![GIG CYMRU NHS WALES logo — Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	16 December 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Targeted Intervention - Planning
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategic Developments and Operational Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) has been notified by Welsh Government (WG) that its escalation status has raised from enhanced monitoring to targeted intervention for planning and finance.

This paper is to provide the Strategic Development and Operational Delivery Committee (SDODC) with an update on the key products expected as part of the planning element of this escalation status, with particular reference to a maturity matrix which SDODC is asked to endorse.

Cefndir / Background

On 29th September 2022, Welsh Government wrote to the Health Board to advise *"the Minister has accepted the recommendation of Welsh Government officials that the escalation status of Hywel Dda University Health Board be raised to 'targeted intervention' for planning and finance but will remain at 'enhanced monitoring' for quality issues related to performance resulting in long waiting times and poor patient experience.*

The reason for increasing the escalation level to targeted intervention for finance and planning is because the health board has been unable to produce an approvable three-year IMTP, or a finalised annual plan and the growing financial deficit being noted".

Targeted intervention is a heightened level of escalation within NHS Wales and occurs when the WG and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.

WG confirmed that de-escalation would be considered when the HDdUHB:
- Had an approvable and credible plan, and improvement in its financial position.
- Assessment at level 3 of the maturity matrix
- Agreement of and sustainable progress made towards a finance improvement trajectory

- Builds on relationships and fully engages on the transformation and reshaping of services.

Going forward, the Chief Executive NHS Wales/Director General will chair quarterly TI meetings, supported by monthly touchpoint meetings between officials in WG and officers in HDdUHB.

Asesiad / Assessment

The scope of the Planning element of the Targeted Intervention status centres on four key themes:
- Planning maturity matrix
  - Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.
- Peer review
  - Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate, and will include capacity and capability
- Clinical Services Plan
- Annual Planning Cycle
  - Evidence of improved integrated planning across the organisation to develop an approvable Integrated Medium Term Plan (IMTP) for 2023/26, providing a route map towards the HDdUHB's longer-term ambition as set out in the Programme Business Case / A Healthier Mid and West Wales.

In taking forward these themes, progress achieved thus far include:
- Initial meeting held with WG and monthly touchpoints arranged
- Reviewing the maturity matrices utilised by other Health Boards (in particular Betsi Cadwaladar University Health Board);
- Development of 2023/24 Annual Plan commenced including planning principles and prioritising Planning Objectives. A Board seminar was held 1st December to agree approach, priorities and 'domains'
- Mapping of Ministerial priorities to Planning Objectives

Key next steps include:
- Maturity Matrix
  - Agreement on maturity matrix
  - Stakeholder engagement
  - Development of action plan
- Peer review
  - Identification of peer to support review process
- Clinical Services Plan
  - Clinical leads session to be held on 16th December 2022 to commence Clinical Services Planning
- Annual Plan
  - Planning objectives being reviewed and key deliverables for 2023/24

Planning Maturity Matrix

As noted previously there is an expectation to undertake an exercise to establish the maturity of our planning processes, which includes:

- Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.
- HDdUHB to develop the maturity matrix in conjunction with staff and stakeholders
- Assessment at level 3 of the maturity matrix
- The HDdUHB to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.

Work has been on-going to review the maturity matrices used by other Health Boards in Wales – WG particularly drew attention to the matrix used by Betsi Cadwaladar University Health Board (BCU). Based on this HDdUHB is recommending the use of the BCU matrix (appendix 1).

The approval of the matrix is only the first step in the process, which must also include stakeholder engagement (both internally and externally); and the development of the action plan. Regular updates on the progress against this process will be brought to SDODC.

Argymhelliad / Recommendation

SDODC is requested to **NOTE** the planning element of HDdUHB's Targeted Intervention status and to **ENDORSE** the maturity matrix that it will use to assess itself with regards its planning processes.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019](#)	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Targeted Intervention Working Group Escalation Steering Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Targeted Intervention work programme
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Targeted Intervention work programme
Gweithlu: Workforce:	This is a key component in the delivery of the Targeted Intervention work programme
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the Targeted Intervention work programme 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.

Progress Levels → Key Elements ↓	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Strategy development: Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	1. Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales, local and partnership priorities. 2. Establishment of a governance structure to provide oversight and direction. 3. Clear demonstration of alignment to our Strategic and Planning Objectives, and our Strategy 'A Healthier Mid and West Wales'	4. Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident. 5. Identified clinical leads that own and drive strategic developments. 6. The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives (and strategic objectives) and the principles of A Healthier Wales are apparent and embedded. 7. The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and	8. The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. 9. Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population.	10. Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness. 11. Key enablers such as quality, safety, workforce and finance are fully aligned. 12. A performance and accountability framework / Board Assurance Framework (BAF)is in place that delivers the strategy and is linked to population health outcomes.	13. The strategy is responsive to national / local and partnership priorities with clear links to the Research, Innovation & Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards. 14. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. 15. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the Hywel Dda population, those with protected characteristic and socio-economically disadvantaged groups.

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			patient / carer experience.			
Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP): Evidence of alignment of strategy with components of the plan.	No alignment is visible between the IMTP and national and / or Health Board strategies.	16. Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. 17. Linked to the business case planning process, including the PBC for A Healthier Mid and West Wales and informed by local and national evidence base. 18. The Board sets out commissioning intentions.	19. Evidence of triangulation between operational services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. 20. Directly linked to performance and accountability and informed by detailed and future facing modelling.	21. The business case planning process informs the development of an IMTP. 22. Prioritisation framework agreed and implemented. 23. Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. 24. Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	25. Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.	26. Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
Dynamic and engaged planning:	No evidence that A Healthier Mid and West Wales	27. Staff and partners are aware of, and engaged in AHM&WW / IMTP development.	29. Stakeholders are engaged in and co-design priority setting using or	33. Joint development and communication of AHM&WW / IMTP with key partners	36. The AHM&WW / IMTP benefits patients, carers, the public, partners and health communities.	39. Feedback and learning from continuous engagement activities including protected characteristic groups and

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Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	(AHM&WW) / IMTP is owned across the organisation and within the community.	28. Organisational staff respond to corporate requirements but may not 'own' the process.	'continuous engagement' model and a patient led approach. 30. Engagement at individual, team and organisational level is improving. 31. Strengthened partnership working arrangements. 32. NHS Wales Planning guidance is embedded in the planning process.	including other health boards, local authorities, third sector, patients, carers and members of the public. 34. Organisational engagement is evident in practice and reflected in AHM&WW / IMTP. 35. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	37. Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. 38. Track record of continuous engagement with stakeholders	socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.
Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	No evidence of ambition to achieve best practice. No evidence of benchmarking.	40. Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	41. Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	42. Demonstrable improvements that can be evidenced and delivered.	43. Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	44. Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	One year Annual Plan developed but limited evidence that it is credible and deliverable.	45. Development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	46. Development of an approvable outcomes focused IMTP that reflects the AHM&WW priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key	47. Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	48. Forward look risk assessments anticipate problems to assure resilience.	49. Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

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			risks (quality, service, access, workforce, finance) identified with evidence of controls.			
Systems and processes for performance, accountability, and improvement. Rigorous systems for individual, team, and organisation wide accountability. Agreed Escalation processes are operational. Culture of ownership and striving for improvement permeates the organisation.	No alignment of performance outcomes and key metrics to national strategies to drive the priorities on an all Wales or local basis. Accountability and escalation arrangements are not clear or operational. Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level.	50. Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. 51. Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. 52. Accountability for delivery is demonstrated but is not consistently in place across the organisation.	53. Performance processes in place with regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board. 54. Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. 55. Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. 56. Alignment of the transformation programme and performance	57. Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability. 58. Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. 59. Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level. 60. Transparent lines of accountability. Escalation and ownership of performance issues is	62. Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. 63. All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. 64. Feedback and learning is embedded in organisational processes and benchmark reporting takes place. 65. Management of team and individual performance both operationally and in relation to strategic delivery. 66. Full alignment to the Health Board's Board Assurance Framework, corporate risk and service risk registers.	69. Improvement, performance and accountability is fully integrated throughout the Health Board. 70. The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. 71. Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. 72. All services are clear on the key organisational performance priorities over the next 5 years. 73. Performance focussed assessment by Board and services on developments and improvements.

Progress Levels ➡ / Key Elements ⬇	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
			priorities has commenced.	considered normal business. 61. Matrix management / delivery to support service integration has commenced.	67. Resources required to deliver outcomes have been quantified and funding source identified i.e. additional or re-allocation of existing resources. 68. Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures.	74. Peer review, transformation support benchmarking align and feed into the strategic planning cycle.
Measurable and improving performance: Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach. Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.	Plans that support delivery do not have clear agreed whole system outcome measures. Processes for measuring performance are under-developed and not consistently applied across pathways. Key elements of service delivery are not quantified and timescales are not defined.	75. Operational plans are in place and contain an appropriate level of detail to support service delivery. 76. Pathway plans clearly set out month on month performance trajectories.	77. Tangible action being taken and measurable performance improvement demonstrated across patient pathways. 78. Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.	79. Performance trajectories achieved in key priority pathway areas. 80. Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.	81. The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway. 82. Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance.	83. Health Board performance is on par with other top performing healthcare organisations across the UK.

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Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	84. Board and organisation clear on roles and accountabilities.	85. Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP.	86. Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	87. Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	88. Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.