

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Intervention and Annual Plan Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board (HDdUHB) setting out the milestones and actions for the next one to three years. It is based on the health needs of our population, responds to the Welsh Government's Planning Framework and Ministerial priorities, and sets out the steps we will take to deliver our clinical strategy, "A Healthier Mid and West Wales". The development of the Plan for the period 2023/24 – 2025/26 is now in progression.

As previously reported to the Committee and Board, the Health Board has had its escalation status raised by Welsh Government (WG) from Enhanced Monitoring to Targeted Intervention for planning and finance. The Targeted Intervention status has implications for the approach taken to the development of, and must be taken as a starting point for, the building of the IMTP.

At the January 2023 Board it was agreed that the Health Board will not be in a position to submit a financially balanced IMTP and therefore will be producing an Annual Plan again, set in a three-year context. Accordingly, the Health Board will also submit an accountable officer to Welsh Government by the 28 February 2023 which will set this out.

This report is to provide the Strategic Development and Operational Delivery Committee (SDODC) with:

- An update on our approach to the development of the IMTP
- An update on the key products expected as part of the planning element of this escalation status, with particular reference to a maturity matrix and its associated action which SDODC is asked to note (Appendix 1).

Cefndir / Background

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

Given the current financial position of HDdUHB, alongside the fact that the organisation is currently in Targeted Intervention for finance and planning, we will not be in a position to submit a financially balanced plan over the three years of the current IMTP cycle, and as such an annual plan within a three-year context will be submitted instead. The inability to submit an IMTP will require HDdUHB to submit an accountable officer letter to WG to confirm this by 28 February 2023.

As previously noted to SDODC in December 2022, on 29 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 WG and external review bodies have considered it necessary to take co-ordinate 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:

- has 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.

Asesiad / Assessment

Annual Plan 2022/23

Our general approach and key considerations in the development of the Plan were presented to the Board in January 2023 and Board Seminar in February 2023. The key principles are:

- The Health Board will be submitting an Annual Plan;
- A core principle going into 23/24 is one of stabilisation.
- Plans will be predicated on no additional investment, with the exception of opportunities with a correlating, in-year, saving
- The current draft Plan includes pre-commitments from prior years only
- Plans and trajectories are therefore being prepared on the basis of current resources only (inclusive of prior commitments).
- Recognising the challenging financial position, as part of the planning process, due consideration will be given around cost reduction and improvement to achieve the savings challenge

- WG has issued 2023/24 Planning Guidance. There is an expectation that the Health Board will submit a Plan that delivers against each of the Ministerial priorities (as noted in the update to SDODC in December 2022 and the Ministerial priorities template at Annex 1).

Underpinning the Plan is a review of HDdUHB's Planning Objectives (PO). That review is proposing a significant reduction in the number of POs and a clear set of organisational priorities aligned to Ministerial priorities. A draft of the revised POs was discussed at the Board Seminar in January 2023.

Targeted Intervention

1. 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 against which the organisation can self-assess 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
- HDdUHB to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.

The draft maturity matrix was presented to SDODC in December 2022. Since then, and on the advice of WG, a further domain on operational planning has been added. Using this as the final version, a number of activities have been taken forward, including:

- The baseline assessment by the HDdUHB Planning Team including justification/evidence for the assessment.
- Review by the Director of Planning.
- A workshop with a range of internal and external stakeholders, including both operational and corporate functions to:
 - Validate the baseline assessment against the criteria in the maturity matrix.
 - Provide comments on the evidence presented to justify the baseline assessment.
 - Provide thoughts on the actions required as part of the action plan (in order to achieve level 3).
 - Input any other considerations that we need to note.

The maturity matrix, along with the baseline assessment; justification/evidence for the assessment; and the actions required can be found in appendix 1.

2. Peer review

As part of the TI process, WG identified the requirement to undertake a rapid independent peer review of:

- Integrated planning capacity and capability within HDdUHB both in terms of IMTP planning and capital planning.
- The organisation's approach to developing its IMTP and the associated decision-making mechanisms.

WG have identified Sally Attwood, previously of Public Health Wales, to undertake this independent review. It is intended that Ms Attwood will commence the independent review on 9 February 2023, which will take approximately four to five weeks to complete. The review process will comprise a range of activities, including a review of documents, individual and group interviews and a final report, which will be submitted to WG in early March 2023.

The timing of the review will run alongside the development of HDdUHB's Annual Plan 2023/24.

3. Clinical Services Review

The terms of reference for the clinical services review have now been agreed with WG, who will now undertake the procurement of the review team. It is anticipated that the review will be undertaken during April 2023.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to RECEIVE ASSURANCE on:

- The ongoing process in the development of a 3-year plan for 2023/26
- The ongoing response to Targeted Intervention including the development of the maturity matrix baseline assessment; evidence for the assessment and the draft action plan.

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:	Not applicable

Glossary of Terms:	
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 Board

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.

Annex 1: Ministerial priorities templates

• **Delayed transfers of care**

Regular monthly reporting of 'Pathways of Care' (DTCOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

• **Primary care access to services**

Improved access to GP and Community Services

Increased access to dental services

Improved use of community pharmacy

Improved use of optometry services

• **Urgent & Emergency care**

Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales, to support improved access and GMS sustainability

Implementation of Same Day Emergency Care services that complies with the following:

- Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2
- Is accessible at key times evidenced by the emergency care demand profile in of each hospital site
- Is direct access and bypasses Emergency depts
- Delivers a service for at least medical and surgical same day care
- Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook.
- Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme

Health boards must honour commitments that have been made to reduce handover waits

• **Planned Care, Recovery, Diagnostics and Pathways of Care**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025

(This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024

Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary

• **Cancer recovery**

Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

• **Mental health and CAMHS**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.

Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL TEMPLATE BLANK

This blank template shown below needs to be replicated and completed for each of the rows shown as priorities above. E.g., Cancer care: one x template for *Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion* and one template for *Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026*

The completed templates must be collated and submitted alongside the organisation’s plan and completed Minimum Data Set by 31 March 2023.

	Priority area(s)
Key focus should be on delivering	<i>Replicate each specific priority area featured above.</i>
Baseline	<i>Describe the baseline as of April 2023 from which you will be working</i>
Quarter 1:	
- Milestones	
- Actions	
Quarter 2:	
- Milestones	
- Actions	
Quarter 3:	
- Milestones	
- Actions	
Quarter4:	
- Milestones	
- Actions	
Risks	
Outcomes	
Alignment with workforce plans	
Alignment with Financial plans	
OPTIONAL	
Digital / Technology Opportunities	

Appendix 1: DRAFT Planning Maturity Matrix Action Plan

Progress Levels	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	Level and justification / evidence	Action Plan
<p>Key Elements</p> <p>Strategy development:</p> <p>Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.</p>	<p>No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.</p>	<p>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.</p> <p>2. Establishment of a governance structure to provide oversight and direction.</p> <p>3. Clear demonstration of alignment to our Strategic and Planning Objectives, and our Strategy 'A Healthier Mid and West Wales'</p>	<p>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.</p> <p>5. Identified clinical leads that own and drive strategic developments.</p> <p>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.</p> <p>7. The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience.</p>	<p>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.</p> <p>9. Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population.</p>	<p>10. Local plans and national policy are aligned showing contribution to the wider economy, impact on health and well-being and effectiveness.</p> <p>11. Key enablers such as quality, safety, workforce and finance are fully aligned.</p> <p>12. A performance and accountability framework / Board Assurance Framework (BAF) is in place that delivers the strategy and is linked to population health outcomes.</p>	<p>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.</p> <p>14. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications.</p> <p>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.</p>	<p>Level 3(with some aspects at a level 4)</p> <ul style="list-style-type: none"> Strategy signed off by Board September 2019 Clinical engagement - workshops Transformation team in place Capital planning team in place PBC produced Land acquisition underway, including engagement plan Pathway re-design Workforce strategy being developed 	<ul style="list-style-type: none"> Development of a clinical services strategy (aligned to the TI process) Use of the Improving Together sessions to ensure clearer alignment of key enablers. These sessions are designed to: <ul style="list-style-type: none"> Explain the challenges you are facing, the opportunities to address them and the support required to do so Discuss what is working well and the support required to maintain and scale up Explore progress against key ministerial priorities, the actions that are being or will be undertaken, the trajectory for improvement and any support required Discuss any concerns / issues relating to quality, performance, risk, workforce, planning, and finance for a directorate and any support required Embed governance that provides clarity on the Health Board's priorities and empowers, supports, provides autonomy and freedom to act Continued development of the BAF: Measures – Update on measures, are they adding value, moving in right direction, consider if they are the right measures, whether there are any new ones or enhance any existing measures Review of principal risks – focus on high scoring risks or those that have increased in risk score and static risks (are not changing) and confirm if right POs/actions aligned to it are correct. Themes for further exploration for identifying further planning objectives.
<p>Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):</p> <p>Evidence of alignment of strategy with components of the plan.</p>	<p>No alignment is visible between the IMTP and national and / or Health Board strategies.</p>	<p>16. Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle.</p> <p>17. Linked to the business case planning process, including the PBC for A Healthier Mid and West Wales and informed by local and</p>	<p>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</p>	<p>21. The business case planning process informs the development of an IMTP.</p> <p>22. Prioritisation framework agreed and implemented.</p> <p>23. Agreed governance and accountability framework to underpin</p>	<p>25. Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.</p>	<p>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.</p>	<p>Level 1</p> <ul style="list-style-type: none"> Health Board has not been in a position to have an approvable IMTP – WG has not approved the current annual plan for 2022/23 Beginnings of a triangulation process but needs to be further developed to include operational plans at an earlier stage Not clear prioritisation framework 	<ul style="list-style-type: none"> Increased capacity within the planning team Review our planning structure Review our planning processes (aligned to the TI peer review process) Clearer alignment with on-going developments within other teams, for examples the workforce regeneration framework; education and commissioning

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Key Elements	<p>→</p> <p>↓</p>	<p>national evidence base.</p> <p>18. The Board sets out commissioning intentions.</p>	<p>demand and capacity.</p> <p>20. Directly linked to performance and accountability and informed by detailed and future facing modelling.</p>	<p>development of the IMTP at a Programme level.</p> <p>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.</p>			<ul style="list-style-type: none"> Clear and profiled projections of demand and capacity are required, although they do exist for some operational areas Board is sighted on our Commissioning intentions but with the amalgamation of the Commissioning and Planning functions in January 2023 this needs to be further developed 	
<p>Dynamic and engaged planning:</p> <p>Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.</p>	<p>No evidence that A Healthier Mid and West Wales (AHM&WW) / IMTP is owned across the organisation and within the community.</p>	<p>27. Staff and partners are aware of, and engaged in AHM&WW / IMTP development.</p> <p>28. Organisational staff respond to corporate requirements but may not 'own' the process.</p>	<p>29. Stakeholders are engaged in and co-design priority setting using or 'continuous engagement' model and a patient led approach.</p> <p>30. Engagement at individual, team and organisational level is improving.</p> <p>31. Strengthened partnership working arrangements.</p> <p>32. NHS Wales Planning guidance is embedded in the planning process.</p>	<p>33. Joint development and communication of AHM&WW / IMTP with key partners including other health boards, local authorities, third sector, patients, carers and members of the public.</p> <p>34. Organisational engagement is evident in practice and reflected in AHM&WW / IMTP.</p> <p>35. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.</p>	<p>36. The AHM&WW / IMTP benefits patients, carers, the public, partners and health communities.</p> <p>37. Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan.</p> <p>38. Track record of continuous engagement with stakeholders</p>	<p>39. Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.</p>	<p>Level 1/2</p> <ul style="list-style-type: none"> Staff and partners are involved in the development of the Plan but this need improvement and needs to be more dynamic / proactive Operational plans need (in some areas) further ownership, based on priorities, demand and capacity modelling, and clear outcomes Ownership by the whole organisation is required – it is an organisational plan Move towards continuous planning rather than an 'event' Resource required to develop plans in a co-produced manner with Operational Teams NHS Wales Planning framework and Ministerial Priorities are embedded in the planning process – however, this might need to be more clearly articulated in the Plan produced 	<ul style="list-style-type: none"> Review our planning processes (aligned to the TI peer review process) Planning cycle to move away from planning as an event moving towards planning as a continuous process Re-engagement with clinical groups as part of the development of the strategy Refresh our engagement plan, and ensure continuous engagement with stakeholders including our population and cross-border working with other Health Boards on a regional basis
<p>Operational Planning</p> <p>Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance</p>	<p>No evidence of demand and capacity planning</p>	<p>40. Operational plans are in place and contain an appropriate level of detail to support service delivery.</p> <p>41. Sufficient Capability and Capacity within the Planning team to embed Operational Planning throughout the organisation</p>	<p>42. Operational plans are regularly reviewed and remedial action undertaken.</p> <p>43. 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</p>	<p>44. Demonstrable improvement in the triangulation of plans based on a clear and consistent approach to demand and capacity modelling</p> <p>45. Ensuring there is a clear monitoring and tracking process for all</p>	<p>46. Coherent aligned plans, including, with staff owning, acting on and learning from variation</p>	<p>47. Demand and capacity modelling is at the core of planning processes across the Health Board</p> <p>48. Data driven decision making processes underpinning all operational pathways</p> <p>49. A demonstrable correlation associated with the shifting of resources, predicated on the increased deliverability or the</p>	<p>Level 1</p> <ul style="list-style-type: none"> Resource required to develop plans in a co-produced manner with Operational Teams Operational plans need (in some areas) further ownership, based on priorities, demand and capacity modelling, and clear outcomes Operational plans are not currently reviewed, although remedial actions regarding performance is managed Beginnings of a triangulation process but needs to be further developed to include operational plans at an earlier stage 	<ul style="list-style-type: none"> As part of the development of the planning team capability, a review of demand capacity modelling; and our approach to it. Development of a consistent approach to our demand and capacity modelling

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Key Elements			demand and capacity.			non-fulfilment of the original resource allocation	<ul style="list-style-type: none"> Staff and partners are involved in the development of the Plan but this need improvement and needs to be more dynamic / proactive 	
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.	50. Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	51. Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	52. Demonstrable improvements that can be evidenced and delivered.	53. 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.	54. Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.	Level 2 <ul style="list-style-type: none"> VBHC team and process in-situ Quality Improvement team and process in-situ Plans do not necessarily take either VBHC or QI fully into the consideration/embedded of Plan foundation/assumptions and development Lack of outcomes/impact relating to VBHC or QI not clearly visible in Plans. 	<ul style="list-style-type: none"> Improved utilisation of our performance dashboards
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.	55. 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.	56. 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 risks (quality, service, access, workforce, finance) identified with evidence of controls.	57. Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	58. Forward look risk assessments anticipate problems to assure resilience.	59. Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.	Level 0 <ul style="list-style-type: none"> Health Board has not been in a position to have an approvable IMTP – WG has not approved the current annual plan for 2022/23 	<ul style="list-style-type: none"> Development of an approvable annual plan for 2023/24 including clear assumptions, programmes of work and alignment to Ministerial priorities Peer review of our Planning processes (as part of the wider TI programme of work) Development of the planning cycle for an IMTP Development of the a monitoring system for the assurance of our Plans (allied to revised remit / schedule of Executive Team sessions)
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.	60. Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. 61. Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. 62. Accountability for delivery is demonstrated but is not consistently in place across the organisation.	63. 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. 64. Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. 65. Performance and Accountability Framework in place. Regular	67. Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability. 68. Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. 69. Performance and accountability processes reflect objectives and work is in place to embed at	72. Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. 73. All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. 74. Feedback and learning is embedded in organisational processes and benchmark	79. Improvement, performance and accountability is fully integrated throughout the Health Board. 80. The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. 81. Positive performance culture where accountability for service and programmes is fully understood and	Level 2 <ul style="list-style-type: none"> IPAR has been in place for some time Board Assurance Framework has been developed Improving Together workstream developed Further work is required to better utilise this information provided through performance processes to impact how plans are continuously developed, and remedial actions put in place 	<ul style="list-style-type: none"> Use of the Improving Together sessions to ensure clearer alignment of key enablers Further development of the BAF and its usage

Progress Levels	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	Level and justification / evidence	Action Plan
Key Elements	<p>→</p> <p>↓</p>		<p>service reviews by the Executive, and key performance messages acted on by Divisions.</p> <p>66. Alignment of the transformation programme and performance priorities has commenced.</p>	<p>the appropriate organisational level.</p> <p>70. Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business.</p> <p>71. Matrix management / delivery to support service integration has commenced.</p>	<p>reporting takes place.</p> <p>75. Management of team and individual performance both operationally and in relation to strategic delivery.</p> <p>76. Full alignment to the Health Board's Board Assurance Framework, corporate risk and service risk registers.</p> <p>77. Resources required to deliver outcomes have been quantified and funding source identified i.e. additional or re-allocation of existing resources.</p> <p>78. Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures.</p>	<p>demonstrably achieves significant improvements in delivery and quality of partnership working with local communities.</p> <p>82. All services are clear on the key organisational performance priorities over the next 5 years.</p> <p>83. Performance focussed assessment by Board and services on developments and improvements.</p> <p>84. Peer review, transformation support benchmarking align and feed into the strategic planning cycle.</p>		
<p>Measurable and improving performance:</p> <p>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.</p> <p>Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.</p>	<p>Plans that support delivery do not have clear agreed whole system outcome measures.</p> <p>Processes for measuring performance are under-developed and not consistently applied across pathways.</p> <p>Key elements of service delivery are not quantified and timescales are not defined.</p>	<p>85. Operational plans are in place and contain an appropriate level of detail to support service delivery.</p> <p>86. Pathway plans clearly set out month on month performance trajectories.</p>	<p>87. Tangible action being taken and measurable performance improvement demonstrated across patient pathways.</p> <p>88. Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.</p>	<p>89. Performance trajectories achieved in key priority pathway areas.</p> <p>90. Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.</p>	<p>91. The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway.</p> <p>92. 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.</p>	<p>93. Health Board performance is on par with other top performing healthcare organisations across the UK.</p>	<p>Level 1</p> <ul style="list-style-type: none"> Trajectories are produced to support the Plan e.g. through the Minimum Dataset Performance monitoring mechanisms are in place Further work is required to better utilise this information provided through performance processes to impact how plans are continuously developed, and remedial actions put in place Operational plans need (in some areas) further ownership, based on priorities, demand and capacity modelling, and clear outcomes 	<ul style="list-style-type: none"> Use of the Improving Together sessions to ensure clearer alignment of key enablers

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Key Elements Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	94. Board and organisation clear on roles and accountabilities.	95. 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.	96. Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	97. Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	98. Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.	Level 2 <ul style="list-style-type: none"> BAF and IPAR are in place Committee structure is aligned to Strategic Objective and Planning Objective reporting Strategy Committee has overarching responsibility on behalf of the Board to both assure the development of the Plan, and its subsequent monitoring Clear delegation of Board responsibilities are in place. 	<ul style="list-style-type: none"> Development of the 'our performance' dashboard with the intention of pulling data together that will enable teams to triangulate the data

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