



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Annual Plan 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning Angharad Lloyd-Probert, Senior Planning Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The UHB's Annual Plan 2023/24 was agreed at the March 2023 Public Board. It set out the key actions and ambitions for the Health Board for the forthcoming financial year, in order to provide services whilst responding to operational, workforce and financial pressures, and making progress towards our Strategic Objectives. The key elements of our plan include:

- Delivery of the ministerial priorities (progress set out in the Integrated Performance Assurance Report)
- Delivery of our financial plan and mitigating actions (progress set out in the Financial Report) and
- Progression of our Planning Objectives (POs)

This report predominantly provides an update on the POs for 2023/24, following the Annual Plan report to the September 2023 Public Board, and the review of deliverables and milestones to the November 2023 Public Board.

Cefndir / Background

The Health Board has been utilising POs for the past few years as part of our overall planning approach.

The purpose of our POs is to:

1. Set out the key objectives necessary in the near-term to improve services and make progress towards our strategic goals
2. Provide clarity about our organisational priorities
3. Establish the key work programmes for the organisation, including governance and leadership, key deliverables, resources and risks and enablers
4. Enable the Board and Board Committees to assess and measure progress in conjunction with the Board Assurance Framework

For 2024/25, the Health Board agreed 23 POs, a significant reduction on previous years, reflecting an intention to be more focussed and to bring more consistency to the approach.

Following previous discussions with the Board, the September 2023 Public Board report identified the potential need to slow or pause certain aspects of POs, in order to prioritise in-year delivery. It was noted that the exact implications of this would need to be further assessed by Executives and brought back to Board and Committees, which was reported to Board in November 2023.

Asesiad / Assessment

Planning Objectives

As noted, our POs play a significant role in our Annual Plan, and progress with POs is overseen via the Health Board's Committee structure. In light of the ongoing work to support financial recovery planning, and as presented to the Board in September 2023, the POs for 2023/24 have been reviewed, with a number having been paused and some having their scope/deliverables amended for the remainder of 2023/24.

As these decisions may impact upon the aspirations and milestones described in our 2023/24 Annual Plan, a review of the key deliverables for POs has been undertaken to provide clarity for the Board on progress to date and intentions for the remainder of the year. The updated status for the delivery of the actions within the POs is shown in Appendix 1.

The overarching status of the POs as presented to the respective Committees of the Board in February 2024 for assurance is as follows:

Committee of the Board	Planning Objective	Executive Lead	Current Status
Quality, Safety and Experience Committee (QSEC)	3b Infection Prevention and Control Action Plan	Director of Nursing, Quality and Patient Experience	On-track
Strategic Development and Operational Delivery Committee (SDODC)	3a Transforming Urgent and Emergency Care (TUEC) Programme	Director of Operations	Behind
	4a Planned Care and Cancer Recovery		Behind
	4b Develop and deliver a regional diagnostic plan		Behind
	4c Mental Health Recovery Plan		On-track
	5a Estates Strategy	Director of Strategy and Planning	Behind
	6a Clinical Services Plan		On-track
	7a Public Health	Director of Public Health	On-track
	7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability	Director of Primary Care, Community and Long-Term Care	Not Applicable (work incorporated into the ongoing Primary Care strategy development)
	7c Social Model for Health and Wellbeing	Medical Director / Director of Public Health	On-track

Sustainable Resources Committee (SRC)	5c Digital Agenda	Director of Finance	On-track
	6b Pathways and VBHC	Medical Director	On-track
	8a Decarbonisation and Sustainability -	Director of Strategy and Planning	Behind
	8b Local Economic and Social Impact	Director of Finance	Not applicable as the Planning Objective has been paused
	8c To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position.		Behind
People, Organisational Development and Culture Committee (PODCC)	1a Develop an attraction and recruitment plan	Director of Workforce and OD	Completed for 2023/24 components (on-track for components deferred to 2024/25)
	1b Develop career progression opportunities		On-track
	2a Engage with and listen to our people		Completed
	2b Continue to strive to be an employer of choice		On-track
	2c Develop and maintain an overarching workforce, OD and partnerships plan		On-track
	5b Research and Innovation	Medical Director	On-track
	6c Continuous Engagement	Director of Communications and Engagement	Not applicable as the Planning Objective has been paused
	8d Welsh Language and Culture		On-track

A closure report for each of the POs will be taken to the respective assurance Committees in April 2024, before being collated and brought to Public Board in May 2024.

The POs remain a core pillar of our Planning and our Plan for 2024/25, and as such the POs for 2024/25 have been agreed at Public Board in January, and work will be undertaken to align these the Committees of the Board for on-going assurance. For noting these are:

- PO 1: Workforce stabilisation
- PO 2: Financial recovery and roadmap
- PO 3: Transforming urgent and emergency care
- PO 4: Planned care (incl. cancer, diagnostics and therapies performance)
- PO 5: Mental health and CAHMS
- PO 6: Clinical services plan
- PO 7: Primary care and community strategic plan
- PO 8: A Healthier Mid and West Wales infrastructure
- PO 9: Digital strategic plan
- PO 10: Population Health (including the social model for health and wellbeing)

These have been further refined to include the specific intentions and key deliverables for each PO and have been included in the Plan for 2024/25.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the current status of the Planning Objectives for 2023/24

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All 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 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:																															
Further Information:																															
Ar sail tystiolaeth: Evidence Base:	Not applicable																														
Rhestr Termiau: Glossary of Terms:	<table border="0"> <tr> <td>AHP</td> <td>Allied Health Professional</td> </tr> <tr> <td>ANTT</td> <td>Aseptic Non Touch Technique</td> </tr> <tr> <td>ARCH</td> <td>A Regional Collaboration for Health</td> </tr> <tr> <td>BAU</td> <td>Business as Usual</td> </tr> <tr> <td>BCORP</td> <td>(Certified) B Corporations</td> </tr> <tr> <td>BGH</td> <td>Bronglais General Hospitals</td> </tr> <tr> <td>CLES</td> <td>Centre for Local Economic Strategies</td> </tr> <tr> <td>D&C</td> <td>Demand and Capacity</td> </tr> <tr> <td>DNAs</td> <td>Did Not Attend</td> </tr> <tr> <td>DPoC</td> <td>Delayed Pathways of Care</td> </tr> <tr> <td>DToC</td> <td>Delayed Transfers of Care</td> </tr> <tr> <td>DU</td> <td>Delivery Unit</td> </tr> <tr> <td>ENT</td> <td>Ear, Nose and Throat</td> </tr> <tr> <td>FBC</td> <td>Full Business Case</td> </tr> <tr> <td>FE</td> <td>Further Education</td> </tr> </table>	AHP	Allied Health Professional	ANTT	Aseptic Non Touch Technique	ARCH	A Regional Collaboration for Health	BAU	Business as Usual	BCORP	(Certified) B Corporations	BGH	Bronglais General Hospitals	CLES	Centre for Local Economic Strategies	D&C	Demand and Capacity	DNAs	Did Not Attend	DPoC	Delayed Pathways of Care	DToC	Delayed Transfers of Care	DU	Delivery Unit	ENT	Ear, Nose and Throat	FBC	Full Business Case	FE	Further Education
AHP	Allied Health Professional																														
ANTT	Aseptic Non Touch Technique																														
ARCH	A Regional Collaboration for Health																														
BAU	Business as Usual																														
BCORP	(Certified) B Corporations																														
BGH	Bronglais General Hospitals																														
CLES	Centre for Local Economic Strategies																														
D&C	Demand and Capacity																														
DNAs	Did Not Attend																														
DPoC	Delayed Pathways of Care																														
DToC	Delayed Transfers of Care																														
DU	Delivery Unit																														
ENT	Ear, Nose and Throat																														
FBC	Full Business Case																														
FE	Further Education																														

FIT	Fecal Immunochemical Test
GA	General Anaesthetic
GGH	Glangwili General Hospital
GI	Gastro-intestinal
GIRFT	Get It Right First Time
GMS	General Medical Services
HB	Health Board
HCSW	Healthcare Support Worker
HEIW	Health Education and Improvement
Wales	
IPAR	Integrated Performance Assurance
Report	
IPTS	Integrated Psychological Therapies
Service	
LINAC	Linear Accelerator
LPMHSS	Local Primary Mental Health Support
Services	
OPA	Out Patient Appointment
PADR	Performance Appraisal and Development
Review	
PID	Project Initiation Document
PIFU	Patient Initiated Follow-Up
PIN	Prior Information Notice
PLA	Personal Learning Accounts
PO	Planning Objective
PODCC	People, Organisational Development and
Culture Committee	
PPH	Prince Philip Hospital
PREM	Patient Reported Experience Measure
PROM	Patient Reported Outcome Measure
PSA	Prostate Specific Antigen
PSB	Public Service Board
PV	Public Value
R&D	Research and Development
RPB	Regional Partnership Board
SAS	Speciality and Specialist (Doctors)
SBUHB	Swansea Bay University Health Board
SCAMHS	Specialised Children and Adolescent
Mental Health Services	
SIM	Simulator
SMfHWB	Social Model for Health and Wellbeing
SOC	Strategic Outline Case
SoS	Seen on Symptom
SPPEG	Strategic People Planning and Education
group	
UHB	University Health Board
UWTSD	University of Wales Trinity St David's
VBHC	Value Based Health Care
WG	Welsh Government
WGH	Withybush General Hospital
WHC	Welsh Health Circular
WLSS	Waiting List Support Services

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> • Quality, Safety and Experience Committee (QSEC) • Strategic Development and Operational Delivery Committee (SDODC) • Sustainable Resources Committee (SRC) • People, Organisational Development and Culture Committee (PODCC)
---	--

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated 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.

Annex 1: Review of Planning Objectives using revised actions and milestones agreed at November 2023 Public Board

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
1a Develop an attraction & Recruitment plan	<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 30/06/23 with timescales for completion for key roles. 	1	Slowed – to be aligned with work across Wales. Commence quarter 4 and complete in 2024/25	Progressing as part of business-as-usual continuing through 2024/25
	<ul style="list-style-type: none"> Implement new methods of advertising and appointing to roles including non-electronic methods and move from traditional interviews where appropriate to do so. To commence 01/04/23 	1	Complete (now business as usual)	Complete (now business as usual)
	<ul style="list-style-type: none"> Develop programmes for employability support for public, managers and future leaders 	4	Paused – deferred to 2024/25	Employability support Accessed externally through FE/PLA funding. Removed from 24/25 planning
	<ul style="list-style-type: none"> Develop attraction plan linked with R&D, service development, improvements, innovation, benefits, and educational offer to new recruits 	2	Delayed – quarter 3	Complete
	<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 	4	Complete	Complete – Recruited 34 and agreed not to go out for second cohort due to financial position.
	<ul style="list-style-type: none"> -in 2023/24 appoint 8 nonclinical apprentices 	4	As per plan	Complete - Recruited 3 service were unable to

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<p>-appoint 140 overseas nurses -scope and begin to appoint overseas doctors & AHPs -develop 100 opportunities for students to join the nursing and hotel facilities banks</p> <p>-develop 36 opportunities for HCSWs to join Level 3</p> <p>development pathway and 30 HCSWs to Level 4 development pathway to become registrants</p> <p>Explore the possibility for the introduction of medical apprenticeships</p> <ul style="list-style-type: none"> Enhance the HB offer to improve the lives of local population by implementing initiatives to support social responsibility requirements and supporting areas of deprivation e.g., local volunteering 	<p>4 2 2 4</p> <p>2</p>	<p>Paused – appointed 97 Complete – recruitment campaign underway TBC Complete</p> <p>As per plan</p>	<p>fulfil due to financial position.</p> <p>Complete Complete Complete</p> <p>Complete – 19 HCSW have signed up to do their level 3. This reduced due to operational pressures and financial constraints of backfill.</p> <p>Complete – 48 HCSW have signed up to do their level 4 and an additional 3 in primary care and 3 in Social Care</p> <p>Paused, although this is something will be explored 24/25</p> <p>Progressing - targets and quantifiable outcomes to be agreed</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				continuing through 2024/25 Paused- Targets and quantifiable outcomes to be agreed continuing through 2024/25
1b Develop career progression opportunities	<ul style="list-style-type: none"> Identify and target development pools to support future registrant roles Scope opportunities 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 Reshape Higher Awards process to link with Training Needs Analysis and deliver the workforce with the skills required for the future Develop an inter-professional education plan to commence delivery with full implementation by 1/1/26 	3	Deferred to 2024/25	Completed
		2	Delayed to quarter 3	Initial Paper submitted to SPPEG shows alignment to E&C, IMTP/Annual Plan
		4	As per plan	Initial draft submitted for SPPEG in Feb 2024. Final plan being submitted in May 2024.
		3	As per plan	Initial draft submitted for SPPEG in Feb 2024. Final plan being submitted in May 2024.
2a Engage with and listen to our people	<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 Wellbeing charters are fully embraced 	3	Complete	Completed and portal now available for staff and being well accessed
		2	Slowed – quarter 4	Significant progress made regarding rest and recovery areas with further plans for 2024 as part of a Charitable funds bid

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> <li data-bbox="259 272 1066 336">• Deliver kind people processes to support individuals during challenging times to note improvements <li data-bbox="259 376 1066 440">• Undertake second discovery report to listen and understand how best to support staff retention <li data-bbox="259 544 1066 679">• Implement Strategic Equality Plan actions to enhance Hywel Dda as a diverse and culturally inclusive organisation that supports staff, patients, carers and the population we serve 	4	As per plan	<p data-bbox="1675 400 1989 496">Completed and presented to PODCC in Feb 2024</p> <p data-bbox="1675 536 1989 1254">A bi-annual report was submitted to Welsh Government in October 2023 to demonstrate progress on the implementation of the strategic equality objectives and positive feedback was received. A broad range of activity is ongoing relevant interim reports are presented to PODCC throughout the year. A refreshed Strategic Equality Plan and objectives for 2024-2028 will be presented to Board for approval in March 2024.</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> Promote, and provide proactive and responsive support to local teams to enable healthy and happy working cultures 	4	As per plan	<p>Continued ODRM outreach work to support services in their cultural change, which has been accelerated in Q3 and Q4 by the introduction of People Culture Facilitators into the ODRM team who focus on working collaboratively across the OD team and wider WOD directorate to provide proactive and responsive support to local teams to enable healthy and happy working cultures.</p> <p>Appointed a Retention Lead on a 2 year fixed-term basis (HEIW-funded) in Q4 to continue to focus on local organisational retention priorities and expand on some of the great work already underway, whilst also aligning with the HEIW</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				<p>national Retention Programme.</p> <p>Confirmed the Nurse Retention Group Action Plan for Phase 2 in Q3, which has been mapped to the All Wales Nurse Retention Plan.</p> <p>Analysed our medical staffing data and intelligence as part of the exploration phase of the Medical Retention Group in Q3, with additional input from the Medical Leadership Forum, and drafted an Action Plan to inform next steps in Q4.</p> <p>Gained sponsorship in Q4 from the HB's new Executive Director of Therapies and Health Science to establish the AHP Retention Group, with an initial focus on analysing our data and intelligence to inform next steps</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
2b Continue to strive to be an employer of choice	<ul style="list-style-type: none"> • Increase the HB education and development offer, supporting enhanced opportunities to develop outside the workplace • 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 but in year actions to be agreed for all work streams • Widened choices to be developed by 31/3/24 relating to employment contracting opportunities • Enable job enrichment by enhancing roles and ways of working where appropriate, methodology and core principles to be developed • Plan developed to optimise digital opportunity and facilitate cost effective workforce agility • Further develop and spread people recognition informally and formally internally and externally 	<p>4</p> <p>4</p> <p>4</p> <p>2</p> <p>4</p> <p>4</p>	<p>Paused – due to releasing staff</p> <p>As per plan</p> <p>As per plan</p> <p>As per plan</p> <p>As per plan</p> <p>As per plan</p>	<p>Paused</p> <p>On Track “Stabilisation” programme is now supported through the FCG/CDG groups to monitor reduction in medical, agency and locum</p> <p>On Track-Fixed Term to Permanent Contract</p> <p>On Track-Procedure in draft being reviewed. In progress</p> <p>On Track-Plan to be developed in quarter 4 and embedded in Workforce Plan for 2024/25</p> <p>Developed</p>
2c Develop and maintain an overarching workforce, OD and partnership plan	<ul style="list-style-type: none"> • Implement succession planning and leadership management pipeline • Further develop short and long-term workforce plan for services and professional groups 	<p>4</p> <p>4</p>	<p>As per plan</p> <p>As per plan</p>	<p>On Track-Participation in all Wales Aspiring CEO programme</p> <p>An operational workforce planning process has been established working with services and the education commissioning approach has been aligned to this.</p> <p>The Regeneration Framework takes</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> • Understand our people by using quantitative and qualitative data • Develop a process of listening and learning from staff experiences ensuring regular feedback • Promote a culture of innovation and enhance university health board reputation 	4	As per plan	account of the long term approach and modelling is taking account of every staff group now. Weaknesses remain within the ACP/APP/MAPS approaches to align to an appropriate service model.
		4	As per plan	Development work ongoing On Track-Regular surveillance mechanisms in place for staff to find their voice
3a Transforming Urgent and Emergency Care programme	<p>Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability</p> <ul style="list-style-type: none"> • Development of a Regional fully Integrated 24/7 Clinical Streaming Hub; • Development of a Care Home Support for Regional Clinical Streaming Hub; <p>Implementation of Same Day Emergency Care services</p>	April '25	As per plan	Porth Preseli commenced in Nov '23 Vision is currently being agreed by project governing Board Delayed due to technical issues related to third party provider
		3	Delayed to Q4	
		3	Paused	Planning objective remains paused

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> Development and implementation of HDUHB optimal SDEC 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 <p>Delayed Pathways of Care</p> <ul style="list-style-type: none"> Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023 – 24: Implement a Regional approach to reviewing and action planning to reduce delays by 'reason' Reduction in backlog of delayed transfers through early joint discharge planning and coordination: Phased implementation of Optimising Hospital Care tool kit supported by Frontier Discharge Platform 	3	Delayed to Q4	SDEC active on three acute sites (GGH,WGH PPH)work ongoing to remodel frontdoors around frailty pathway
		2	Complete	
		2	Ongoing and trend reducing	Optimising Hospital Care tool kit being rolled out to community hospitals to support timely patient discharge
3b Healthcare Acquired Infection Delivery Plan	<ul style="list-style-type: none"> Reduce Clostridioides <i>difficile</i> (<i>C.diff</i>) infections Reduce Gram negative bacteraemia (<i>E.coli/Klebsiella/ Psue.auriginosa</i>) Reduction in <i>S.aureus</i> bacteraemia Pilot of Rapid Response cleaning team in Glangwili hospital <ul style="list-style-type: none"> Compliance with (WHC) 2018-033 airborne isolation room requirements Improve mandatory ANTT compliance with training and competency assessment Improve hand hygiene compliance for both staff and patients 	4	As per plan – improvement achieved to date	On Track -Due to elevated <i>C.diff</i> figures we remain under Enhanced Monitoring despite The Infection Prevention Teams (IPT) efforts that have achieved an improved cumulative position for <i>C.diff</i> over the same period last year; results confirm lower case numbers than the projected 20% reduction trajectory. Both GGH and WGH show improvement with <i>C.diff</i> cases, work now need
		4	As per plan – mixed progress to date	
		4	As per plan	
		4	Brought forward – pilot commenced, to conclude 3 rd Dec	
		4	Delayed to 2024/25 – pathway agreed, full compliance will require capital funding	
		3	As per plan – improving position	
			As per plan – overall some improvement, more work required	

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				to focus more on Bronglais and Prince Philip Hospitals to reduce case numbers in these areas.
4a Planned Care and Cancer Recovery	<p><u>Planned Care</u></p> <ul style="list-style-type: none"> • Dedicated wards areas for elective inpatients • Further improvements in the volume of patients booked / treated from cohort numbers • Incremental improvements in outpatient, day case and inpatient activity throughput as determined by workforce development and recruitment plans • Clinical leadership and adoption best practice guidance to support improved productivity and efficiency to support outpatient and surgical treatment activity • Focused and targeted validation of waiting lists, utilising local resources and external support • Active support to long waiting patients awaiting access to care via our locally developed Waiting Lists Support Service (WLSS) • Close scrutiny and monitoring of delivery plans by specialty to support these ambitions • Refined and improved 2023/24 Demand and Capacity planning tools <p>Continue actions from quarter 1</p> <ul style="list-style-type: none"> • Review of General Surgery clinical pathways to further enhance See on Symptom (SoS) / Patient Initiated Follow-up (PIFU) / Follow-Up clinical practice 	<p>1</p> <p>2</p>	<p>Complete</p> <p>Complete</p> <p>improving and Ongoing – Q4</p> <p>Outpatients Complete. Treatments Ongoing Q4</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Ongoing and improving</p>	<p>By the end of Q4 we will have achieved the three and four year waits will be at zero We are working to GIRFT recommendations</p> <p>On Track-We are continuing to work on</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> • Commissioned insource solution for patch testing patients (Dermatology) • Additional internal / external capacity (subject to allocation of WG Recovery funding) • Implementation of Urology self-care pathway based on Patient Knows Best(PKB) platform • Clinical audit of Urology PSA monitored patients to further release OPA capacity • Additional Urology diagnostic capacity (supporting cancer and RTT pathways) • Locum appointments (ENT) • Increased ocular capacity following appointment of additional consultant (Ophthalmology) • Additional weekend pre-assessment capacity (Ophthalmology) • 50% expansion of elective orthopaedic In-Patient operating capacity compared to 2022/23 level <p><u>Regional</u> Implementation of regional diagnostic plan actions (subject to WG Recovery funding).</p> <ul style="list-style-type: none"> • Continue actions from quarters 1 and 2 • Implement alternative vasectomy pathway delivered via Sexual Health Service • Additional Vascular theatre capacity following introduction of new vascular scanner • Enhanced Urology core capacity following return of post-retirement consultant • Expanded lithotripsy capacity (Urology) • Expanded Urology theatre capacity at Glangwili • Additional consultant and SAS capacity (Dermatology) 	3	<p>Complete</p> <p>Ongoing – Q3 delivery</p> <p>Ongoing – Q4 delivery</p> <p>Complete</p> <p>Ongoing – Q4 delivery</p> <p>Complete</p> <p>Appointment made. Complete in Q3</p> <p>Complete</p> <p>Ongoing – Part of Regional Planning Discussion Now</p> <p>Ongoing – Delivery Q4 Ongoing Delivery Planned Q4 Planned end Q3</p> <p>Complete</p> <p>Complete Complete Complete</p>	<p>PIFU SoS and discharge Contact Ceri Wisdom</p> <p>Completed</p> <p>Part of the above and further developing PSA pathway We are currently in the process of recruiting</p> <p>Waiting for Vascular consultant to confirm start date</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> • Additional primary care based minor ops capacity (Dermatology) <p><u>Regional</u> Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics</p> <ul style="list-style-type: none"> • Continue actions from quarters 1, 2 and 3 • Anticipated impact on reduced OPA demand following implementation of primary care FIT testing from April 2023 • Undertake a review of key gaps to meet future years targets and progress towards 36-week monitoring <p><u>Cancer</u></p> <ul style="list-style-type: none"> • Implementation of FIT within primary care, predicts 30% release in outpatient capacity, will reduce demand on endoscopy by 40% and shortens the pathway by 6 weeks within Gastro-Intestinal (GI). • Implementation of accelerated imaging within Lower GI will improve straight to test compliance and will shorten the pathway by 10 weeks. • Full implementation of the planned LGI improvement plan will meet NoP guidance. • Increased capacity within GA diagnostics from 69 procedures to 100 procedures per week within urology will reduce backlog of patients waiting to enable ongoing sustainability. 	<p>4</p> <p>1</p> <p>2</p>	<p>Ongoing. Regional Orthopaedic Programme established Q3</p> <p>Complete Ongoing – National focus has changed to reducing long waiters at Stage 4. Complete – FIT implementation</p> <p>Complete</p> <p>Partially Complete (on one site) Full implementation end Q4</p> <p>Partially Complete</p> <p>Complete</p>	<p>On Track-Regional Endoscopy board has been established. Work plan is currently being drafted</p> <p>On Track - FIT was implemented Apr '23, there has been a 53% reduction in outpatient demand. Still monitoring endoscopy demand changes Complete</p> <p>Completed Led onto another piece of work analyse the diagnostic demand One Stop Model for Post-Menopausal Women on HRT. Pilot results available by FYE. Implementation of a new pilot for hysteroscopy urgent patients. Reduction in</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> 7 day working model within hysteroscopy to meet demand on Post Menopausal Bleeding (PMB) pathway and facilitate reestablishment of the one stop model Continue to work on National Optimised Pathway in all tumour sites. Implementation of all Patient Reported Experience Measures (PREMs) across all tumour sites Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. <p>Regional</p> <ul style="list-style-type: none"> Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward the agreed South West Wales Cancer Centre (SWWCC) Strategic Programme Case (SPC), including developing the 2nd CT SIM capital and revenue business case options appraisal for 5th LINAC and outpatient delivery model Refresh Regional Gynaecology Model with SBUHB to inform business case Urology Improvement Group to be established June 2023 (supported by Improvement Cymru and Wales Cancer Network Refresh demand and capacity within Urology diagnostics. Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. Monitor compliance of implemented improvement plan within lower GI Review outcomes from PREM analysis and work with value based healthcare team to agree recommendations 	3 4	<p>Ongoing</p> <p>Ongoing</p> <p>Complete Significant improvement in compliance on both measures</p> <p>In Progress two work streams OPD chaired by HDUHB. 2nd CT SIM and 5th LINAC chaired by SBUHB</p> <p>In progress to be established in Q4</p>	<p>longest wait for urgent and routine patients</p> <p>Work has commenced although slightly behind anticipated start date</p> <p>Work has commenced although slightly behind anticipated start date</p> <p>Ongoing</p>
4b Regional Diagnostics Plan	<ul style="list-style-type: none"> Delivery of the operational actions in respect of each diagnostic service as reflected in the Annual Plan for 2023/24 	4 1	<p>Complete</p> <p>Ongoing – Q4</p>	

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> Establish a <u>Regional Diagnostic Board</u> (May) that will report to the ARCH Regional Recovery Group and then to subsequent management boards (or equivalent) in each health board A <u>comprehensive regional demand and capacity analysis</u> will be completed across all disciplines, including establishing and mapping workforce issues, with a view to identifying and understanding gaps in the systems. A <u>Regional Diagnostics Workshop</u> will be held when D&C work complete, to develop a Regional Diagnostics Model, explore all options available and plan a process for monitoring and escalation <u>Develop a Business Case</u> 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 	2 2 3	Partially Complete – likely completion Q4 Partially Complete – likely completion Q4 Ongoing – Q4	Membership and ToR have been agreed. Due to the pace of programme development, an inaugural meeting of this group has not yet taken place. All elements of the Programme are behind and will be ongoing into 2024/25
4c Mental Health Recovery Plan	<p>Mental Health 111</p> <p>Q1: Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.</p> <p>Q2: Establish monitoring processes to capture national minimum data set and local targets</p> <p>Q3: Review demand and capacity against call volumes/length/presenting issue following national advertisement campaign.</p> <p>Q4: Finalise national and local reporting requirements/timelines – on all age open access line and professional line.</p>	1 2 3 4	<ol style="list-style-type: none"> Q2 delay to national communications campaign due to another Health Board being unable to provide 111 Option 2 24/7 until Q4. To mitigate additional funding approved to undertake targeted local campaign, commencing in Q3. National minimum data set agreed in Q1, 	Issue is on-going and is outside the control of Hywel Dda Complete

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<p>Specialist Child & Adolescent Mental Health Service (SCAMHS)</p> <p>Q1: Undertake demand and capacity review against service need. Report monthly through Heads of Service meeting. Continue to review training needs against workforce skill mix.</p> <p>Q2: 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.</p> <p>Q3: 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</p> <p>Q4: Continue quarterly meetings with Delivery Unit colleagues. Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	<p>monitored through national dashboard. Met all targets in Q1 & Q2.</p> <p>3. Q1 – Q4 demand and capacity is reviewed monthly in line with staff rota requirements. This will be monitored in line with the local and marketing campaign in Q3 and Q4.</p> <p>4. Q1 – Q4 weekly monitoring reports produced and shared Directorate wide and with partner agencies. Qualitative Service User Distress Scores (SUDS) introduced in Q1.</p> <p>1. Q1 & Q2 a range of staff have attended/booked to attend demand and capacity training delivered by the DU. Bench marking on track based on clinical cases and near misses. Service mapping has been completed. A robust training plan has</p>	<p>Ongoing</p> <p>Complete</p> <p>On-going</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<p>Local Primary Mental Health Support Service (LPMHSS) Q1: Introduce text messaging service for appointment reminders to mitigate DNAs and increase attendance. Q2: Implement 'test the concept' approaches to provide additional community support e.g. family support workers Q3: Introduce additional evidence based group interventions as appropriately identified through the review, utilising community venues to increase uptake. Q4: Service reporting on maintained trajectories to move to business as usual.</p>	<p>1 2 3 4</p>	<p>been developed. Successful funding of therapies training for staff via Health Education and Improvement Wales (HEIW) additional funding. 2. Q2 The Service has commissioned Kooth until March 2024 via in year underspend from Service Improvement Funding (SIF). Q3 & Q4 plans are underway for a business proposal to the PB for consideration for future funding. 3. Q3 & Q4 the strategic work on 'No wrong door' is ongoing and being led by the RPB. Scoping of possible models for multiagency referral panels underway. Discussions to take place with partners to explore options for multi-agency panels. 4. Q1 – Q4 regular meetings are scheduled with WG and the DU in line with Enhanced</p>	<p>Outcomes achieved for Q3 Ongoing On-going</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
			<p>Monitoring procedures. IPAR updated monthly.</p> <ol style="list-style-type: none"> 1. Q1 introduced pilot test messaging reminder service in IPTS and LPMHSS (Adult). Q3 undertake review of DNAs versus text reminders sent over Q1 and Q2 to identify correlation and further actions. Q3 discussions are taking place to introduce in group therapies Primary Mental Health (Ceredigion and Carmarthenshire). 2. WG has provided sustainable funding to develop a GP Cluster based Well-being Service. Q2 successful recruitment of 5 out of 7 Band 5 Well-being Practitioners and Band 6 Clinical Lead. Q3 the remaining 2 posts being advertised. Q2 agreed with GP colleagues that 	<p>the pilot project showed a reduction of 80% in Do Not Attend rates.</p> <p>Complete</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
			<p>1 Practitioner will be based in each cluster area for ease for referral. The service has developed close links with 111 option 2 to enable direct referrals for face-to-face interventions.</p> <p>3. Q1 & Q2 pilot group interventions took place from May – July in a community venue in Carmarthenshire. Uptake and retention were improved, with positive feedback received. Q3 finalising scheduling plans for 4 groups which will run simultaneously in the Autumn term in Llanelli, Carmarthenshire, Neyland and Aberystwyth. Working with Third Sectors and community organisations to identify suitable venues that can be utilised for group work.</p> <p>4. The service has continued to</p>	<p>150 individuals have successfully completed group interventions. 75 individuals have been discharged</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
			demonstrate improved compliance with improving trajectories and is on track to reach full compliance for Part 1 Q4.	Work on-going as part of enhanced monitoring process
5a Estates Strategies	<ul style="list-style-type: none"> • Completion of the WG commissioned Clinical Review • Completion and submission of Board approved SOC • Land consultation for new Urgent and Planned Care Hospital reported to Public Board • Submission of regional 10-year capital plan to WG • Agile Toolkit launched • Board sign-off of Property Strategy • Submission of FBC for Cross Hands 	<p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>4</p>	<p>Complete – awaiting WG finalisation</p> <p>Delayed – subject to WG further guidance</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>As per plan</p>	<p>Completion of the WG commissioned Clinical Model Review by Aug 23 - As at quarter 2 report, draft report received and broadly supportive of the UHB's clinical model. Formal feedback from WG awaited.</p> <p>Completion and submission of Board approved SOC by Sept 23 – The final version of the SOC will need to reflect the output from the finalised Clinical Model Review and the results of the September 2023 IIB discussions. WG formal endorsement of the PBC also remains outstanding and will in part, at least, be dependent upon the UHB responding to the</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				<p>IIB on the actions taken as a consequence of the Nuffield Trust Review.</p> <p>Submission of FBC for Cross Hands by Jan 24 - This is now targeted for May 24 as a consequence of the limited response to the market testing exercise to inform the scheme target price.</p>
5b Research and Innovation	<ul style="list-style-type: none"> • Put in place arrangements to grow oncology research trials • Adequate funding secured through Health and Care Research Wales to support core research delivery establishment • Complete programme of work to establish 'fit for purpose' research facilities at all Hospital sites • Increase the number of clinicians with dedicated research time incorporated into their job plans/PADRs • Achievement of Site Level Research Delivery Plans • Delivery of year two of the TriTech Business Plan objectives • Explore and secure opportunities to diversify the TriTech and Innovation portfolio in view of national and international interest • Review the size, structure, and capabilities of the TriTech team in view of experience and priorities for the next 12 months 	<p>4 3</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p>	<p>As per plan As per plan</p> <p>Delayed – WGH building constraints</p> <p>As per plan</p> <p>As per plan Complete</p> <p>As per plan</p> <p>As per plan</p>	<p>On Track-Put in place arrangements to grow oncology research trials</p> <p>Adequate funding secured through Health and Care Research Wales (HCRW) to support core research delivery establishment</p> <p>Complete programme of work to establish 'fit for purpose' research facilities at all Hospital sites</p> <p>Increase the number of clinicians with dedicated research time incorporated into their job plans/PADRs</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				Achievement of Site Level Research Delivery Plans Deliver third year of TriTech Business plan Review TriTech establishment Appraise TriTech expansion possibilities, working with collaborative partners across Welsh NHS. Activities concluded and planned against each of these priorities follow.
5c Digital Strategy	<ul style="list-style-type: none"> • Release of the PIN to the market outlining our intention for a strategic partner • Development of a capacity and capabilities assessment • Commercial assessment, and proposed route to market • First draft of outline programme business case • Second draft of programme business case ready for Sustainable Resources Committee • Finalised specification for strategic partner • Finalised, programme business case, identified route(s) to market, supplier assessment, and recommendation to the Board to progress to procurement 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p>	<p style="text-align: center;">Complete</p> <p style="text-align: center;">Complete</p> <p style="text-align: center;">Quarter 4 – Finalised business case to Board</p> <p style="text-align: center;">Complete – report on November Public Board</p> <p style="text-align: center;">Quarter 4</p> <p style="text-align: center;">Complete</p> <p style="text-align: center;">Quarter 4</p>	<p>Following the approval of the Strategic and management Case by the Board in November 2023, a draft specification is in development ready to be released to the market in late February 2024 as per the project plan</p> <p>The planned outcome of this work is to award a 10-year strategic partner to enable the digital transformation of</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				the Health Board. There has been a slight delay in development and release of the specification to the market, however following Board approval in November 2023, the programme is back on track.
6a Clinical services plan	<ul style="list-style-type: none"> • Establish programme governance • Project governance, scope to be agreed for Primary Care • Project governance and scope to be agreed for remaining Clinical Service Plan Pathways and Working Groups. • Undertake public consultation on Urgent and Emergency Paediatrics service model and report to Public Board • Issues paper(s) to be developed and presented to Public Board • Scope of projects to be finalised and agreed by Board following issues paper • Options paper(s) to be developed and presented to Public Board 	<p>1 Tbc 2 3 4 4 Tbc</p>	<p>Complete Complete Complete Complete – report on November Public Board As per plan – aiming for Board Seminar in February and Public Board in March As per plan – aiming for Public Board in March As per plan – to be determined following issues paper and scope agreed</p>	<p>March 2023 – Clinical Services Plan approved by Board June 2023 – Establishment of programme governance structure January 2024 – SBAR to Board giving assurance on progress. Issues Paper for decision at Board in March 2024. February 2024 – Issues Paper Draft (previously December 2023) variance is due to risk to delivery below (highlighted initially at SDODC in September 2023, raised at Board 28/9)</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
6b Pathways and Value Based Healthcare	<ul style="list-style-type: none"> • HDUHB HealthPathways programme platform launch 	3	As per plan – launch 13	On Track -In summary, the plan this year is to: a) Develop VBHC improvement plans and support implementation action in Trauma & Orthopaedics and Cardiology b) Capture Patient Reported Outcome Measures (PROMS) in an additional 12 service delivery areas c) Procure a new PROMs capture solution d) Develop 5 new PROM visualisation dashboards associated resource analysis and service utilisation to support 6 service reviews, including Lung Cancer, IBD, Asthma, COPD e) Implement the 'Rapid Value' programme, with associated quality and cashable efficiency gains f) Deliver practical actions following action
	<ul style="list-style-type: none"> • Deliver activity relating to Goal 1 from the second year of the VBHC programme plan (enabling value driven change in service areas) 	4	December 2023	
	<ul style="list-style-type: none"> • Procurement of a new PROMs capture solution, adhering to local requirements, and national standards/frameworks 	4	As per plan	
	<ul style="list-style-type: none"> • Deliver activity relating to Goal 2 from the second year of the VBHC programme plan (Education and Upskilling) 	4	Focus moved to developing capability to construct Value driven business cases and capture of patient expectations and goals.	
	<ul style="list-style-type: none"> • Deliver activity relating to Goal 3 from the second year of the VBHC programme plan (partnerships and innovation) 	4	As per plan	
	<ul style="list-style-type: none"> • Implementation of a minimum of three 90-day rapid value cycles, designed to quickly evaluate whether there is case to change a processes/practices/procedures when considered through a VBHC lens. 	4	As per plan	

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				learning set, notably in FLS, which is supported through the VBHC delivery fund
6c Continuous engagement	<ul style="list-style-type: none"> Produce a series of standards and guidance on continuous engagement to promote good practice across the organisation 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. Agree a process for monitoring and evaluating continuous engagement with seldom heard groups and individuals with protected characteristics. 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 Hywel Dda University Health Board is informed and influenced by the views and perspectives of all our stakeholders 	3 3 3 4	Delayed to Q4 Some progress made – working with UWTSD on local engagement events. Delayed – Q4 Delayed – Q4	Paused as per Board Decision Nov '23
7a Population Health	<ul style="list-style-type: none"> 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 	Plans 2023 Implementation: 2023/25 Evaluation 2024/26	As per the Plan As per the Plan As per the Plan	On Track- WSAEMWB Primary schools: (Pembrokeshire/ Ceredigion only – Carmarthenshire run by Local Authority): • Completed Self-evaluation - 64.4% (Wales - 60%) • Action Planning - 36.8% (Wales - 32.1%) •

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
				<p>WSAEMWB Secondary schools (All LAs):</p> <ul style="list-style-type: none"> • Completed self-evaluation - 100% (EOY Target 90%) • Action Planning - 74.1% (EOY target 80%) • Early Years Data Dashboard Complete • Early Years Leadership Group established. • Completion of Early Years Needs Assessment due March 2024 • System support provided to creation of Mid and West Wales Maternity and Early Years Strategy (launch March 2024).
7b Integrated Localities	<ul style="list-style-type: none"> • Project initiation. Design and deliver a PID with outline project plan • Sector engagement and issues development focussing on: <ol style="list-style-type: none"> 1. workforce and building system capacity including community services and multi professional working 2. patient empowerment and increased directed self-care 3. Sustainability 4. premises 5. quality and safety 6. finance and investment 	2 2	This has now been subsumed into the primary and community care strategy element of the Clinical Services Plan PO 6a.	No update due to the work now being superseded as part of the Clinical Services Plan

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> 7. digital 8. services closer to home • Engagement programme with the Primary Care Sector & HDUHB operational/corporate stakeholders to gain insight and feedback on the issues, and opportunities <ul style="list-style-type: none"> 1. workforce and building system capacity including community services and multi professional working 2. patient empowerment and increased directed self-care 3. Sustainability 4. premises 5. quality and safety 6. finance and investment 7. digital 8. services closer to home • Engage, review and revise a Primary Care and Community Strategy 	3		
7c Social model for Health and Wellbeing	<ul style="list-style-type: none"> • Defined projects that focus on formalising steps to operationalise the move to a SMfHW in the three identified groups of <ul style="list-style-type: none"> - Our Workforce - Our Partnerships - Our Communities • Embed SMfHW into other major Health Board programmes of work • Embed the concept of whole system approach to Food for wellbeing into HB BAU • Communication <ul style="list-style-type: none"> • E-Document to provide progress updates • Communication - Engagement platform • SMfHW Online Presence– Internal & External 	2 2 2 2 4 April '24 1 1	In progress, e.g. Employer Supported Volunteer In progress, e.g. Social Innovation In progress, e.g. Creative engagement in Pembs In progress, e.g. aligning with 10,000 conversations Paused due to staff being released Paused due to staff being released	On Track -Recorded lessons learned about place-based community activity- in alignment with wording of former Planning Objective 4U (PO 4U). Facilitated multi-agency county-level “Creating change together in...” meetings. Produced draft report about / proposals for Employer Supported

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> • Agree at least one community in each Local Authority for initial place-based activity. • Produce a “For information” SBAR for Executive Team summarising decision-making process to identify at least one community in each Local Authority for place-based activity. • Carry out or support direct engagement with community members to map assets and determine priority areas of need and appetite for involvement. • Produce a “For information” SBAR for Executive Team summarising direct engagement activity with community members. • Seek / obtain / contribute to a list of “community leaders” in each community identified for place-based activity. • Explore the potential and feasibility of supporting the implementation of a Moondance Cancer Initiative (MCI) project in schools in the Health Board area. 	<p>April '24</p> <p>1</p> <p>April'24</p> <p>April'24</p>	<p>Paused due to staff being released</p> <p>Paused due to staff being released</p> <p>Paused due to staff being released</p> <p>Paused due to staff being released</p> <p>Complete</p> <p>Complete- SBAR produced April 2023</p> <p>In progress- exploring alignment with 10,000 conversations / creative engagement in Pems</p> <p>Likely to be delayed</p> <p>Focus shifted- identified workforce in communities</p> <p>In progress- MCI to be delivered Q4 2023 or Q1 2024 (Tyisha, Llanelli)</p>	<p>Volunteer (ESV) scheme.</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
8a Decarbonisation & Sustainability	<ul style="list-style-type: none"> • Aberystwyth Public sector Low Carbon Heat Project – deliver detailed design; • Develop scoping and feasibility to deliver public / private solar farms • Continue to deliver PV spend to save scheme • Deliver new Energy Performance Contract via RE:FIT 4 Procurement Framework to select partner to deliver multiple phase low decarb. projects • Agile Toolkit launched • Board sign-off of Property Strategy • Deliver roll out of electrical vehicles lease scheme • Arrange/complete feasibility studies on car charging infrastructure (for fleet vehicles). • Decarbonisation Awareness/Training - e-learning / decarb video / Green Teams. • Green/Sustainable Procurement Policy – continue engagement to improve carbon performance with the supply chain. • Green Healthcare Strategy – identify best practice projects, delivered and being planned, and support delivery • Delivery of the ‘Secondary Care Inhaler Recycling Project’ • Carbon Literacy – Implementation of the ‘Achieving Net Zero in Wales’ E-Learning via ESR 	<p>4</p> <p>4</p> <p>2</p> <p>4</p> <p>2</p> <p>2</p> <p>Ongoing</p> <p>2</p> <p>3</p> <p>2</p> <p>4</p> <p>4</p> <p>4</p> <p>3</p>	<p>On Hold - remains on hold pending funding support</p> <p>As per plan - Continuing to engage with Private developer (PPH) and Pems LA (WGH)</p> <p>Delayed - complete PV scheme at SPH by Q3</p> <p>As per plan - Capital monies approved to deliver on the objective by Q4</p> <p>Complete</p> <p>Complete - endorsed by Board in July 23</p> <p>As per plan – now 69% up from 10% in 2019</p> <p>Completed – feasibility report produced in Aug 23</p> <p>Complete – Sustainability/carbon literacy videos/training on the Sustainability Hub</p> <p>Complete - Procurement have developed the Sustainable Procurement Policy</p> <p>Delayed – this is being led by the Approach to Healthcare workstream. This initiative requires a longer-term plan</p>	<p>A significant lack of funding is inhibiting achievement of the initiatives set out in the Hywel Dda Decarbonisation Delivery Plan. There is also a lack of NHS and local health board structures/systems to enable Decarbonisation to be made the priority it truly is.</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
			On hold – funding was pulled by WG and is no longer available. Complete – on ESR	
8b Local Economic and Social Impact	<ul style="list-style-type: none"> Reassess HDUHB utilising the BCORP measurement system. Following the reassessment, develop a target trajectory and improvement plan for HDUHB to take to SRC for agreement to proceed annually Work with stakeholders to develop a network of Social Value + individuals Work with estates to map what assets are available to be used while identifying what is most needed by SVEs locally Update and maintain the Social Value+ sharepoint page to engage and educate staff about social value+ activities Actioning of the Public value action plan and continued work with CLES Work with procurement to enable maximisation of social value to be created with contract tendering and ensure projects are managed post tender to allow transparency around actual vs tendered amount 	3 3 4 April'24 April'24 April'24	Deferred to 2024/25 – elements to be included in 8c	Paused as per Board Decision Nov '23
8c Financial Roadmap	<ul style="list-style-type: none"> Establish Executive and Board appetite for the level of change necessary to become more financially sustainable – with individual scenarios modelled and level of reductions in expenditure required Develop both demand side and supply side models of the impact of demographic change on the likely level of demand and capacity available to the health board over the next 5 years. Develop modelling of the likely impacts of national and local initiatives on financial and operational performance. 	1 2 2	Scenarios modelled and discussed at Exec Team and Board Seminar July 2023 Outline demand model created for ten year time horizon, and initial assumptions tested. Supply model for staff, assets etc in the course of construction	Completion of first phase in accordance with timetable – demographic and other demand factors Linkages made to A Healthier Mid and West Wales (AHMWW modelling), in respect of acute bed,

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
	<ul style="list-style-type: none"> • Identify and model the impact of changes to operational delivery that seek to reduce the usage of hospital beds and instead provide care in a more appropriate and cost-effective manner. • Collaborate with a range of health board directorates and services on developing proposals for inclusion within the strategy relating to demand, supply, configuration and other factors that impact our long term sustainability (see communicate / collaborate section below) • Propose changes to medium term strategies that deliver more financially sustainable services and seek approval from Exec / Board before embedding in a financial strategy • Finalise strategy and embed in future budget and planning discussions to ensure delivered 	<p>2</p> <p>2</p> <p>2</p> <p>4</p>	<p>Key assumptions in respect of funding, WG policy change etc incorporated. Will be revisited in phase 3, consideration of HB policy options</p> <p>This is next phase once phase 2 (supply modelling) has been completed. Anticipated that Phase 3 will commence December 2023, likely to take 6 months.</p> <p>Ongoing. Engagement event with a wide group of clinical and managerial leaders planned for January 2024.</p> <p>Included as part of Phase 3. List is currently being compiled of suitable topics, initiatives and potential programmes of work.</p>	<p>community bed and out of hospital care</p> <p>Work currently underway to model retirement, resignation, retention and recruitment of staff to model likely staff availability over next decade underway. Engagement with clinical leaders due to commence mid-February ,3 months later than scheduled, to begin process of developing proposed responses to work undertaken to date</p>

Planning Objective	Action	Original Quarter	Revised Quarter / Timeline	Update
			At conclusion of phase 3, likely to be summer 2024	
8d Welsh Language and Culture	<ul style="list-style-type: none"> Following the Discovery process, we will deliver a Welsh Language plan that supports the ambitions of our health board to enhance our Welsh language and culture across the health board and engages and inspires our staff, patients, and broader communities. Strive to comply with all aspects of the Welsh Language Standards: 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. Support managers to recruit Welsh speakers and support staff to learn/improve staff Welsh Language skills in order to achieve our 10 year target (Bilingual Skills Policy) Develop a communications campaign to explain the importance of the Active Offer to staff (as outlined in WG More than Just Words) Continue to maintain and deliver a robust translation service for the whole Health Board 	<p>1</p> <p>Annually</p> <p>Annually</p> <p>3</p> <p>Tbc</p> <p>Tbc</p>	<p>Complete</p> <p>Business as usual</p> <p>Business as usual</p> <p>Business as usual</p> <p>Delayed to quarter 4</p> <p>Business as usual</p>	<p>On Track - All areas of the planning objective are on track with the exception of Establishing a Welsh language Working/Steering Group. Following a discussion at PODCC this action has been stood down</p>