Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 29 September 2022 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Update on Annual Plan 2022/23 |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Lee Davies, Director of Strategic Developments and Operational Planning<br>Huw Thomas, Director of Finance |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Shaun Ayres, Assistant Director of Commissioning<br>Daniel Warm, Head of Planning<br>Andrew Spratt, Deputy Director of Finance |

| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
|---|
| Ar Gyfer Trafodaeth/For Discussion |

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) submitted draft plans for 2022/23 to Welsh Government in March 2022 and July 2022.

The July 2022 iteration of the Plan noted an end of year financial deficit of £62m, out from £25m in March, which Welsh Government noted as being unacceptable.

At the Board meeting in July a series of measures were proposed to review this position and to report these back to Board in September 2022.

The Health Board has been undertaking a number of activities to review our 2022/23 financial position and to feed into the next Planning Cycle round for 2023/24.

## Cefndir / Background

The submission of a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) 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 never previously been in a position to produce an approvable IMTP.

HDdUHB wrote to Welsh Government on 28 February 2022, to provide formal notification through an accountability letter that unfortunately we would not be in a position to submit a financially balanced IMTP by 31 March 2022. Instead, the letter noted that it would be our Board's intention to submit a draft Three-Year Plan 2022/25, with a robust and detailed focus on 2022/23 actions, which we intended would set the foundations for an IMTP to be submitted in the summer. This notification was based on the premise that The Health Board's underlying deficit had worsened over the last two financial years following the gaps in delivery of recurrent

savings in 2020/21 and 2021/22 during the pandemic and, as such, there was insufficient assurance to allow HDdUHB to propose an IMTP for the March 2022 submission.

The Health Board's draft Plan was approved by Board in March 2022 and subsequently submitted to WG on 31 March 2022, noting that a further iteration of the Plan would be submitted in July 2022.

The updated Plan was submitted in draft form to Welsh Government on 8 July 2022, noting that this was subject to consideration at the Public Board meeting on 28 July 2022. However, Welsh Government wrote to the Health Board on 12 July and 20 July advising that the financial position laid out in the plan, a deficit of £62m, was unacceptable.

As a consequence, at the Public Board meeting on 28 July 2022, a series of steps were laid out by the Health Board's Chief Executive, to bring back to the Board meeting in September 2022.

## Asesiad / Assessment

Update on actions agreed at July Board

Following the Public Board meeting in July 2022, the Chief Executive wrote to Welsh Government on 2 August 2022 outlining a series of suggested actions. A response to this letter was received on 15th September 2022 from the Chief Executive of NHS Wales. However, whilst awaiting the response, the Health Board has continued to work on the plan, in particular looking at opportunities to improve the financial forecast.

| Decisions at July 2022 Public Board | Status |
|---|---|
| **APPROVED** the planning objectives and supporting actions as set out in the Plan but **REQUESTED** a further update to the September 2022 Public Board meeting regarding the translation of these objectives into the key deliverables of quality, safety, performance and finance. The report should also set out the choices that can be made between these three elements for discussion and agreement. This will be considered through the lens of the patients and public. | Update included within this paper |
| **AGREED** that the aforementioned should be subject to full scrutiny at the relevant committees prior to the Public Board meeting. | The Sustainable Resources Committee met on 22 August, and while the opportunity for scrutiny was limited, this was supplemented by a Board Seminar meeting on 8 September. |
| **AGREED** that the Chief Executive would write a further Accountable Officer letter to Welsh Government in light of today's discussion. | Completed – letter sent 2 August 2022 |
| **AGREED** to ask the Financial Delivery Unit (FDU) for additional, immediate support with the translation of Planning Objectives into impact, to work alongside the Finance team. | Response letter received 15th September, noting that our request for support and that this would be considered in the context of on-going tri-partite meetings to discuss escalation and intervention discussions |

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| **AGREED** to invite the Delivery Unit (DU) and Improvement Cymru to review key related Planning Objectives, to ensure our Target Operating Model (TOM) and the underpinning actions to provide assurance on their ambition, completeness and clarity. Establishing if there is anything further the UHB could or should be doing | As above |
| **AGREED** to request the establishment of a monthly meeting between the Health Boards Executive Team and Welsh Government colleagues to overview, scrutinise and challenge progress on quality and safety, performance and financial impact. | As above |
| **AGREED** to re-establish a weekly meeting with the Chief Executive, Chair and Independent Members. This will be in addition to the existing Board scrutiny arrangements. | Completed – meetings in place from August 2022 |

<u>In-year operational financial improvement plans</u>

A number of actions and mitigations have been introduced to address the current operational and financial challenges. These include:

- A weekly Dashboard to the Executive team which highlights any movements relating to savings and/or operational run rate variances
- A weekly focus within the Operational and Planning Group on savings, efficiencies and opportunities
- The introduction of monthly Use of Resource meetings with all Directorates with a clear focus on operational drivers, opportunities to reduce cost and improve quality and performance

The situation remains very challenged and the multifaceted issues facing the Health Board from patient acuity (unmet demand), staffing shortages, to the number of Ready to Leave and Medically Optimised patients has resulted in unprecedented operational, quality and financial challenges. This is in addition to underlying financial challenge of delivering services through four general hospitals which will be addressed through our Programme Business Case currently being considered by Welsh Government.

The forecast remains currently £62m. However, pressures identified mainly in primary care prescribing (both in cost and volume) added £3.4m to this position. During our use of resources meeting over Months 4 and 5, further forecast pressures of £1.3m were identified. These were offset by £2.8m of favourable changes elsewhere across Directorates.

Of note, this includes recognition of a benefit of £1.0m relating to additional actions which have been taken to identify and charge high cost drugs issued within the Health Board to non-Health Board residents. This was not possible until this year, but the implementation of the Wellsky system has allowed the Health Board to appropriately charge this costs to our commissioners. Further gains of c£0.3m are recognised as an opportunity within this scheme for development over Q3.

This has led to a net pressure against the £62m forecast of £1.9m; an improvement from the £3.4m risk noted in Month 4. While this remains an overall risk against the £62m forecast, it

does demonstrate that the Use of Resources meetings are gaining some traction in stabilising the financial position and beginning to erode the risks.

Target Operating Model

Over and above the directorate-level actions to improve the financial run-rates, work has been undertaken to assess the organisation-level actions which could be taken. These options and opportunities include, but are not restricted to, those directly resulting from the TOM work referred below, i.e. the translation to financial and quality/performance benefits.

As part of reviewing the UHB's operational run-rate, and considering the options to reduce it, we have identified two broad categories – strategic and operational:

- Strategic options – these are more fundamental options, mainly associated with the configuration of services or the types of services the UHB provides. By their nature they are typically larger, would likely take longer to achieve and may require significant engagement. For these reasons our assessment is these are unlikely to reduce the run-rate in-year but may be options we consider ahead of next financial year. These strategic options are all consistent with the direction of a Healthier Mid and West Wales, however, could require changes to be made earlier than planned.
- Operational options – these are more tactical, mainly associated with the current service configuration. Typically they are changes which could be made relatively quickly but potentially could have a number of quality and performance consequences associated with them if not introduced.

There are three key areas of work which were already being progressed within the Target Operating Model framework which are anticipated to impact our financial position. These mainly address the demand on our services:

1. Transforming Urgent and Emergency Care. This has focused on reducing demand for hospital-based emergency care; and is expanding its scope to address in-hospital flow.
2. Integrated Localities Plan. This has focused on developing a joint Health and Social Care workforce model to both support earlier discharge from hospital and ensure a more robust community model to reduce future hospital demand.
3. Long term care within MHLD which is seeking to ensure that the model for commissioning arrangements are financially equitable across health and social care.

**1. Transforming Urgent and Emergency Care**

A comprehensive analysis of our data demonstrates that our frail and elderly population contributes to the greatest demand on our Urgent and Emergency Care services (over half of all hospital beds are occupied by over 75s). Moreover, the same data indicates that if vulnerable population groups are not discharged within the initial 72 hours of admission, there is a high probability they will experience a long hospital stay (30% of people over 75 admitted as an emergency stay in hospital over 3 weeks, if they stay more than 3 days).

It is well evidenced that extended hospital stays can lead to deconditioning and increased dependency. This leads to poorer outcomes for individual patients plus greater pressure on health and social care services, which in turn leads to more patient admissions to hospital. Fundamentally, the Transforming Urgent and Emergency Care (TUEC) programme is aiming to break that cycle.

The programme has an established structure in place, with dedicated resource and a Senior Responsible Officer, and has received significant investment this year. A highly successful conference was held in June, attended by clinicians across the system, with local, national and

international experts. This set out the importance and urgency of improvement in this area, based on the evidence of what works.

Analysis of the data demonstrates that the greatest opportunity for provision of safe, sustainable, equitable and kind UEC services is in the following areas:

1. Reducing **Conveyance** to hospital
2. Reducing **Conversion** (admission) rates where appropriate to do so
3. Enhancing our inpatient management of **complex** frail patients.

The programme aligns to the national work on 'six goals' for Urgent and Emergency care.

In response to the above, the initial focus is on the over 75s, as the current modelling suggests that a decrease in our admission rate of circa 10%, in conjunction with a reduction in length of stay of 1 day, would provide a reduction in hospital bed demand equivalent to 80 beds.

These measures are focused on reducing the current challenges relating to patients being placed in the most appropriate areas and getting our system flow and front doors working efficiently.

Improvements have already been achieved in reducing the number of conveyances and admissions to hospital. To date however this has been offset by an increase in length of stay due to discharge challenges.

The unprecedented pressure on all services requires the TUEC component of the TOM to be complemented and underpinned by the Integrated Localities Plan. The two components are required to deliver and support many of our high-risk patients, in particular the Enhanced Bridging Service.

## 2. Integrated Localities Plan

The ILP is fundamental to the delivery of our strategy, with "A Healthier Mid and West Wales" predicated upon a shift in the model, from a reactive, illness-based service to a focus on maintaining health and wellbeing through a social model for health. There are several key elements in development, and will be phased in a structured way over the next three years, to enable the realisation of the ILP:

- **Connecting with Strong Communities** – develops and mobilises the principle of the Health Board as an anchor organisation, working with partners in communities to manage, in a preventative way, the growing demographic challenge. The social prescribing programme is a clear government priority which has received investment over the last year. An introduction of a new IT system will inform future gaps and opportunities linked to the social model in development and will support the direction of travel. There will be a need for further investment in our communities and the preventative and connecting activities that will support long term community resilience and self-care, this will be further scoped over the next 2 years.

- **Integrated place-based teams & services** – workforce modelling is underway to define the model we wish to develop within our communities. The model is intended to support and deliver preventative, proactive and responsive care, advice, assessment and treatment. These teams will wrap around primary care services and registered populations alongside current and future community-based services. The services will be a focal point in supporting people/patients with long term conditions within our targeted at-risk groups. Risk stratification, proactive care planning and anticipatory

services will be delivered by multi-professional and multi-organisational teams, keeping patients safe, functioning and well in their own homes and communities. Primary care services will be supported and integrated by these place-based teams to enable them to deliver for the growing demand of the population.

- **Health and wellbeing centres and community beds** – Targeted approaches will be required (including potential investment) to ensure we have community facilities capable to delivering a range of high-quality treatments, services and diagnostics closer to home. Community ambulatory clinics will support effective delivery of place-based care services, as well as support planned care pathways.

- **Urgent and Intermediate care services** – the development of community-based care and assessment to support the step up and step-down needs of our population, to ensure they only spend the minimum amount of time in hospital to meet their medical needs. Careful and responsive co-ordination will be key in order to deploy and make best effect of shared resources. Care at home and commissioned interim or intermediate care beds need to be rightsized, with Local Authority Partners, to reduce delay and deconditioning (aligned to TUEC).

- **Ongoing Care** for people who are frail and need alternative accommodation, this may include joint extra care facilities and the right sizing of care home provision. Ensuring we have community specialists who can deliver complex or long-term care within the community, particularly for those with life limiting conditions or multi-morbidities.

Whilst certain aspects of the Integrated Localities Plan (ILP) are embryonic in nature, the approach sets out a clear approach to population health. Furthermore, the above is underpinned by the inception and introduction of an integrated approach between the Health Board and Local Authorities (Carmarthenshire and Pembrokeshire) relating to the building of community care capacity, namely the Enhanced Bridging Service.

Notwithstanding the Enhanced Bridging Service is borne out of necessity, to address the current Ready to Leave (RtL) and Medically Optimised (MO) challenges, it does support integrated approaches to the challenges facing Health and Social Care in the immediate future and beyond.

The Enhanced Bridging Service will encompass the spirt of ILPs and set the foundations through clear service delivery principles, namely:

- for individuals to maintain independence at home to prevent or reduce the risk of an urgent admission to hospital
- for those individuals in an acute or community hospital bed who require care to enable them to transfer home for their assessments
- for those individuals in an acute or community hospital bed who require care to enable them to transfer home whilst waiting for their assessed long term care provision

Currently, the financial benefit anticipated from this is expected to be c£0.3m to £0.5m in year, with a gain of £1.2m for the coming financial year.

Within Carmarthenshire, it is anticipated that this will release 52 beds; with a further 38 beds in Pembrokeshire. It is anticipated this will likely lead to improved flow in the first instance, in particular to support the winter plan.

### 3. Long term care within MHLD.

Transforming Mental Health and Learning Disabilities services and the way patients are treated across Hywel Dda provides the strategic context to develop the requisite MH&LD TOM. There are a number of key areas to develop in the first instance, these respective areas will provide the catalyst to achieving the optimal operating model with MH&LD.

One of the key areas being reviewed are the packages of care within MH&LD (Continuing Healthcare (CHC)). At present, Hywel Dda commissions more packages of care within MH&LD compared to any other Health Board in Wales. The packages when viewed on the average cost per case are significantly less than other Health Boards in Wales. However, these figures are somewhat skewed by the numerator and denominator and do not account for demographics and population age etc.

Based on the above, the Health Board commissioned an independent piece of work from a Registered Nurse who has 25 years of experience in the management and provision of effective patient care, specifically, specialist clinical knowledge of CHC, FNC and extensive experience in the implementation of CHC, Section 117 after care and joint funded complex packages of care.

The commissioned report reviewed 402 of the 526 packages of care (across both CHC and Section 117). The 526 packages of care had a financial consequence:

| Total Cost | Health Expenditure | Health Contribution |
|---|---|---|
| £48,080,567 | £26,484,252 | 55.1% |

The review concluded that the Health Board are funding a number of packages of care at 50%, despite there being a minimal to no health need. The recommendation also stated that there is not the process/tool to appropriately apportion costs based on client/patient needs. Moreover, the 50/50 split is predicated on an antecedent arrangement and has not been updated and/or revised.

The Target Operating Model principles for MH&LD are underpinned and predicated on the optimisation of appropriate packages of care, this ensures, that the deployment of health resources is focused and utilised by maximising the patient experience and wrapping the appropriate services around the patient/client. Furthermore, commissioning packages of care where there is no health need, results in the Health Board being legally responsible and liable for clients who should not necessarily be funded by Health.

Financial realisation linked to patient care and assessments could result in a financial optimisation (based on the Independent Clinical Review and previous financial/activity analysis) of between £7m and £10m. However, this will be firmly predicated on optimising the appropriate level of care packages moving forward for all new packages of care.

Other benefits expected include:

- Reduction in the number of Health Board Packages, which allows for greater focus on the patients with Health needs;
- Timely reviews of appropriate packages ensuring the needs of the patients are fully embedded in the care plan;
- Potential reduction in Staff workload and greater focus on patients and quality of services;
- Improved performance through clinical efficiency and patient experience; and
- Improved staff/patients/families caregivers in quality improvement activities.

Further in-year actions

In addition to these areas of work, further opportunities have been identified which will aim to address challenges within the supply and configuration of services. These are:

1. Addressing our use of off-contract nurse agency staff.
2. Addressing our reliance on medical agency staff where these exceed our agreed limits.
3. Developing an alternative care unit where patients are medically optimised and ready to leave the acute care setting.
4. Addressing the sustainability of the family liaison officers.

While these schemes are being developed, there are clearly a number of interdependencies between these schemes.

**1. Addressing our use of off-contract nurse agency staff**

In the first four months of the financial year, £1.0m has been spent on off-contract agency. £0.8m of this was within Carmarthenshire, with £0.2m in Pembrokeshire.

In Carmarthenshire, £0.6m was spent in Glangwili, and the four main areas of focus has been:

- A&E, £0.2m;
- Padarn, £0.1m;
- Steffan Ward, £0.1m; and
- Teifi Ward, £0.1m.

Consequently, a focused effort within these areas will make the most significant impact for the Health Board.

Of the enablers to this scheme, the TUEC programme, the Enhanced Bridging Service and the development of the Alternative Care Unit will reduce the demand on the nursing workforce; and our international nurse recruitment activity will increase supply.

Currently, 22 of our overseas nurses have passed their exams and have either received or are awaiting their PINs to practice. 16 of these are earmarked for Glangwili. A further 20 are expected in September, which will then further support this position.

In order to maximise the impact of the international nurses a targeted programme relating to workforce activity with the aim of maximising the nursing establishment across each hospital site with a view at the end of the programme to have implemented actions stabilising all acute settings.

The actions will include further targeted overseas and external recruitment, newly qualified allocations, review of establishments and staff in post with key strategies linked with filling vacant post and reducing agency. Roster efficiency will be reset linked with ward stabilisation. The team will also review new working models linked with team around the patient and how reduction in agency expenditure can support enhanced patient care by utilising alternative skills.

**2. Addressing our reliance on medical agency staff where these exceed our agreed limits.**

Over the first four months of the year, £0.4m has been incurred over and above the agreed rates for medical agency staff. Of this, £0.2m was in planned care and £0.1m in Unscheduled Care in Withybush.

While there are clearly quality, safety and service continuity issues which are associated with the use of medical agency staff; there is a need to enhance our focus of those areas which are reliant on temporary support.

This workstream will therefore develop a more robust understanding of the underlying drivers to the use of medical agency staff above cap and improve our controls within these areas.

3. **Alternative Care Unit**

There are currently in excess of 150 patients at any one time who are Ready to Leave (RtL). Furthermore, there are often another 150 -200 patients or more who are deemed Medically Optimised.

At present, many of the RtL patients are within the Acute Wards across all four sites, as in many instances, there are system pressures preventing their discharge to a more appropriate setting.

Unfortunately, when patients are RtL, but cannot be discharged in a timely manner, this creates system-wide flow issues with patients being unable to access the appropriate bed and medical interventions. Consequently, this creates a dual quality and performance impact as it impedes our ability to ensure that patients are accessing appropriate beds, whilst simultaneously the patients ready to leave hospital can become deconditioned.

A pilot study (EQiA complete) of an Alternative Care unit is being proposed on the Glangwili site to facilitate the cohorting of patients who are identified as RtL but who are unable to leave due to delays in access to support services in the community. Patients suitable for this scheme will have no continuing need to be in hospital, they will be identified as no longer requiring medical treatment or oversight. The patients will require social care support and not registered nursing care and will have been optimised prior to transfer to the unit.

It is anticipated that this will support flow, enable patients requiring admission to access specialty/suitable beds in a timely way, reduce harm and improve the patient experience for both patients and staff.

Cost avoidance is expected to be achieved by an alternative staffing model which enables registered staff to be dispersed to other clinical areas on site and therefore reduce spend on high cost agency. Technology enabled care will also be tested.

The Alternative Care Model will support an alternative skill mix of staff. Therefore, subject to the final model, the projected financial impact could be between £0.5m and £0.9m which ensures substantive clinical staff are appropriately utilised. Conversely, the deployment of substantive clinical teams, would be a key enabler in avoiding off contract agency expenditure

It is anticipated that the Alternative Care Unit will have a positive impact on patient experience, performance and will support the reduction of the financial run rate.

**4. Family Liaison Officers (FLOs)**

Family Liaison Officers (FLOs) have supported patient experience by focusing on the liaison between patients and their families throughout COVID. Whilst FLOs have been very well received and support improved communications with patient families the financial impact of the FLOs across the Health Board is circa £1.0m. Despite being well received, currently, FLOs are unable to contribute directly to the Nurse Staffing Level requirements.

Recognising, as with all savings and other cost reduction schemes there is a balance between financial reductions, patient quality and overall performance, the proposal is to contain the current level of financial exposure, via cost absorption into a number of vacant Health Care Support Worker roles and to support the Alternative Care Unit staffing model. This is anticipated to save between £0.3m and £0.5m.

The EqIA has been completed and will ensure that the correct balance between quality and finance is maintained.

Development of Planning Process for the Coming Planning Cycle

Early indications from Welsh Government are that they will be requesting Board-approved Plans for 2023/24 to be submitted at the end of January 2023. With this in mind, a project plan has been developed for the Plan's development.

Additionally, the planning team has undertaken an exercise to reflect on and learn from the development of the 2022/23 Plan, building on an all-Wales peer review session and feedback from Welsh Government. Positive improvements were identified in the triangulation of service, workforce and finance plans; the role of planning objectives; and the tracking and monitoring of the Plan through committees. Areas for further improvement include internal engagement and communication, particularly with operational teams, and clarity of the process.

One specific comment from Welsh Government was the need to clearly articulate the outputs from planning objectives and, in particular, the impact we anticipate for key metrics. Reflecting on this, and recognising that often a number of planning objectives are complementary, we are currently undertaking an exercise to consider how groups of POs 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.

A further update on this work will be brought back to the November Board.

**Argymhelliad / Recommendation**

The Board is reminded that on 31st March 22 the Board approved a draft 3 year plan for onward submission to Welsh Government. The Board was not in a position to approve an IMTP as full assurance could not be provided in respect of achieving financial balance over three years. The Board committed to continue to work towards this during quarter one of the current financial year. At this stage, following discussion in July 22 Board meeting, the Board remains in a position where it does not have sufficient assurance to approve an IMTP or an acceptable annual plan. We are continuing to work towards the planning objectives which were also approved at the Board meeting on March 31st 2022, however the operational drivers to our financial position are leading Welsh Government to view the Health Board's current financial position as being unacceptable.

Furthermore, the Board is asked to:

- **DISCUSS** and **NOTE** the work undertaken to interrogate and reduce the operational financial run rates
- **NOTE** the progress with developing and implementing the Target Operating Model in Urgent and Emergency Care (5J), Expanding Community Capacity (4Q) and Mental Health and Learning Disabilities (Continuing Health Care)
- **NOTE** the work underway on the Plan for 2023/24

| **Amcanion: (rhaid cwblhau)**<br>**Objectives: (must be completed)** | |
|---|---|
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score: | Not applicable |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s): | All Health & Care Standards Apply |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio<br>Planning Objectives | All Planning Objectives Apply |
| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br>Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019 | 9. All HDdUHB Well-being Objectives apply |

| **Gwybodaeth Ychwanegol:**<br>**Further Information:** | |
|---|---|
| Ar sail tystiolaeth:<br>Evidence Base: | Not applicable |
| Rhestr Termau:<br>Glossary of Terms: | Not applicable |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:<br>Parties / Committees consulted prior to University Health Board: | Executive Team<br>Discussions with Independent Members<br>Operational Planning and Delivery Programme meetings |

| Effaith: (rhaid cwblhau)<br>Impact: (must be completed) | |
|---|---|
| **Ariannol / Gwerth am Arian:**<br>**Financial / Service:** | This is a key component in the delivery of the Integrated three year plan for the period 2022/25 |
| **Ansawdd / Gofal Claf:**<br>**Quality / Patient Care:** | This is a key component in the delivery of the Integrated three year plan for the period 2022/25 |
| **Gweithlu:**<br>**Workforce:** | This is a key component in the delivery of the Integrated three year plan for the period 2022/25 |
| **Risg:**<br>**Risk:** | Risks will be assessed as part of the ongoing process of both the development of the 2022/25 Plan and its subsequent monitoring |
| **Cyfreithiol:**<br>**Legal:** | As above |
| **Enw Da:**<br>**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:**<br>**Privacy:** | Not applicable |
| **Cydraddoldeb:**<br>**Equality:** | Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements. |