs, and build upon existing programmes including the Population Assessment and Market Stability Report; Dementia Strategy; development of Regional Integration Fund (RIF) Programme for 2022/23; transition from ICF/Transformation; and delivery of Capital Project/Programme.

Public Service Boards

We are a statutory member of Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire. Well-being Assessments were undertaken by each PSB in 2022, leading to development of Well-being Plans. The key priorities for the three PSBs for the next 5 year period 2023/28 are:

Carmarthenshire	Ceredigion	Pembrokeshire
<ul style="list-style-type: none">• Ensuring a sustainable economy and fair employment• Improving well-being and reducing health inequalities• Responding to the climate and nature emergencies• Tackling poverty and its impacts• Helping to create safe and diverse communities and places	<ul style="list-style-type: none">• Work together to achieve a sustainable economy and build on the strengths of Ceredigion• Work together to reduce inequalities in our communities and use social and green solutions to improve physical and mental health• Work together to deliver decarbonisation initiatives within Ceredigion to protect and enhance our natural resources• Work together to enable communities to feel safe and connected and will promote cultural diversity and opportunities to use the Welsh language	<ul style="list-style-type: none">• Support growth, jobs and prosperity and enable the transition to a more sustainable and greener economy• Work with our communities to reduce inequalities and improve well-being• Promote and support initiatives to deliver decarbonisation, manage climate adaptation and tackle the nature emergency• Enable safe, connected, resourceful and diverse communities





Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally between the two Health Boards

ARCH

Our approach is to consider regional partnerships and regional solutions a core principle of a whole system approach to the planning and delivery of services. The ARCH Partnership will be delivered through proven joint working arrangements. We have also established an executive led 'Regional Commissioning Group', which works alongside ARCH to realise our respective strategies in 'A Healthier Mid and West Wales' and 'Changing for the Future Engagement & Recovery and Sustainability Plan'. In addition to the NHS transformational priorities below, we will prioritise the following:

- Workforce, Education, & Skills: Education programmes to meet services needs and underpin NHS service transformation projects by developing targeted educational programmes; ARCH Senior Leaders Development Programme and other management and leadership development; Innovation Intensive Learning Academy; Value Based Healthcare Intensive Learning Academy.
- Research, Enterprise, & Innovation: Supporting the foundational economy, research excellence, underpinning and enabling our innovative approach to NHS service transformation projects, collaborating with industry, and maximising income from grant and commercial income opportunities. This year will develop the ARCH Innovation and Research Strategy, including Regional Pathology Laboratory; maximising impact on health outcomes from Swansea City Deal 'Innovation Park' capital projects in Pentre Awel, Singleton, & Morriston; developing our Joint Clinical Research Facilities; regional impact innovation activities such as Health Hack and Social Care Hack, ARCH Innovation Forum, AI projects and appointing an ARCH/AgorIP/HTC Technology Transfer Manager to stimulate, develop and commercialise regional innovation.

Programmes of work planned for 2023/24 will be prioritised based on short, medium and long term deliverability aligned to workforce, capital and the wider availability of regional resources:

- Stroke, including; Pre-acute stroke services (process and conveyance); Hyperacute and acute stroke services; Post-acute stroke services (early supported discharge, rehabilitation, life after stroke)
- Oral Maxillofacial Surgery including identifying short to medium term regional solutions to waiting list position
- Regional Pathology Centre of Excellence including Cellular Pathology, Microbiology, Genomics, Laboratory Medicine, Digital
- South West Wales Cancer Centre, including SWWCC Strategic Programme Case (SPC); strategic vision for regional non-surgical oncology services (2023/34)
- Orthopaedics including defining the scope of the work
- Diagnostic Hubs, with the work programme being defined to include Endoscopy, Radiology, Pathology, Orthopaedics, and Neurology
- Dermatology, including teledermatology; longer-term business plan, primary care non-urgent suspected cancers
- Eye-care, including glaucoma; establishing Ophthalmic Diagnostic and Treatment Centre; Longer-term business plan for Regional Eye Care.
- Cardiology including improving the provision Cardiac Computed Tomography (CT) training; Echo/Cardiac Physiology extending working hours and building a resilient workforce; Cardiac Pacing Repatriation of Hywel Dda patients; Cardiac Magnetic Resonance imaging (MR) service developments and improving the provision
- Neurosciences including an epilepsy business plan; neurophysiology; and neuromuscular disorders

Regional – Working With The Mid Wales Joint Committee



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For 2023/24, the priority areas for joint working across Mid Wales will continue to focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.

Priority	Detail
Urology	<ul style="list-style-type: none"> Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.
Ophthalmology	<ul style="list-style-type: none"> Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Hywel Dda, Powys Teaching Health Board and Shrewsbury and Telford NHS Trust. Recruitment to the Mid Wales Ophthalmology leadership role to lead on the MDT approach to Ophthalmology services across Mid Wales.
Cancer	<ul style="list-style-type: none"> Establish the new Chemotherapy Day Unit at Bronglais General Hospital. Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments. Review palliative care pathways to identify opportunities for simplifying models through a shared cross organisational workforce approach.
Dental	<ul style="list-style-type: none"> Explore the feasibility of an integrated service for joint General Anaesthetic list at Bronglais General Hospital using existing facilities not fully utilised. Identify what improvements could be made to general NHS Dental services provision across Mid Wales. Explore local training and placement opportunities for dental roles including dentists, dental nurses and dental technicians.
Clinical Strategy for Hospital Based Care and Treatment and regional solutions	<p>Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions with key deliverables for 2023/24 as follows:</p> <ul style="list-style-type: none"> Develop additional capacity for General Surgery provision at Bronglais General. Develop and agree a service model for the colorectal surgical pathway for Bronglais General Hospital with outreach services across Mid Wales.
Cross Border Workforce arrangements	<p>Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales including:</p> <ul style="list-style-type: none"> Development of new and enhanced roles. Recruitment Retention including peer support and development of portfolios Joint training including apprenticeship and leadership development programmes

The following areas of work will be included in the workplans of the Joint Committee's sub-groups:

Mid Wales Social Care Group

- Extra Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- Community Care:** Scope out existing provision and plans in place across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.
- Residential Children's Accommodation:** Scope out existing provision and plans in place across Mid Wales to ascertain what capacity is available in each county and opportunities for joint commissioning.

Mid Wales Clinical Advisory Group

- Innovative ways of working in primary care:** Explore opportunities for joint working across primary care including shared learning and good practice for the development of innovative ways of working.

Rural Health and Care Wales Stakeholder Group

- Whilst the work of Rural Health and Care Wales will focus on supporting the Mid Wales Joint Committee's priorities they will also be looking at more wide ranging areas of work including the wider social model of health agenda.

Improving Together Framework

Our **Improving Together Framework** sets out the University Health Board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change. Its successful implementation will help us to focus on what is important to the Health Board and enable us to provide efficient and effective services.

The Improving Together Framework outlines performance improvement arrangements at each level in the organisation, and as such aims to provide a way for teams to come together to undertake the following:

- **Set Team Vision:** Identify their team's vision and goals and consider how they align to the Health Boards Strategic Objectives.
- **Set Improvement Measures:** Set key improvement measures aligned to their vision and utilise data and information to identify opportunities for improvement.
- **Improvement meeting or huddle:** Provide an opportunity for teams to come together and have regular improvement and problem solving discussions, utilising a coaching style approach to probe the data, develop solutions and embed continuous improvement.
- **Problem solving:** Teams are empowered and have the autonomy to test new improvement ideas and monitor the impact.
- **Adopt and share:** Learn and share ideas and initiatives.

At the most strategic level, the **Board Assurance Framework (BAF)** and **Integrated Performance Assurance Report** provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the Ministerial and local ambitions. We have worked hard on developing a small set of outcomes aligned to our 6 strategic objectives which are reported through the BAF. They help us to understand whether we are driving towards our Strategic Objectives and goals as an organisation.

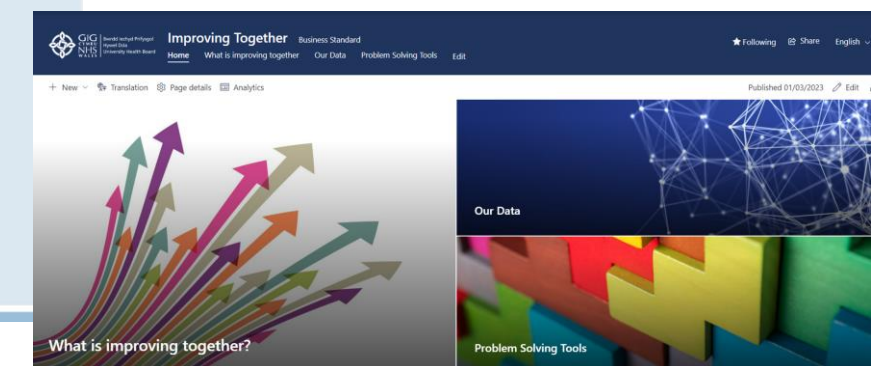
At the directorate level, we have recently established **Directorate Improving Together Sessions**. These have been set up to provide dedicated time for teams to meet with their Executive Directors to:

- Outline the priorities / goals for the year
- Outline current challenges and support required
- Flag highlights or lowlights from the "Our Performance", "Our Safety" dashboards and audit and inspection summary reports. These dashboards provide quality, workforce, performance, finance, risk data all in one place. We are working on incorporating and signposting to activity data to help support operational planning.

The ambition is that the Directorate Improving Together Sessions will ensure that we are aligning support to key priorities within the University Health Board, with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. The Improving Together approach was agreed with the Executive Team in December 2022. It has recently been approved by Committee in February 2023, and will now be progressed to Board for final sign off in March 2023.



The Improving Together SharePoint site provides easy access to the framework, dashboards and improvement tools.



Our Performance and Our Safety dashboards allow staff to have easy access to the business intelligence data they need from a number of services to drive decision making and empower people to make improvements.



Governance, risk and assurance of the plan



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Board Assurance Framework (BAF)

The BAF enables the Board to 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, and where there is little confidence in the assurances provided. Delivery of planning objectives will also be regularly reviewed by Committees throughout the year. Committees may also identify and advise of weaknesses in the assurances that have been provided to them. Steps are now being taken to develop the BAF in order that its focus moves away from a 'process tool' and towards informing Board agendas and providing information on outcomes.

The BAF Dashboard Report, which is reported to Board on a triannual basis, provides a visual representation of the Health Board's progress against each of its strategic objectives 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.

Key actions for 2023/24 are detailed within our Risk Management Strategy and include the following:

- Define the Organisation's Risk Appetite and Tolerance Statement
- Support operational and corporate functions to strengthen their risk management arrangements
- Strengthen the assurance that the Board receives on risk management activities
- Implementation of a new All Wales Risk Management System

Risk

The University Health Board recognises that there are risks associated with the delivery of the plan it has set out for 2023/24. The most significant risks and mitigations in respect of its ongoing COVID response and recovery plans, have been outlined throughout the plan, and the University Health Board will, through its governance structures, monitor delivery of the plan and that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed in the full knowledge of these risks, and the University Health Board is also cognisant that there are some key uncertainties that are out of its control, such as the impact that a new variant may have on its COVID response and recovery plans.

Corporate and Clinical Directorates and Services are responsible for ensuring risks to achieving their objectives, delivering a safe and effective service and compliance with legislation and standards, are identified, assessed and managed to an acceptable level, i.e. within the Board's agreed risk tolerance. These are reported through the Committee Structure to provide assurance that risks are being managed effectively and efficiently.

Assurance of our Plan

Our Committee structure is aligned to our Strategic Objectives:

- People, Culture and Organisational Development Committee – receives assurance on delivery of the planning objectives under strategic objectives 1, 2 and 3.
- Strategic Development and Operational Delivery Committee – receives assurance on the delivery of strategic objectives 4 and 5. This Committee also holds the overarching responsibility for the development of our plan and assurance in its delivery
- Sustainable Resources Committee – receives assurance on all planning objectives under strategic objective 6, with a focus on financial performance and planning.

All planning objectives are aligned to a Committee of the Board, and regular update reports are provided at every other Committee meeting.

Hywel Dda University Health Board	
Advisory Groups	<ul style="list-style-type: none"> • Healthcare Professionals Forum • Staff Partnership Forum • Stakeholder Reference Group
Joint Committees	<ul style="list-style-type: none"> • Welsh Health Specialised Services Committee • NHS Wales Shared Services Partnership • Emergency Ambulance Service Committee
Groups with wider representation than the University Health Board	<ul style="list-style-type: none"> • Public Service Boards • Regional Partnership Board
Statutory Committees of the Board	<ul style="list-style-type: none"> • Audit and Risk Assurance • Charitable Funds • Mental Health Legislation • Quality, Safety and Experience • Remuneration and Terms of Service • Sustainable Resources
Committees established by the Board	<ul style="list-style-type: none"> • Health and Safety • People, Organisational Development and Culture • Strategic Developments and Operational Delivery

Risks to operational and financial delivery in the plan



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The University Health Board recognises that there are risks associated with the delivery of the Plan it has set out for 2023/24. The most significant risks and mitigations, in respect of its ongoing recovery plans, have been outlined throughout the plan and the University Health Board will, through its governance structures, monitor delivery of the plan and ensure that appropriate actions are taken to ensure that risks are appropriately managed. The plan has been developed in the full knowledge of these risks, and the University Health Board is also cognisant that there are some key factors that are outside of its control, such as the impact that a new variant may have on its COVID response and recovery plans.

Whilst, there are many risks to each Directorate plan set out within this document, there are a few pertinent areas that pose a clear and obvious risk to both the operational and financial delivery of this Annual Plan. The risks set out below are not an exhaustive list, but provides a helpful illustration of some key risks:

- **Energy and Inflation** – current volatility around both inflation and energy pose a significant risk to the financial plan in 2023/24
- **Savings** - the current plan assumes £19.5m of savings delivery, consequently, if £19.5m of savings is not delivered, this will impact on the forecast outturn
- **COVID and other Infectious diseases** – any changes relating to the prevalence of COVID and/or other infectious disease will have an adverse impact on our ability to recover (as illustrated by the impact of influenza in December 2022)
- **Operational Demand** - each of the areas set out in the annual plan have assumed a level of demand, should there be any material changes to said demand, this is likely to have a number of consequences across individual and/or collective plans
- **Recovery Monies** - in order to achieve a number of the Planned Care Recovery deliverables, the Health Board is planning on the basis of receiving a level of funding commensurate with the representations set out within the Planned Care and Diagnostic sections of the plan
- **Capacity and Services** - each area of the plan is underpinned with service capacity assumptions, any changes affecting the capacity could have a positive or negative effect on the ability to manage the total demand within the system throughout 2023/24
- **Adult Social Care and Residential and Nursing Homes** - there are significant market sustainability issues across each of the 3 Counties relating to residential and nursing homes. Equally, the reduction in the provision of Adult Social Care (ASC) has had a significant impact on the number of Delayed Transfers of Care (DTOCs) in 2022/23. Therefore, any further reduction in the provision of ASC and/or home closures/embargos will almost certainly have a significant and detriment impact on the ability of the Health Board to discharge patients leading to an increase in DTOCs and reduced system flow and capacity
- **Workforce** - all operational planning assumptions are in consonance with the anticipated workforce assumptions. Therefore, any material movements to these assumptions could have a positive or negative impact on the deliverability of the annual plan
- **Industrial Action** - any on-going industrial action will have a significant impact on the patient waiting list and should the industrial action be more wide spreading i.e. Into emergency medicine, this is likely to cause significant disruption and have a detrimental impact on our performance and finance
- **External Provider Risks** - a significant proportion of acute services are externally provided (to the Health Board) for Hywel Dda residents. The challenges set out within this slide (and wider plan) are unilateral across both NHS Wales and the wider NHS services throughout the UK. Therefore, a significant proportion of the risks set out herein, could have a detrimental impact on commissioned services should they come to fruition. However, the commissioning team will continue to work diligently with all providers to manage any potential disruption in as far as is reasonably possible.

After three years of responding to the most significant pandemic in a century, the NHS continues to demonstrate remarkable resilience and adaptability. Our staff have been at the forefront of this, acting with professionalism and compassion in the face of emotionally distressing situations and genuine risks to themselves. We have confronted each situation collectively, with each phase of the pandemic bringing new challenges and unprecedented events. The pandemic is not over, but the success of our vaccination programme offers hope and the experience has shown us what we can achieve together. This plan recognises that the strength of the Health Board lies in its people, both those who work in the health and care system and the communities we serve. It acknowledges the impact the pandemic has had on individuals, teams, families and society. As a consequence our priorities and actions put our people at the heart, recognising that the route out of the pandemic and towards our strategic vision will come from our people, in the same way it has through COVID.

Our strategy is ambitious and far-reaching, seeking to set Mid and West Wales up with a health and care system that will serve the population for decades into the future. It offers a truly once in a lifetime opportunity to reset the system and establish a sustainable, high-quality model for our future generations. In this regard we see our potential contribution to Mid and West Wales in the broadest sense, not only in direct health care provision, as important as that is, but also the impact we can have as the largest employer and a significant contributor to the economy. We can, for example, play a major role in supporting our population to develop rewarding careers, support our local businesses and the regenerations of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

As a result, this plan reflects the breadth of that ambition. Over the course of the next year, as well as the subsequent years, we intend to take significant strides towards this vision, whilst at the same time continuing to respond to our recovery out of COVID. Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our strategic goals), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2023/24 and the strategic outcome measures) and robust oversight and risk management (the Board Assurance Framework and our Committee Structure). The key elements are therefore now in place and our focus moves to delivery of the new models.

As noted in the introduction, we have judged that at this stage we are not yet in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, in the main because more progress is required on our financial plan before it can be approved. Nonetheless this plan sets out what we intend to achieve over the next three years, working with partners and responding to policy drivers, such as the new NHS Wales Executive; National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with the Ministerial Priorities and outcomes.

During 2023/24, we will:

- continue to be prepared for COVID and any subsequent variants and surges in infections, such that we can be flexible in meeting any changes to demand in our system.
- focus on the recovery of our planned care activity and support patients whilst they wait – this will include increased capacity, such as increasing the theatre sessions in the new Day Surgery Unit in Prince Philip Hospital, but also through increased efficiencies in our system, and our work on a regional level
- support our workforce and further develop our route map to workforce sustainability, including our overseas recruitment campaign and workforce stabilisation plan
- continue the redesign of our urgent and emergency care system, aligned to the six national policy goals
- further strengthen our relationships with our neighbouring Health Boards through regional initiatives such as A Regional Collaboration for Health (ARCH) and the Mid Wales Joint Committee for Health and Care
- deliver savings resulting from our opportunities framework and work with Welsh Government on our route map to financial sustainability
- continue work on our strategy 'A Healthier Mid and West Wales', with an emphasis in the coming year on our Strategic Outline Case and then Outline Business Cases
- build upon the work of our seven clusters with a particular emphasis on our Accelerated Cluster Design, and through our Integrated Locality Planning
- accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres
- continue to learn from our Planning Objectives and develop our approach to planning

We do not underestimate the challenges we face as an organisation as we go into 2023/24, but we are prepared for them and see the next period as an opportunity to reset the system to put us on course for making our strategic vision a reality.



Annex: Ministerial Priority Templates

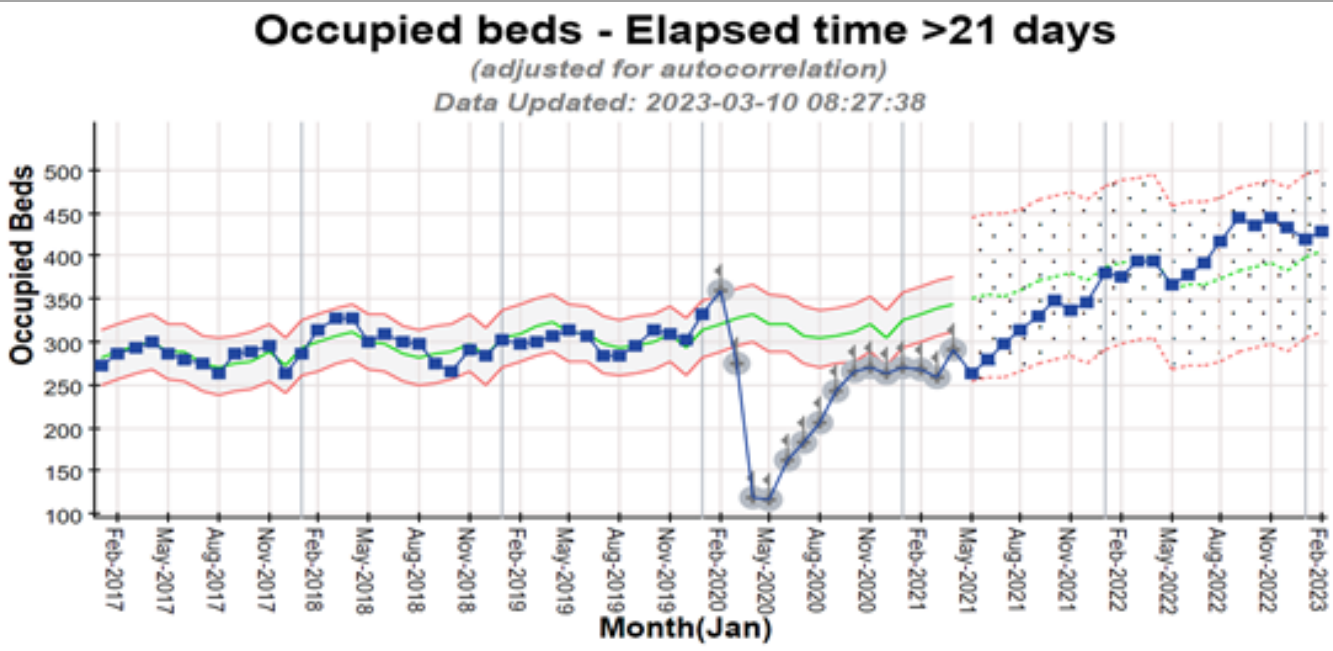
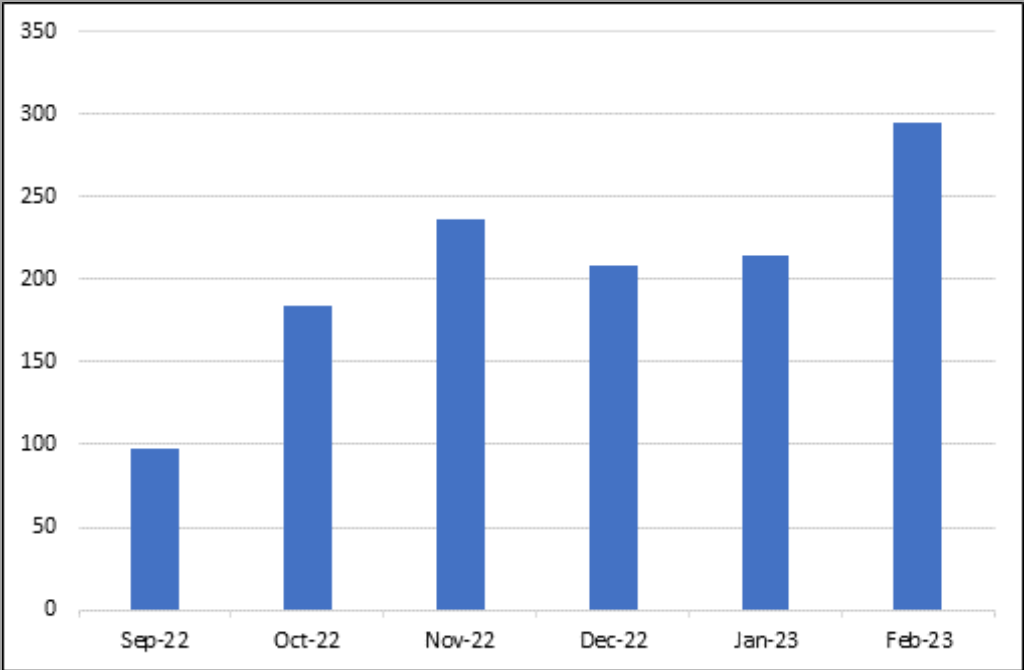
Delayed Transfers (Pathways) of Care

Key focus should be on delivering	Delayed transfers of care 'Regular monthly reporting of 'Pathways of Care' (DTC) to be introduced for 2023/24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination'	
Baseline	See detailed graphs on next slide	
Quarter 1:		
Milestones	Completion Roll Out SAFER on Identified Ward Areas (Phase one) Regional High Level Action Plan developed and ratified in Integrated Executive Group and Exception Reporting process agreed and implemented monthly	
Actions	<ul style="list-style-type: none"> Board Round Check list to be signed off by senior ops leads to standardise board rounds. (Guidance documentation) Board Round Audit Review to be undertaken by QI Team. Whiteboard template developed to reflect Frontier system to standardise whiteboards 	<ul style="list-style-type: none"> Implementation of SAFER to key identified areas. Digital rollout of Frontier system for targeted areas aligned with implementation of SAFER.
Quarter 2:		
Milestones	Completion Roll Out SAFER in Community Hospitals	
Actions	<ul style="list-style-type: none"> Board Round Audit Review to be undertaken by QI Team. Whiteboard template developed to reflect Frontier system to standardise whiteboards 	<ul style="list-style-type: none"> Implementation of SAFER to key identified areas. Digital rollout of Frontier system for targeted areas aligned with implementation of SAFER.
Quarter 3:		
Milestones	Completion of Evaluation of Phase One and Identify Next Steps	
Actions	TBC in line with Evaluation	
Quarter4:		
Milestones	Completion of Evaluation of Phase Two and Identify Next Steps	
Actions	TBC in line with Evaluation	
Risks	Ongoing fragility of social care and long term care – including domiciliary and residential / nursing homes To further reduce bed days > 21 days through:	
Outcomes	<ul style="list-style-type: none"> Reduction in delays associated with in hospital processes Reduction in deconditioning and consequential need for social care and nursing care 	
Alignment with workforce plans	Workforce and financial alignment are underpinned within the planning assumptions throughout the plan. The financial benefit is predicted on the respective schemes, such as Building Community Capacity supporting the reduction and management of patients through the conversion and complexities bed benefits (aligned to local system submissions).	
Alignment with Financial plans	The Transforming Urgent and Emergency Care bed efficiency (page 18) sets out the financial reduction aligned to the actions within each quarter (above). The net financial reduction assumes the delivery of these action plans based on market conditions as of the 1 st December 2022.	
Digital / Technology Opportunities	Investment has been made in development and implementation of a digital platform (Frontier) to support optimal flow based on SAFER / Red to Green methodology.	Frontier will align to our bed management module to enhance flow decision making.



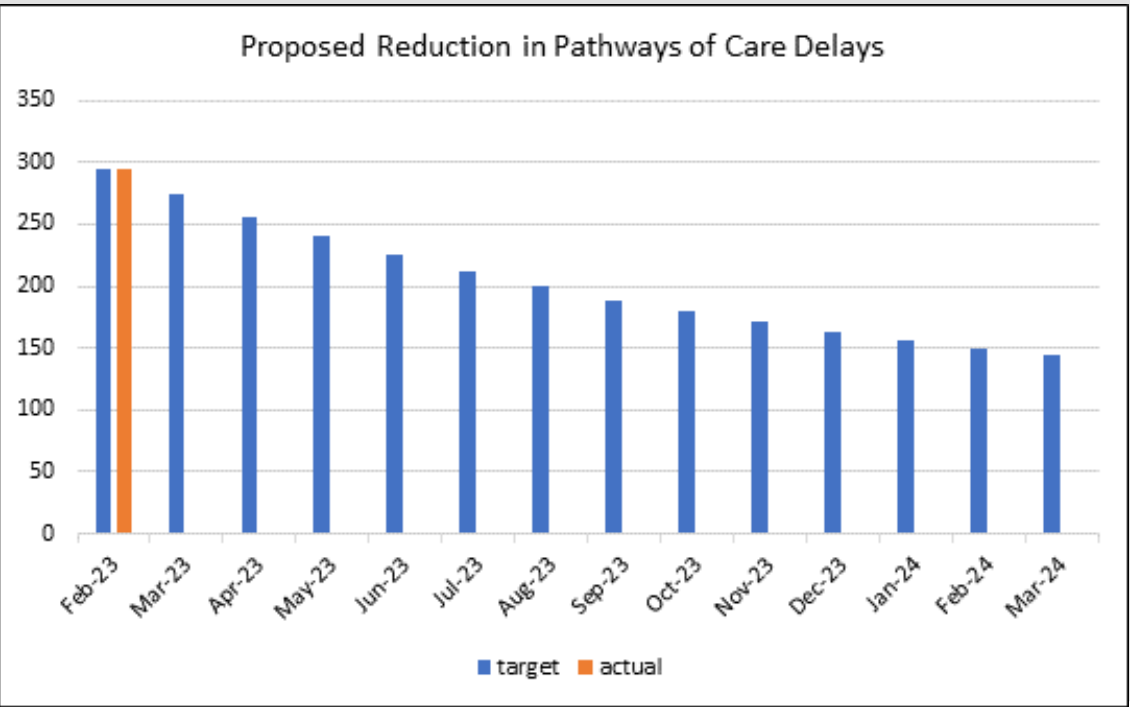
Delayed Transfers (Pathways) of Care

Number of Delays By Month



Based on the assumption that within the system there will always be a proportion of the pathway delays that are due to the complex needs of individuals being unable to be met by current capacity we would look to reduce the number of new pathway delays per month as per the graph to the right

Please note; currently the delayed pathways of care are being shadow reported by all Health Boards following a pilot in Autumn 2021 the delays are not being formally reported by Welsh Government. We are currently awaiting ministerial advice on the reporting moving forward.



Site / System	Bed Day > 21 Reduction Improvement	Bed Benefit	Assumed Proportion Reduction in DPOC re Social Care / CHC
Glangwili / Carmarthenshire	4.4%	20 (Complexity) 7 (Conversion)	12.5%
Prince Philip / Carmarthenshire	4%	7 (Complexity) 10 (Conversion)	12.5%
Bronglais / Ceredigion	3.8%	13 (in total across System)	12.5%
Withybush / Pembrokeshire	3.9%	23 (in total across system)	12.5%

Access to Primary Care: GP and Community Services



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Key focus should be on delivering	Improved Access to GP Services	
Baseline	Practices are required to have one site (if they have a split site or a branch surgery) open from 8.30am to 6pm, with telephone access from 8am to 6.30pm. With the introduction of the unified contract from 1 April 2023 there is a move of Phase 1 Access standards (previously in QAIF) into the core contract. Phase 2 Access Standards remain in QAIF and are optional.	
Quarter 1:		
Milestones	<ul style="list-style-type: none"> - All practices are available on the telephone from 8am – 6.30pm - All practices have doors open on their designated site from 8.30am to 6pm 	<ul style="list-style-type: none"> - All practices are submitting data for Phase 1 as part of the move to the unified contract - QAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none"> - Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access Forum - Failure to comply will result in identifying a contract breach and remedy 	
Quarter 2:		
Milestones	<ul style="list-style-type: none"> - All practices are available on the telephone from 8am – 6.30pm - All practices have doors open on their designated site from 8.30am to 6pm 	<ul style="list-style-type: none"> - All practices are submitting data for Phase 1 as part of the move to the unified contract - QAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none"> - Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access Forum - Failure to comply will result in identifying a contract breach and remedy 	
Quarter 3:		
-Milestones	<ul style="list-style-type: none"> - All practices are available on the telephone from 8am – 6.30pm - All practices have doors open on their designated site from 8.30am to 6pm 	<ul style="list-style-type: none"> - All practices are submitting data for Phase 1 as part of the move to the unified contract - QAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none"> - Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access Forum - Failure to comply will result in identifying a contract breach and remedy 	
Quarter4:		
Milestones	<ul style="list-style-type: none"> - All practices are available on the telephone from 8am – 6.30pm - All practices have doors open on their designated site from 8.30am to 6pm 	<ul style="list-style-type: none"> - All practices are submitting data for Phase 1 as part of the move to the unified contract - QAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none"> - Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access Forum - Failure to comply will result in identifying a contract breach and remedy 	
Risks	Current GMS Regulations do not have clauses around access to services, therefore any remedial notice needs to be issued under a failure to deliver essential services which could be open to challenge	
Outcomes	Access monitored through contractual mechanism	
Alignment with workforce plans	N/A	
Alignment with Financial plans	QAIF funded through GMS allocation	
Digital / Technology Opportunities	<ul style="list-style-type: none"> - Work in train to develop patient facing videos (Pocket Medic) on how to access primary care services to improve patient understanding of service provision and availability, which will hopefully improve service accessibility - Use of technology to enable patients to take BP, height, weight and self-report into the clinical system - Implementation of Electronic Prescribing Service (EPS) should reduce footfall and in Practices 	

Access to Primary Care: Community Pharmacy Services



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University Health Board

Key focus should be on delivering	Improved Access to Community Pharmacy Services	
Baseline	97 Community Pharmacies across Hywel Dda; all have signed up to deliver the Clinical Community Pharmacy Service (CCPS) A New Prescription has seen new investment into Community Pharmacy to support a shift from “items dispensed” to wider service provision.	
Quarter 1:		
Milestones	-Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG) -Confirm number of new IP training places with HEIW	
Actions	-Ensure contractual compliance with opening times -Ensure appropriate accreditation compliance	-Ensure contractual compliance with provision of CCPS and review activity data -Review and development of enhanced services through the Enhanced Services group -Review of the number of IP Pharmacists and associated service provision
Quarter 2:		
Milestones	-Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG) -Annual contract visiting process to be developed and implemented	
Actions	-Ensure contractual compliance with opening times -Ensure appropriate accreditation compliance -Ensure contractual compliance with provision of CCPS and review activity data	-Review and development of enhanced services through the Enhanced Services group -Review of the Pharmaceutical Needs Assessment
Quarter 3:		
Milestones	-Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)	
Actions	-Ensure contractual compliance with opening times -Ensure appropriate accreditation compliance -Ensure contractual compliance with provision of CCPS and review activity data	-Review and development of enhanced services through the Enhanced Services group -Review provision of the flu programme
Quarter4:		
Milestones	-Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)	
Actions	-Ensure contractual compliance with opening times -Ensure contractual compliance with provision of CCPS and review activity data -Review and development of enhanced services through the Enhanced Services group	-Review of the Pharmaceutical Needs Assessment -Review provision of the flu programme
Risks	-Risk to provision of enhanced services due to locum cover -Risk to reduction in opening times outside of core requirements (mainly evenings and weekends) due to staffing pressures -Premises not modernised for delivery of wider service provision	-Mentorship for IP training not available to enable completion of IP course -Continued risk of short term pharmacy closures due to staffing deficits
Outcomes	Wider range of services provided through Community Pharmacies	
Alignment with workforce plans	Linked to the Primary and Community Services Academy	
Alignment with Financial plans	Aligned to allocation for contract	
Digital / Technology Opportunities	-Work in train to develop patient facing videos (Pocket Medic) on how to access primary care services to improve patient understanding of service provision and availability, which will hopefully improve service accessibility -Use of technology to enable patients to take BP, height, weight and self-report into the clinical system	

Access to Primary Care: Dental Services



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Key focus should be on delivering	Improved Access to Dental Services	
Baseline	2022/23 and 2023/24 are testbed years for the nationally proposed programme of NHS dental contract reform. Hywel Dda has 29 Dental Practices in contract reform and 7 remained on a UDA contract. Current Regulations remain extant.	
Quarter 1:		
Milestones	<ul style="list-style-type: none"> - Maintaining current level of NHS dental service provision - Set volume metrics in accordance with UDA and Contract reform baselines. 	
Actions	<ul style="list-style-type: none"> - Ongoing work with the LDC and contractors on the current contract guidance for contract reform - Ongoing discussion with Welsh Government over the contract management metrics and availability of data 	<ul style="list-style-type: none"> - Commissioning of new dental contracts to replace contract resignations - Monitor achievement against the baseline using BSA data when available
Quarter 2:		
Milestones	<ul style="list-style-type: none"> - Maintaining current level of NHS dental service provision 	
Actions	<ul style="list-style-type: none"> - Ongoing work with the LDC and contractors on the current contract guidance for contract reform - Mid year reviews undertaken - Ongoing discussion with Welsh Government over the contract management metrics and availability of data 	<ul style="list-style-type: none"> - Discuss support/remedial actions through an agreed improvement plan - Complete Carmarthenshire procurement process and award contract
Quarter 3:		
Milestones	<ul style="list-style-type: none"> - Maintaining current level of NHS dental service provision 	
Actions	<ul style="list-style-type: none"> - Ongoing work with the LDC and contractors on the current contract guidance for contract reform 	<ul style="list-style-type: none"> - Ongoing discussion with Welsh Government over the contract management metrics and availability of data
Quarter4:		
Milestones	<ul style="list-style-type: none"> - Maintaining current level of NHS dental service provision 	
Actions	<ul style="list-style-type: none"> - End of Year position estimated - Ongoing work with the LDC and contractors on the current contract guidance for contract reform 	<ul style="list-style-type: none"> - Ongoing discussion with Welsh Government over the contract management metrics and availability of data - Temporary transfer of mobile dental services to the Carmarthen hub
Risks	<ul style="list-style-type: none"> - Increase in the number of contract terminations thus reducing the provision of NHS dental services - Reduction in the number of patients able to access urgent dental care 	<ul style="list-style-type: none"> - Inadequate guidance to support contract monitoring on a consistent level across Wales
Outcomes	<ul style="list-style-type: none"> - Potential reduction in the level of NHS dental service provision 	
Alignment with workforce plans	<ul style="list-style-type: none"> - WNWRS due to be rolled out into dental practices from April 2023, however workforce issues across the dental professional groups has previously been cited as being a factor in a reduced ability to deliver NHS dental services 	
Alignment with Financial plans	<ul style="list-style-type: none"> - Dental contracts commissioned within ring fenced allocation 	
Digital / Technology Opportunities		

Access to Primary Care: Optometry



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Key focus should be on delivering	Improved Access to Optometry Services	
Baseline	Optometry contract changes were negotiated in 2022 and will be subject to implementation throughout 2023. There will be a focussed shift on moving services from secondary care Ophthalmology services to Primary Care Optometry services however the detail of this is currently unknown.	
Quarter 1:		
Milestones	- Supporting national contract implementation	
Actions	- Contract implementation as and when agreements are reached and issued to Health Boards	- Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocols
Quarter 2:		
Milestones	- Supporting national contract implementation	
Actions	- Contract implementation as and when agreements are reached and issued to Health Boards	- Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocols
Quarter 3:		
Milestones	- Supporting national contract implementation	
Actions	- Contract implementation as and when agreements are reached and issued to Health Boards	- Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocols
Quarter4:		
Milestones	- Supporting national contract implementation	
Actions	- Contract implementation as and when agreements are reached and issued to Health Boards	- Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocols
Risks	- Delay in contract implementation at a national level will impact on the ability to commission services	- No national restriction on who can provide services which could have a financial impact
Outcomes	Unable to quantify without specifics of the clinical services to be commissioned from contract negotiations	
Alignment with workforce plans	- WNWRS is due to be implemented into Optometric Practices from April 2023	
Alignment with Financial plans	- Allocation for the new contract has been based on historical activity however there are limitations on this calculation and there may need to be further consideration to capping or limiting some service provision if there is a forecast overspend	
Digital / Technology Opportunities		

Improved Access to Community Services



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Key focus should be on delivering	20% capacity growth in social prescribing activity to support a growth in community resilience	
Baseline	Current baseline of 206 per month – 20% growth by March 2024 = 250 per month or 2835 episodes in 23/24	
Quarter 1:		
Milestones	660 episodes in quarter	
Actions	— GP clusters agree scale and scope for Elemental CRM – Co-ordinate GP cluster comms, starting in Pembrokeshire	— New SP to be using Elemental CRM - Ensure all new SP can access and are fully trained on system
Quarter 2:		
Milestones	705 episodes in quarter	
Actions	— GP cluster implement Elemental CRM in practices — ID GP liaisons per Practice	— F2F set up per practice — Training and comms completed for GP and AHP per practice
Quarter 3:		
Milestones	720 episodes in quarter	
Actions	— Community referrers and partner agencies are aware and linked (as per requirement) to Elemental CRM	— Scope referral reasons from data and ensure they are reflected in the partner bodies who refer in to and out of the SP service
Quarter4:		
Milestones	750 episodes in quarter	
Actions	Reflect on highlighted need and gaps within communities to deliver social model for health & wellbeing.	
Risks	Failure of Elemental CRM implementation – no through system reporting for Health Board SP investment, including PC link. Local teams not reporting.	
Outcomes	<ul style="list-style-type: none"> • An additional 20% social prescribing contacts by end of year – consistent growth in activity. • To deliver the shift of focus and resource from reactive treatment and care to preventative and proactive care through “growing the green (& blue)”. • To reduce inequalities in health outcomes through a focus on place-based service models adaptive to population need and the configuration of local assets but based on regional principles and standards. • To wrap our services around our population to deliver seamless integrated care so that people only need to go to hospital when absolutely necessary and for as short a time as clinically required 	
Alignment with workforce plans	Workforce employed by partner agencies / partnership agreements / SLAs in place	
Alignment with Financial plans	RIF mainstreaming to be considered – potential threat to future delivery	
Digital / Technology Opportunities	Elemental CRM and Health Pathways interface – enabling better use of SP and community non/health services	

Improved Access to Community Services



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Key focus should be on delivering	5% capacity growth in proactive community care contacts to support the growing acuity and fragility of people in the community through community nursing teams.	
Baseline	Average community nursing activities : 70,620 per month (source Civica) 751,756 recorded activity Jan-Dec 2022	
Quarter 1:		
-Milestones	214,506 episodes in Q1	
-Actions	<ul style="list-style-type: none"> •Finalise and implement Civica reporting dashboard – Gareth Beynon •Review of Community nursing skill mix and workforce needs to meet demand – 5% growth is unlikely to fully meet assessed demand – HoN 	•Transfer planned ART activity to community nursing teams (Pembs)
Quarter 2:		
-Milestones	217,152 episodes in Q2	
-Actions	•Sickness and absence reviews & support	•Recruitment to fill vacancies or review skill mix – HoN & Professional nursing leads
Quarter 3:		
-Milestones	219,798 in Q3	
-Actions	• Pending outcome of HEIW and SPPC activities	
Quarter4:		
-Milestones	222,444 episodes in Q4	
-Actions	• Pending outcome of HEIW and SPPC activities	
Risks	Recruitment, retention & sickness absence.	
Outcomes	873,900 episodes in 23/24 (118,626 increase in recorded activity compared to calendar year 2022)	
Alignment with workforce plans	No additional workforce needed for 5% growth. All Wales 7 days working in community model due for implementation October 2023	
Alignment with Financial plans	No additional staff pay costs needed for 5% growth – potential for increase in travel costs. 7 day workforce model, if no additional headcount required there will be additional enhanced rate impact & cost pressure.	
Digital / Technology Opportunities	Civica refinement of data entry and reporting may change the basis for counting activity – All Wales Programme. No community PAS limiting factor	

Improved Access to Community Services



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Key focus should be on delivering	Increase in intermediate care “community beds” to support care for people in our “virtual ward” by 103	
Baseline	Carmarthenshire : BCCC = 4 against target 52 – pending info on baseline capacity Ceredigion : BCCC = 0 against target 21 – total interim care beds commissioned = 25 Pembrokeshire : BCCC = 9 against target 38 – total community capacity ART & CaHT = 57 (10 aligned to BCCC) BCCC baseline of 13 and target 111	
Quarter 1:		
Milestones	22 additional community beds created through employment of homebased care support workers (from baseline)	
Actions	Carmarthenshire – additional recruitment to support 12 additional patients at home Ceredigion – additional recruitment to support 5 additional patients at home	Pembrokeshire – additional recruitment to support 5 additional patients at home & clear scoping and recruitment of responsible individual & registered manager
Quarter 2:		
Milestones	47 additional community beds created through employment of homebased care support workers (from baseline)	
Actions	Carmarthenshire – additional recruitment to support 14 additional patients at home Ceredigion – additional recruitment to support 5 additional patients at home .	Pembrokeshire – additional recruitment to support 6 additional patients at home & registration as a domiciliary support service & completing process to be on PCC commissioning framework for care
Quarter 3:		
Milestones	72 additional community beds created through employment of homebased care support workers (from baseline)	
Actions	Carmarthenshire – additional recruitment to support 10 additional patients at home Ceredigion – additional recruitment to support 5 additional patients at home	Pembrokeshire – additional recruitment to support 10 additional patients at home & onboarding of joint apprentices into vacant posts to support 5 additional people at home
Quarter4:		
Milestones	98 additional community beds created through employment of homebased care support workers (from baseline)	
Actions	Carmarthenshire – additional recruitment to support 12 additional patients at home Ceredigion – additional recruitment to support 6 additional patients at home	Pembrokeshire – additional recruitment to support 8 additional patients at home
Risks	Recruitment & retention of support worker staff Recruitment of supervisor registered professionals	Registering of domiciliary support service Added to PCC commissioning framework for LTPOC
Outcomes	Increased community capacity to support people at home – avoid admissions / support assessment at home. Pembs – ability to charge for LTPOC delivered	
Alignment with workforce plans	Each County ODG will finalise workforce & recruitment plans by end Feb. 2023. Recruitment of RNs a key risk to supporting the workforce and safeguarding the patients. Risks in recruiting additional for the registered service – propose 8B SDM & Responsible Manager & B7 PM & B4 admin	
Alignment with Financial plans		
Digital / Technology Opportunities	Opportunities to align with wider tec programme.	

Improved Access to Community Services



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Key focus should be on delivering	34% increase in ambulatory community clinics as earwax and continence services are further embedded.	
Baseline	Baseline includes continence, leg ulcers and earwax micro-suction which is currently only in place in Ceredigion. Approx. 27,537 episodes in 22/23 and target of 37,028 episodes in 23/24 following full implementation and streamlining of earwax micro-suction	
Quarter 1:		
Milestones	8,064 community clinic episodes	
Actions	All Community Clinics to be recorded on WPAS & reporting dashboard created	Phase 2 of Earwax Clinics
Quarter 2:		
Milestones	9,050 community clinic episodes	
Actions	Phase 3 of Earwax Clinics	Scoping of further clinic demand
Quarter 3:		
Milestones	9,500 community clinic episodes	
Actions	Earwax clinics fully implemented Assessment of capacity for further activity by clinic staff	Finalise Business Case for Ambulatory Clinic development
Quarter4:		
Milestones	10,414 community clinic episodes Business case consideration for future funding / resource shift	
Actions	Pending subject to business case review	
Risks	Higher than anticipated demand results in long waiting lists. Challenges in recruitment & retention	
Outcomes	Increase in Community based clinics with clear model proposed for future development	
Alignment with workforce plans	To form part of the HEIW led community workforce programme	
Alignment with Financial plans	22-23 FYE Earwax funding agreed £686,420 – Confirmed spending plan 22/23 £354,2228. Additional funding for 23/23 based on current agreement = 332,192 & pay increase. Assumed no unagreed investments in current plan (previous plans indicate 649,127 for further ambulatory care development)	
Digital / Technology Opportunities	All Community Clinics need to be added in a consistent way to WPAS – programme support may be required.	

Urgent and Emergency Care

Key focus should be on delivering	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability		
	Development of a Regional Clinical Streaming Hub;		
	<ul style="list-style-type: none">APP Navigator scale up and roll outIntegration with GPOOHs resourcesRoll out of Community Wellbeing Responders aligned to GPOOH and WAST	<ul style="list-style-type: none">Development of care home support modelDevelopment of Home First approach for West Wales	
	Development of a Care Home Support for Regional Clinical Streaming Hub;		
	<ul style="list-style-type: none">Immedicare Pilot (Carmarthenshire)Consultant Connect model with secondary care support (Pembs)	<ul style="list-style-type: none">Evaluation of pilots and agreement of model for Hywel Dda	
	Development of a Health & Care system for Older People in West Wales to support Regional Clinical Streaming Hub;		
	<ul style="list-style-type: none">Development of Home First approach for West Wales – What good should look like?Scale up of Home First to 7 days	<ul style="list-style-type: none">Modelling & Commissioning of services to meet needs (not health or social care)	
Baseline	The following data is available at health Board, County or Acute Site level and can be viewed as all adults, high risk adults (aged 50-75) and those aged >75 years – see next slide for supporting graphs.		
Quarter 1:			
Milestones			
Actions	<ul style="list-style-type: none">APP Navigator evaluationRoll out of additional Community Wellbeing Responders aligned to GPOOH and WAST (Carmarthenshire)Care Home Support - Immedicare Pilot (Carmarthenshire)	<ul style="list-style-type: none">Development of Regional Clinical Streaming Hub model – agreement of 24/7 model incorporating peer review recommendationsDevelopment of Home First approach for West Wales – What good should look like?	
Quarter 2:			
Milestones			
Actions	<ul style="list-style-type: none">APP Navigator scale up and roll out (Pembrokeshire)Care Home Support – Consultant Connect (Pembrokeshire)	<ul style="list-style-type: none">Development of Regional Clinical Streaming Hub model - Integration of GPOOHs resourcesScale up of Home First services to 7 days (phased approach)	
Quarter 3:			
Milestones			
Actions	<ul style="list-style-type: none">APP Navigator scale up and roll out (Ceredigion)Care Home Support – evaluation & roll out of model across region	<ul style="list-style-type: none">Scale up of Home First services to 7 days (phased approach)	
Quarter4:			
Milestones			
Actions	<ul style="list-style-type: none">Modelling & Commissioning of services to meet needs (not health or social care)		
Risks	<ul style="list-style-type: none">Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of models e.g. sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Streaming Hub.Lack of public and/ or staff buy in to TUEC streaming model approach	<ul style="list-style-type: none">Primary Care capacity to manage the UPC streaming hub demand may be compromised by the need for Primary Care capacity to manage those patients who needs are currently not being met by our emergency services.Ability to manage the urgent primary care needs for non GP registered patients or those with GPs outside of the Health Board area requiring a face to face urgent primary care appointment and avoiding any unnecessary delays or presenting to the emergency department.	
Outcomes	<ul style="list-style-type: none">Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency DepartmentsReduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversion rate of 10%Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals		
Digital / Technology Opportunities	<ul style="list-style-type: none">Consistent approach across the region for sharing of clinical information different parts of the system currently utilise different platforms which means sharing of clinical information is difficult i.e. Consultant Connect, Vision360, AdastraVirtual ward platform is required		

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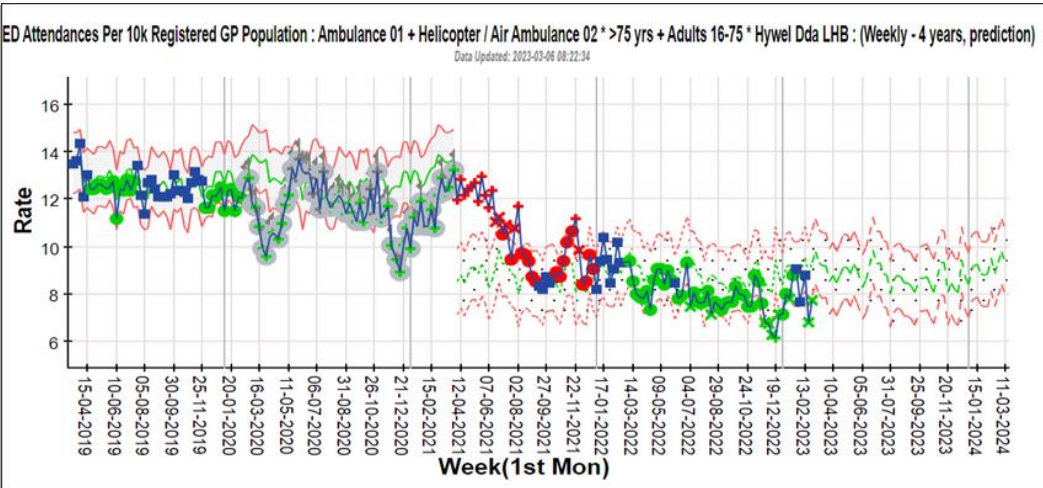
Urgent and Emergency Care



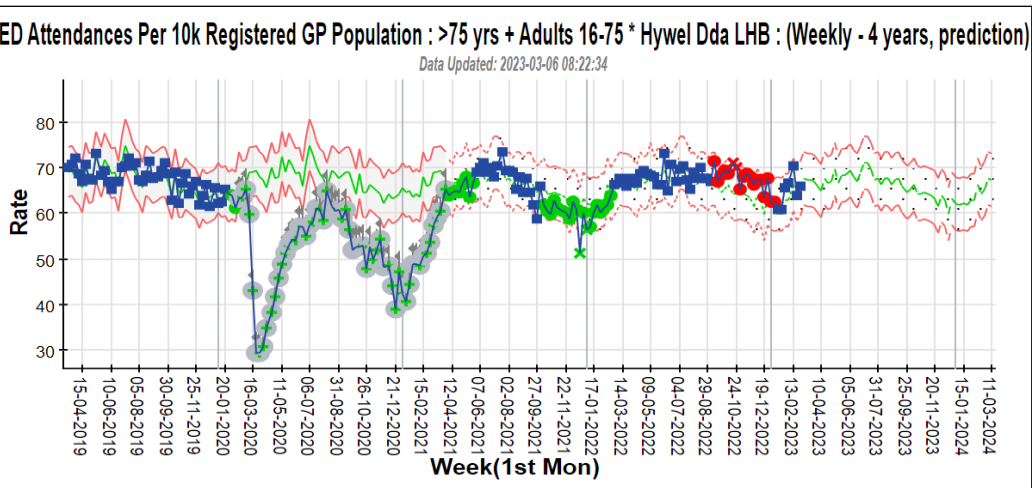
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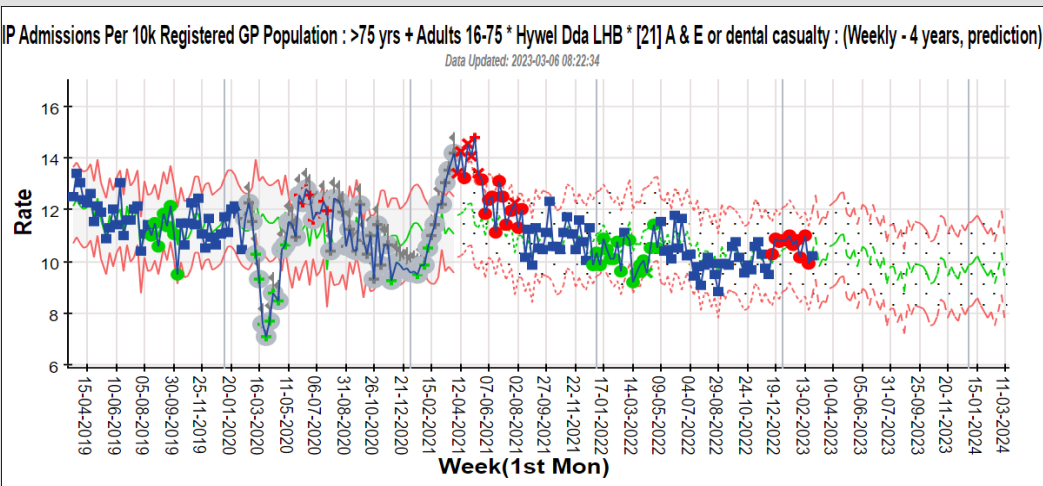
Reduced Conveyance



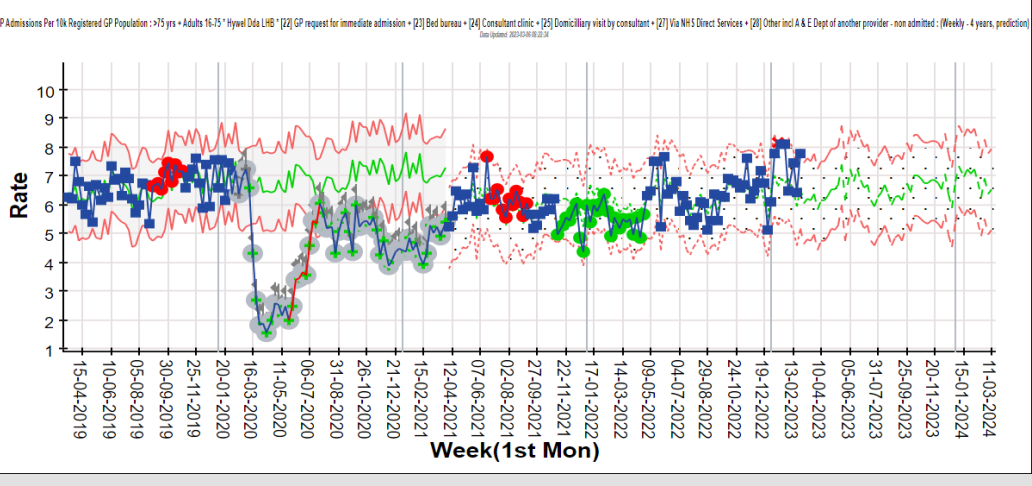
Balancing Measures



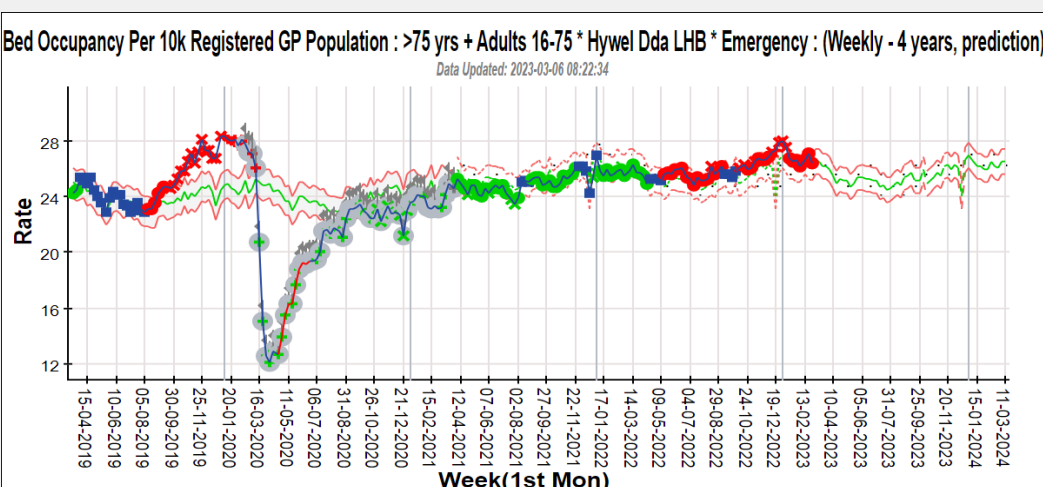
Reduced Conversion



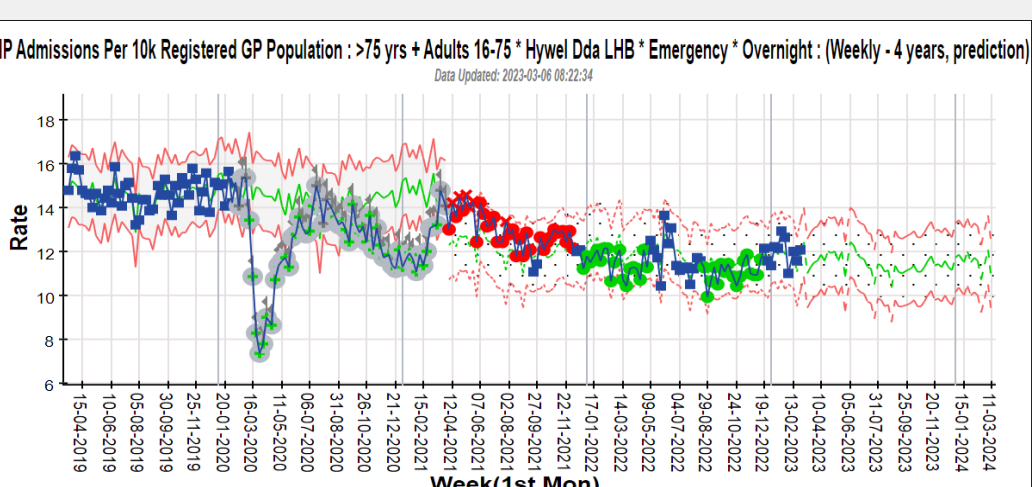
Balancing Measures



Managing Complexity



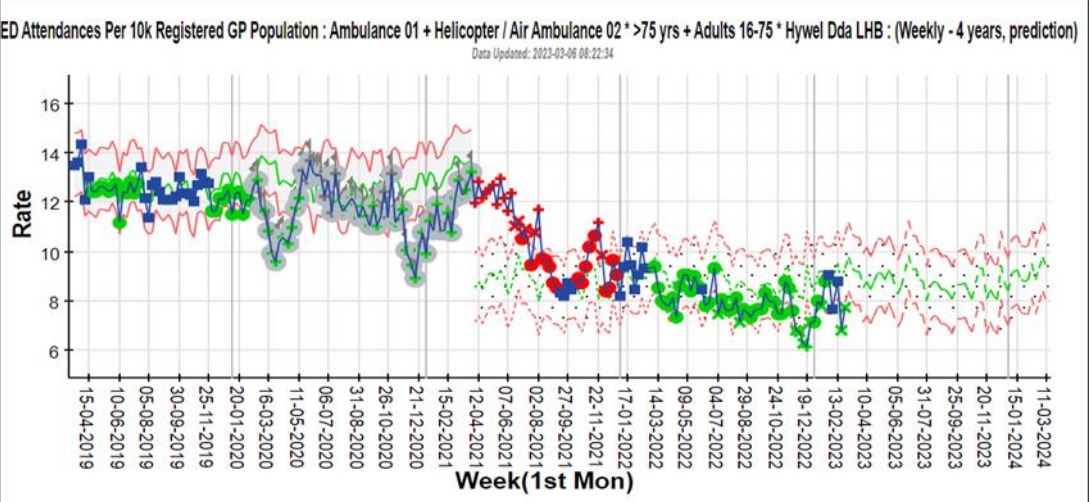
Balancing Measure



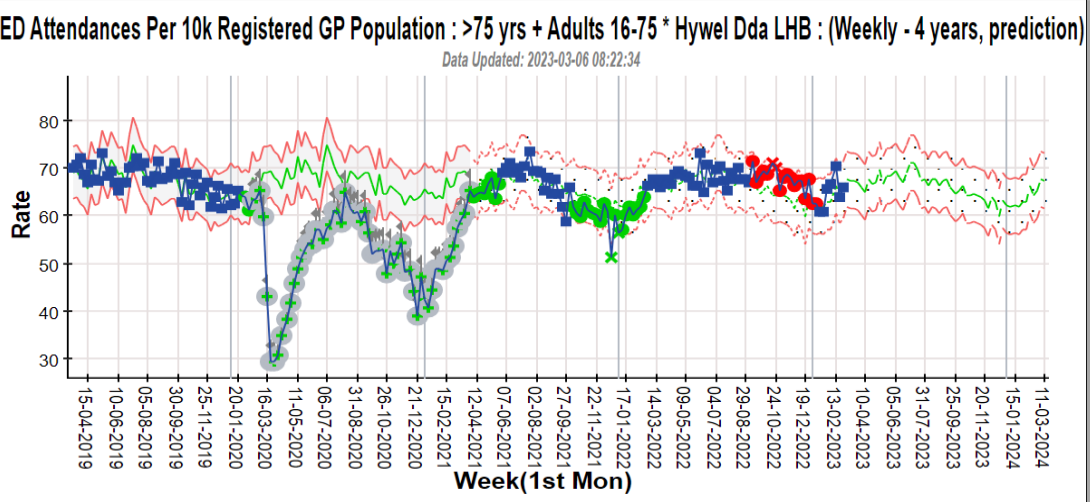
Key focus should be on delivering	• Implementation of Same Day Emergency Care services	
	• Development of Health Board model following on from lessons learnt from peer review, including modelling of scale of opportunity	
	Development of Consistent Approach to Front Door Streaming / Assessment Units	
	• Modelling of front door assessment unit provision for each acute site	
	• Development and implementation of acute site operational plans	
Baseline	– see next slide for supporting graphs	
Quarter 1:		
Milestones		
Actions	• Development of Health Board model following on from lessons learnt from peer review, including modelling of scale of opportunity for 5 day working	• Modelling of front door assessment unit provision for each acute site
Quarter 2:		
Milestones		
Actions	• Implementation of consistent Health Board 5 days SDEC model	• Development and implementation of acute site operational plans for remodelled front door assessment units
Quarter 3:		
Milestones		
Actions	• Evaluation of scale of opportunity for development of additional SDUC Community provision	• Evaluation of scale of opportunity for development of 7 days SDEC acute provision
Quarter4:		
Milestones		
Actions	• Implementation of consistent Health Board 5 days SDEC model if required	
Risks	• Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of models • Lack of public and/ or staff buy in to TUEC streaming model approach • Lack of pathway integration across regional programmes, organisations tec. Development and approval of principles and standards for care pathways to ensure consistency.	• Clinical leadership and consistent objective setting and attainment by clinical leads across primary care, secondary care and GPOOH • Poor and old physical environments do not facilitate the new ways of working e.g. SDEC at Glangwili is not co located or near the Emergency Department
Outcomes	• Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency Departments • Reduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversation rate of 10% • Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals	
Digital / Technology Opportunities	• Consistent approach across the region for sharing of clinical information different parts of the system currently utilise different platforms which means sharing of clinical information is difficult i.e. Consultant Connect, Vision360, Adastra • Virtual ward platform is required	

Urgent and Emergency Care

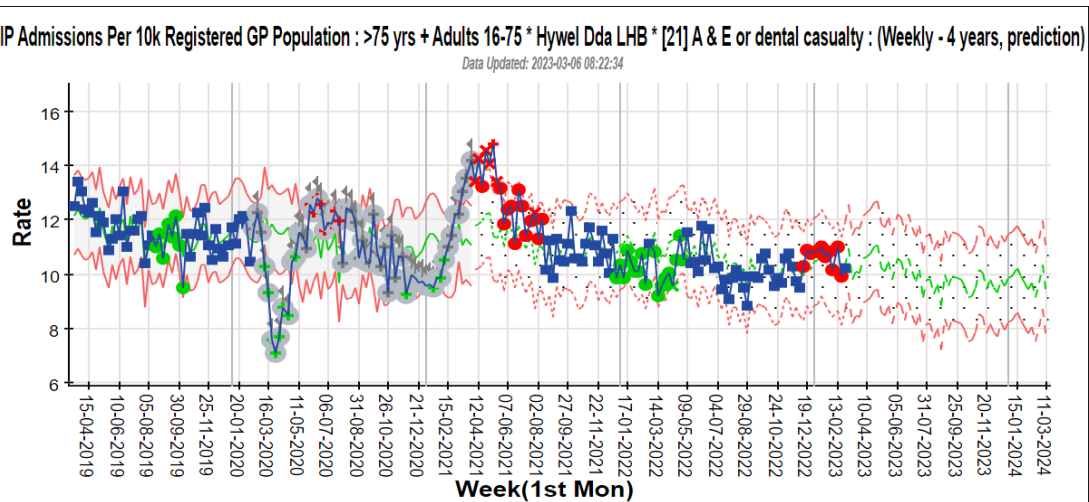
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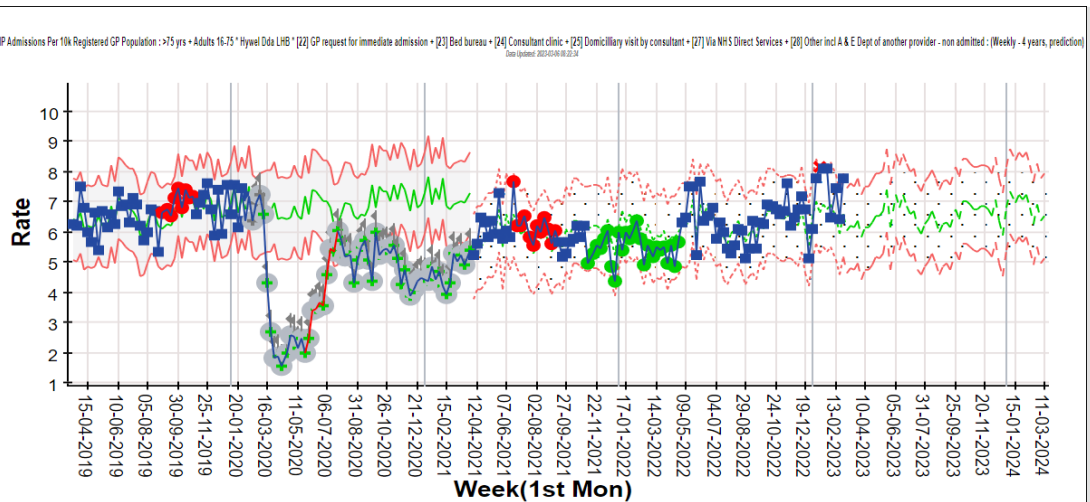
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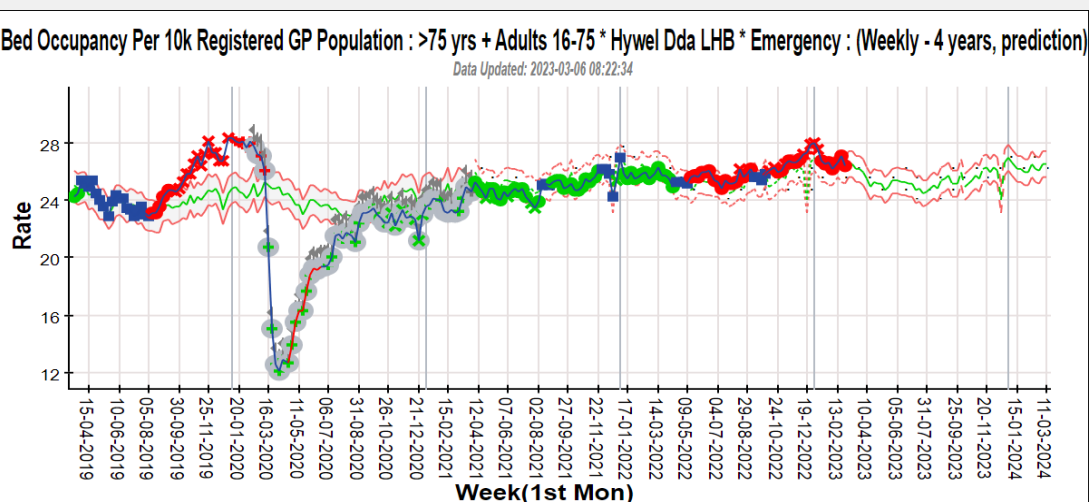
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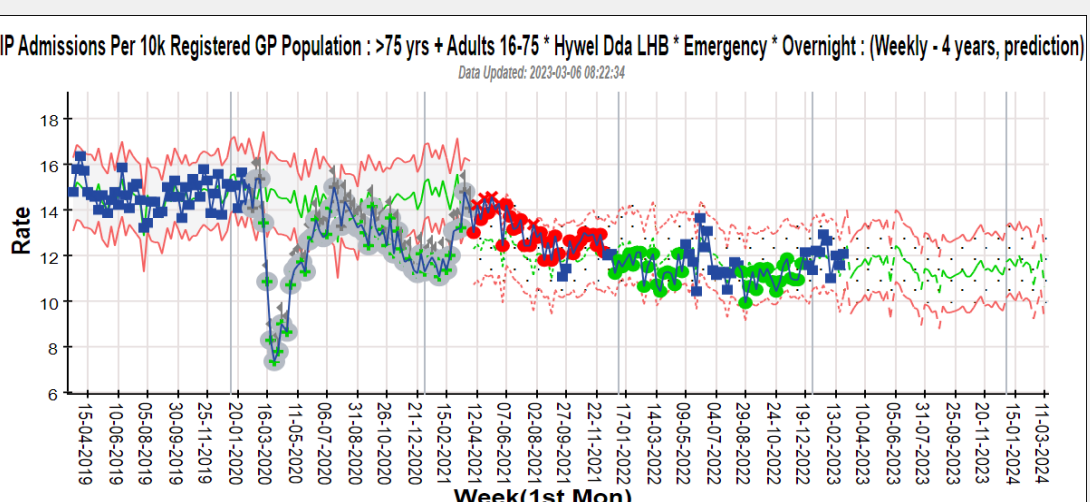
Balancing Measures



Managing Complexity



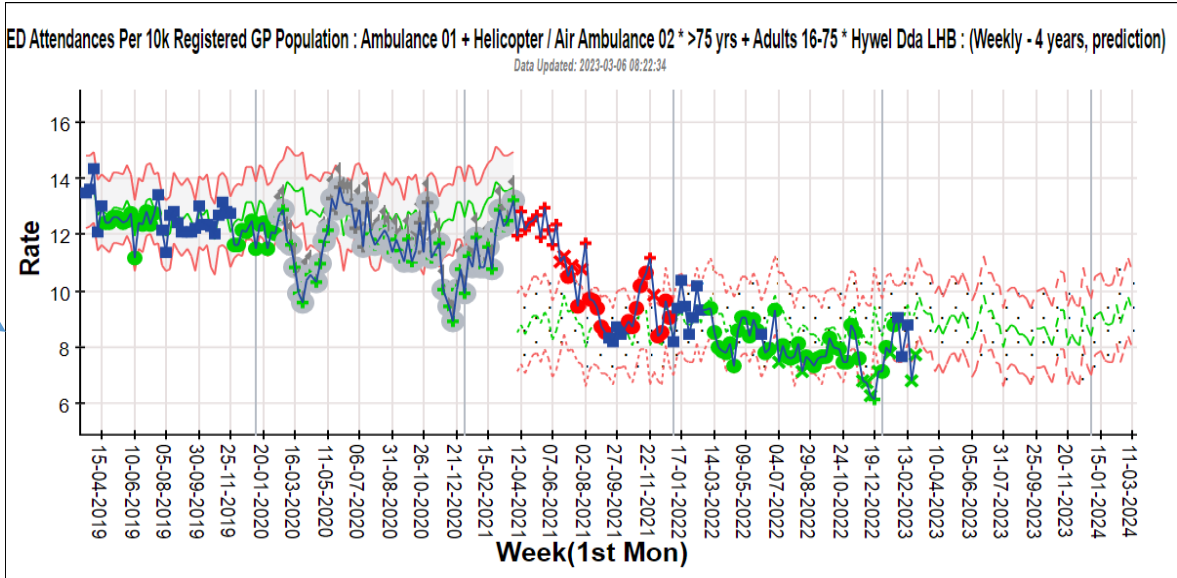
Balancing Measure



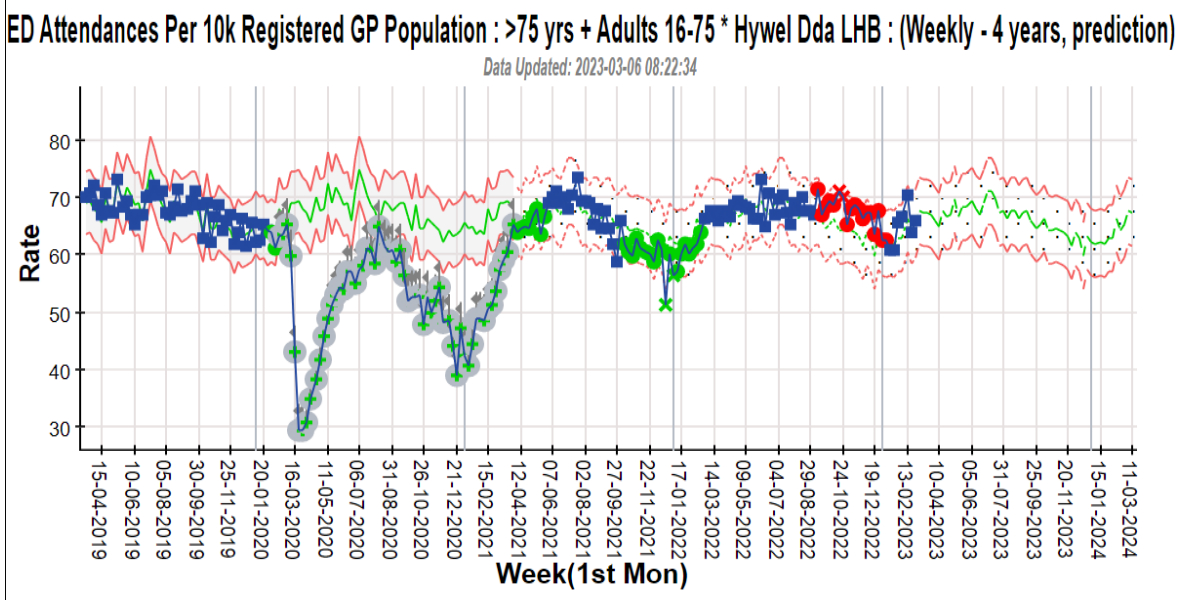
Urgent and Emergency Care

Key focus should be on delivering	Reduction In Ambulance Handover Waits Phased implementation of Optimising Hospital Care tool kit; <ul style="list-style-type: none">Phased roll out of SAFER, Deconditioning & Red2Green methodologydevelopment of consistent approach to Board Rounds utilising Frontier Digital platformAligned to the Real Time Demand & Capacity (RTDC) programme and Safe Care Collaborative programmes from Improvement Cymru
Baseline	The following data is available at health Board, County or Acute Site level and can be viewed as all adults, high risk adults (aged 50-75) and those aged >75 years
Quarter 1:	
- Milestones	
- Actions	Phase 1 roll out of SAFER patient bundle, supported by consistent board round approach utilising Frontier discharge platform and Phase 1 is a targeted approach at each acute site focused on key wards (x3) and all clinical decision units
Quarter 2:	
- Milestones	
- Actions	Phase 2 roll out – Community Hospitals
Quarter 3:	
- Milestones	
- Actions	Phase 3 roll out
Quarter4:	
- Milestones	
- Actions	Phase 4 roll out
Risks	<ul style="list-style-type: none">Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of modelsLack of public and/ or staff buy in to TUEC streaming model approachMedical leadership & buy in for the SFAER patient bundle
Outcomes	<ul style="list-style-type: none">Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency DepartmentsReduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversation rate of 10%Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals
Digital / Technology Opportunities	Further development of the Frontier digital platform

Reduced Conveyance



Balancing Measures

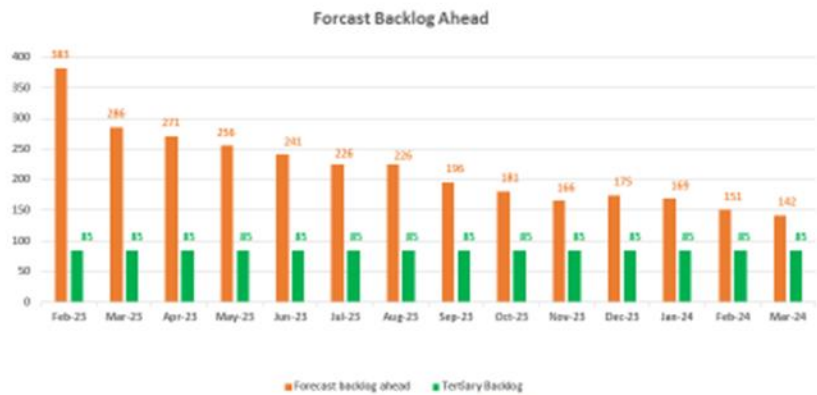




Key focus should be on delivering	<ul style="list-style-type: none">Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026					
Baseline	Measure	Baseline (March 2023)	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
	Overarching performance (%)	52	60	67	68	70
	Predicated average treatments per month (n)	242	242	242	242	242
	Forecasting backlog ahead (n)	286	241	196	179	142
	Tertiary backlog (n)	85	85	85	85	85
	Breach volume (n)	114	97	78	77	72
	see next slide for the detailed graphs					
	<p>National Cancer Pathways</p> <ul style="list-style-type: none">Breast currently in place. 1 stop clinicsHead & Neck currently in place. NB CT neck lump capacity challenges6 month pilot for a 2 step RDC style clinic for suspected Prostate Cancer. Start date TBCLung in place. NB CT Guided Biopsy challenges.Gynaecology – partially implemented for PMB. Plans to establish an additional outpatient Hysteroscopy suite end of Q4LGI/ UGI - exploring straight to FIT Vs straight to test. Primary Care FIT April 23			<p><u>Further Enablers</u></p> <ul style="list-style-type: none">Radiology In-sourcing solution for ultrasound expanded to multiple sitesCancer dashboard developed with funding from the Wales Cancer Network.Single Cancer Pathway (SCP) Project Manager is mapping optimal pathway opportunitiesKey challenge is 7 Day turnaround for diagnostics for all tumour sitesWCN are supporting an improvement project in LGI from February 23. <p>We are in the process of setting up a task and finish group looking at the implementation of accelerated imaging in the LGI pathway.</p> <p>WCN, Improvement Cymru and DU support re straight to test, accelerated imaging and Endoscopy efficiency improvements</p>		
Quarter 1-4: Actions	<ul style="list-style-type: none">Implementation of FIT within primary careIncreased capacity first Outpatient Appointment Lower GIImplementation of accelerated imaging with Lower LGIStraight to test Lower GIDeep dive of endoscopy with Delivery UnitIncreased capacity within GA diagnostics within urology			<ul style="list-style-type: none">Implementation of LA Tap urology7 day working model within hysteroscopy to meet demand on PMB pathway and facilitate reestablishment of the one stop modelContinue to work on National Optimised Pathway in all tumour sites.Implementation of all PREMs across all tumour sites		
Risks	<ul style="list-style-type: none">Unforeseen increase in demandCombined pressure of UEC, planned care, direct access and cancer pathways on diagnostic capacityInability to secure additional resource to support 7 day turnaround in diagnostics.			<ul style="list-style-type: none">Unplanned loss of capacity eg further industrial action, impact of UEC demand or infection control issuesResilience of workforce in key tumour pathway sites.Tertiary pathway capacity pressures		
Outcomes	To meet the 75% performance target on Single Cancer Pathway.			To ensure that the NOPs are implemented for each tumour/Tumour sub-sites		
Alignment with workforce plans	Successful implementation of international recruitment program targeted towards Glangwili 2022/2023			Continued engagement with Workforce and OD to inform and develop sustainable workforce plans		
Alignment with Financial plans	Reflected in individual speciality plans.					
Digital / Technology Opportunities	<ul style="list-style-type: none">Implementation of Patient Knows Best – self management for prostate as interim until MMR becomes available.Digital image sharing in pathology with tertiary partners.Cancer dashboard developed with funding from the Wales Cancer Network.Radiology is now included in the cancer dashboard.			<ul style="list-style-type: none">Currently the pathology and Endoscopy data streams are behind schedule. However, working with Informatics to inform priority work schedule for Cancer.The planning and forecasting is dependent on the Pathology & Endoscopy data being available.		



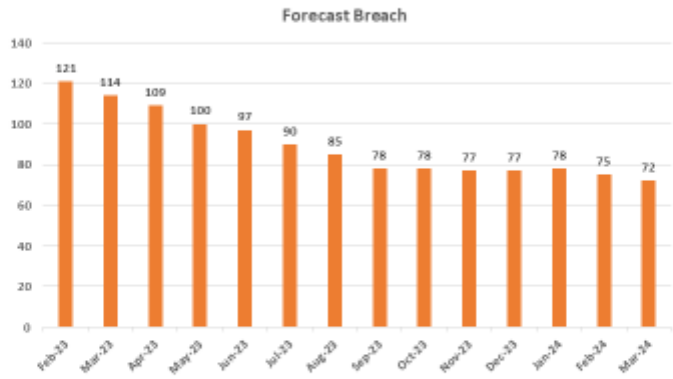
Forecast Backlog Ahead 2023/24



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	383	286	271	256	241	226	226	196	181	166	175	169	151	142
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%



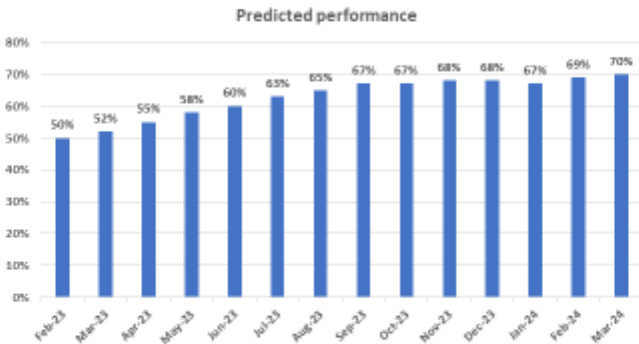
Forecast Breach Volume 2023/24



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	383	286	271	256	241	226	226	196	181	166	175	169	151	142
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%



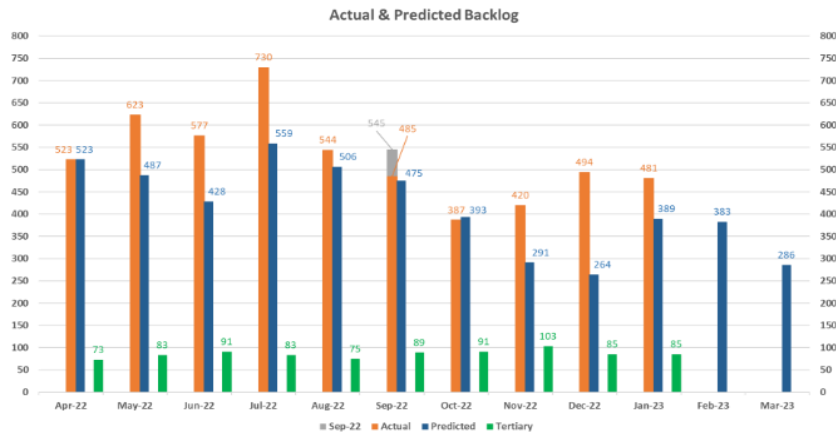
Predicted Performance 2023/24



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	383	286	271	256	241	226	226	196	181	166	175	169	151	142
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%



Predicted & Actual Backlog Improvement Overall



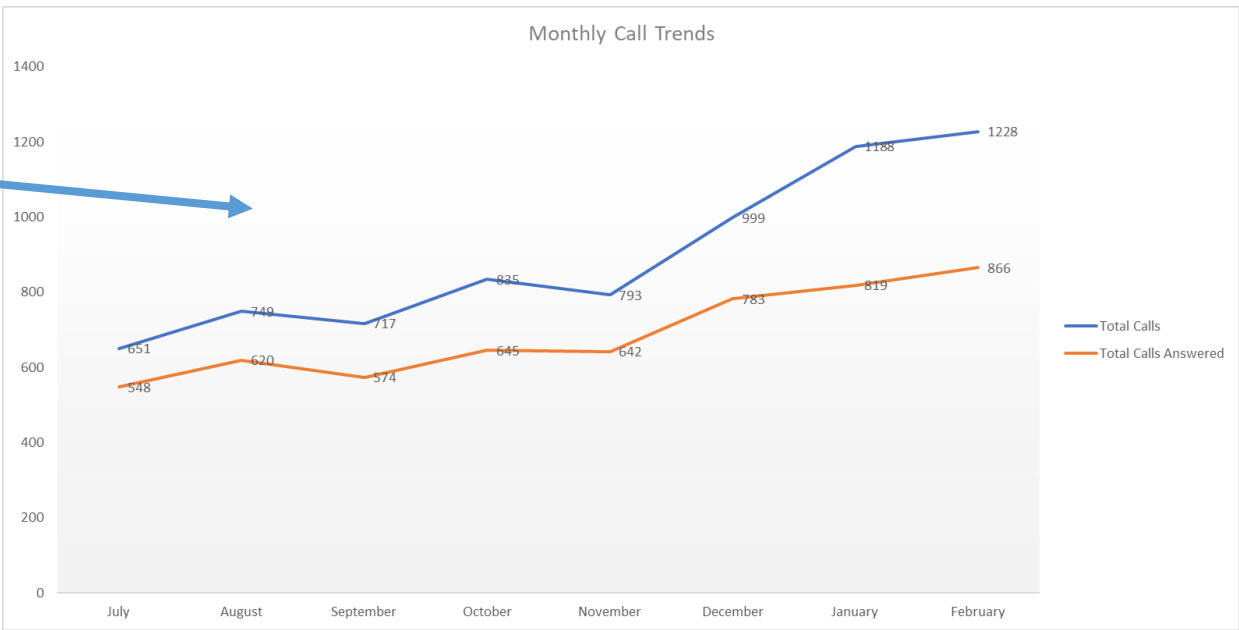
Mental Health and CAMHS – 111 Press 2



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Key focus should be on delivering	111 Option 2 (All age Mental Health Single Point Of Contact)
Baseline	Hywel Dda were the first Health Board in Wales to implement 111 Option 2 in June 2022 (16 hours a week). From November 2022 the service has been operational 24/7, providing an all age open access service to Hywel Dda residents. Additionally a 24/7 professional line provides advice on assessment and triage to a wide range of professionals such as GP's, Police, WAST, 111, A&E, Local Authority, Third Sector and other health professionals.
Quarter 1:	
Milestones	All Health Boards in Wales to have a 111 Option 2 service in operation 24/7.
Actions	Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.
Quarter 2	
Milestones	Weekly reporting on national dataset, alongside local targets.
Actions	Establish monitoring processes to capture national minimum data set and local targets.
Quarter 3:	
Milestones	Welsh Government National Dataset on call wait times, call length etc to be implemented as business as usual.
Actions	Review demand and capacity against call volumes/length/presenting issue following national advertisement campaign.
Quarter4:	
Milestones	Service to move from pilot initiative to business as usual.
Actions	Finalise national and local reporting requirements/timelines – on all age open access line and professional line.
Risks	Risk of demand outweighing capacity following national advertisement campaign. The Service is working with the National Team to monitor and mitigate through additional funding in 2023/24.
Outcomes	Reduction in callers distress levels, maintain low call waiting times, reduction in Mental Health presentations on A&E, Police, WAST etc,
Alignment with workforce plans	The Service has developed non clinical Band 5 Well-being Practitioner roles to mitigate against Band 6 Mental Health Practitioner recruitment issues.
Alignment with Financial plans	Sustainably funded through Welsh Government (WG) ringfenced monies via Mental Health Service Improvement Funding.
Digital / Technology Opportunities	The service operates via the Adastra system through the national 111 call line. On review of the pilot it was felt that Adastra could not fully meet the requirements for a Mental health option, therefore Welsh Government have purchased a MH module which will be rolled out nationally in April 2023.



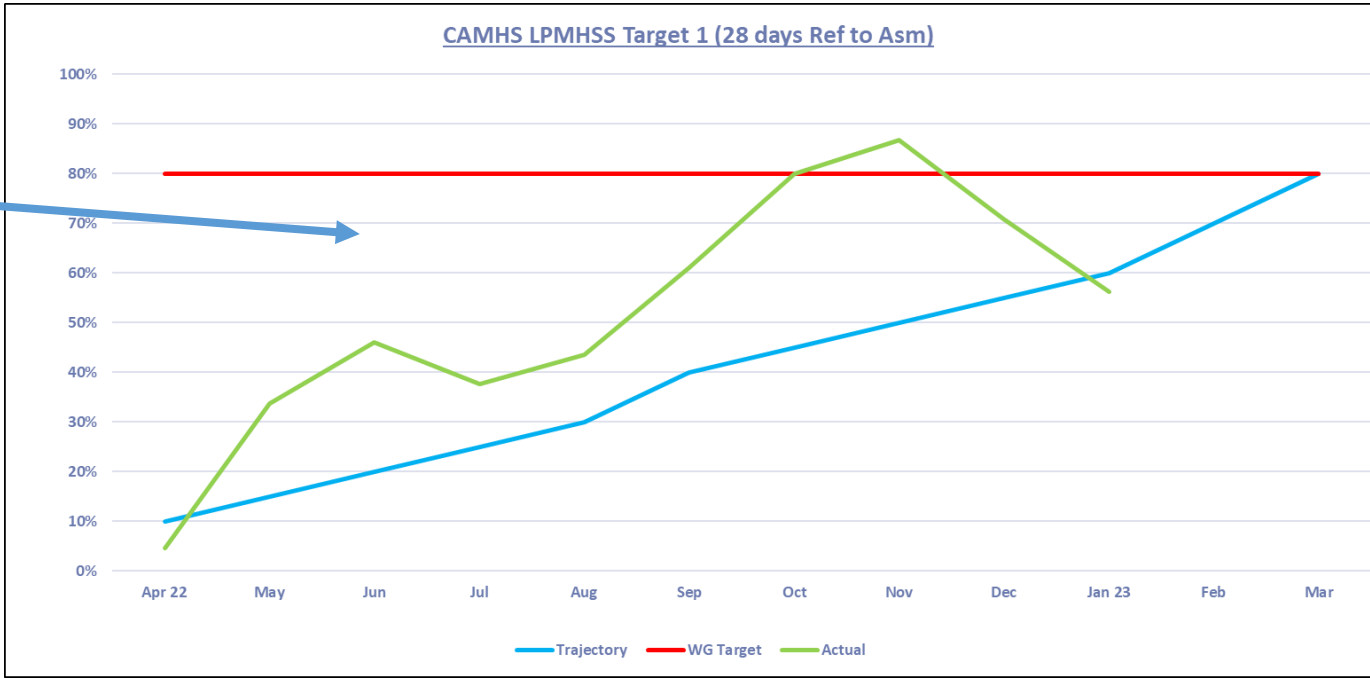
Mental Health and CAMHS – Specialist Child & Adolescent Mental Health Service (SCAMHS)



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Key focus should be on delivering	Recover waiting time performance to performance framework standards for SCAMHS Part 1 assessment and intervention
Baseline	In 2022/23 SCAMHS agreed a month by month trajectory to improve performance to meet the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure.
Quarter 1:	
Milestones	Ensure adequate workforce to meet service demand. Qualified Practitioners required to under take assessments
Actions	Undertake demand and capacity review against service need. Report monthly through Heads of Service meeting. Continue to review training needs against workforce skill mix.
Quarter 2:	
Milestones	The service will work to expand its use of digital services and resources to increase capacity and improve efficiencies.
Actions	Work collaboratively with RPB colleagues to seek sustainable funding for Kooth on-line counselling platform. Ensure staff have adequate digital resources to efficiently and effectively manage service demand.
Quarter 3:	
Milestones	The Service will explore community innovations to reduce onward referrals/demand in to SCAMHS Primary Mental Health Service. Undertake a review of the Part 1 Scheme with Partner agencies, to reflect key service developments.
Actions	In line with the ‘No Wrong Door’ approach SCAMHS will work with multi-agency referral panels to agree community interventions to reduce the demand on secondary care services and mitigate against waiting lists. Clarify how the SCAMHS Primary Mental Health Service structure aligns with the Measure.
Quarter 4	
Milestones	Service reporting on maintained trajectories to move to business as usual.
Actions	Continue quarterly meetings with Delivery Unit colleagues. Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.
Risks	Risk that demand will continue to increase and out strip current workforce. Will be managed through ongoing demand and capacity and workforce planning.
Outcomes	Compliance with the Measure, reduced wait times for assessment, reduced wait times for treatment.
Alignment with workforce plans	The service continues to work with Workforce colleagues on difficult to recruit posts. Where applicable development posts are being created in line with ‘grow our own’.
Alignment with Financial plans	In line with Mental Health Service Improvement Funding allocation in 2023/24 agree additional workforce requirements to manage ongoing demand.
Digital / Technology Opportunities	SCAMHS is currently exploring options fund Kooth an on-line digital counselling service universally across the region with RPB colleagues.



Mental Health and CAMHS – Local Primary Mental Health Support Service (LPMHSS)



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University Health Board

Key focus should be on delivering	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention.
Baseline	In 2022/23 LPMHSS agreed a month by month trajectory to improve performance to meet the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure.
Quarter 1:	
Milestones	Undertake a review of Do Not Attends (DNAs) across all service delivery areas.
Actions	Introduce text messaging service for appointment reminders to mitigate DNAs and increase attendance.
Quarter 2:	
Milestones	Work collaboratively with GP partners to identify innovations in Primary Care Services to deliver early interventions and reduce secondary care referrals.
Actions	Implement ‘test the concept’ approaches to provide additional community support e.g. family support workers.
Quarter 3:	
Milestones	Evaluate pilot evidence based group interventions. Evaluate use of digital solutions such as ‘Attend Anywhere’.
Actions	Introduce additional evidence based group interventions as appropriately identified through the review, utilising community venues to increase uptake.
Quarter4:	
Milestones	Service reporting on maintained trajectories to move to business as usual.
Actions	Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.
Risks	Risk that demand will continue to increase and out strip current workforce. Will be managed through ongoing demand and capacity and workforce planning.
Outcomes	Compliance with the Measure, reduced wait times for assessment, reduced wait times for treatment.
Alignment with workforce plans	The service continues to work with Workforce colleagues on difficult to recruit posts. Where applicable development posts are being created in line with ‘grow our own’.
Alignment with Financial plans	In line with Mental Health Service Improvement Funding allocation in 2023/24 agree additional workforce requirements to manage ongoing demand.
Digital / Technology Opportunities	Explore the use of additional digital technologies. Establish robust pathways in to SilverCloud on-line platform.

