



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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 25 April 2024 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Targeted Intervention Update (12-month review of the Maturity Matrix) |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Lee Davies, Director of Strategy and 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)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

As previously reported to the Strategic Development and Operational Committee (SDODC) and Board, Hywel Dda University Health Board (HDdUHB) has had its escalation status raised by Welsh Government (WG) from Enhanced Monitoring to Targeted Intervention (TI) for planning and finance (from December 2022).

As of January 2024, the escalation status of HDdUHB has been increased from Enhanced Monitoring for performance and Targeted Intervention for planning and finance to Targeted Intervention for the entire organisation.

This paper provides SDODC with an update on the key products expected as part of the planning element of the initial escalation to TI for planning and finance. The remaining elements and key lessons will be incorporated into the programme for the latest escalation. Future updates to SDODC will cover progress against all domains within the revised escalation framework.

Cefndir / Background

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 Integrated Medium Term Plan (IMTP), or a finalised annual plan and the growing financial deficit being noted".

TI 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 coordinate action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.

As part of our original TI escalation for Planning and Finance in September 2022, WG requested that we produce a Maturity Matrix, through which the organisation could assess themselves in order to identify the steps required to develop the planning processes.

The Maturity Matrix was developed through a co-production approach with WG and included learning from other Health Boards (in-particular Betsi Cadwaladr) and was approved by SDODC in December 2022.

The Matrix is based around 9 domains:

- Strategy Development
- Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP)
- Dynamic and engaged planning
- Operational planning
- Best practice approach to improvement
- Realistic and deliverable
- Systems and processes for performance, accountability, and improvement
- Measurable and improving performance
- Assurance

With each being scored on a scale of 0-5:

- 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)

One of the de-escalation criteria within the Targeted Intervention framework is the organisation achieves at least a level 3 across all domains.

A baseline assessment of the Maturity Matrix was signed-off by SDODC in February 2023, and work has now been undertaken to undertake a 12-month review of the scoring.

Asesiad / Assessment

The Maturity Matrix emerged as a clear requirement on the back of our Targeted Intervention status. The Maturity Matrix sought to baseline the Health Board against nine key domains. This highlighted critical areas requiring targeted improvements. It facilitated a nuanced understanding of how we could improve our organisational planning and what would be needed to advance to the next level. Therefore, this report is intended to be an open, transparent and honest review of where the Health Board finds itself against the Maturity Matrix one year on.

Objective:

To undertake a comprehensive review of our strategic and operational advancements, by:

- Assessing our current standing within the Maturity Matrix compared to the baseline established one year ago.
- Highlighting the evidence-based outcomes across the nine domains of intervention, demonstrating our achievements and areas needing further attention.

Approach:

This targeted review is structured around:

- A systematic evaluation of our progress, domain by domain, against the initial baseline assessments.
- The presentation of clear, evidence-based findings that highlight our successes and identify the on-going challenges.
- A transparent reflection on the insights of the Maturity Matrix to our Health Board, fostering a culture of continuous improvement.

Expected Insight:

This presentation will:

- Equip us with a deepened understanding of our achievements and challenges one year on from the inception of the Maturity Matrix and progress against the baseline.
- Offer a solid evidence base for our assessment against the baseline; whilst supporting and underpinning next steps and actions.
- Reinforce our commitment to an organisational culture that values transparency, accountability and the pursuit of excellence and delivery.

Conclusion:

Through this review, we have assessed our strides towards achieving improvement and strategic alignment but also set the stage for the next phase of our journey.

The actions taken and the most recent updates provide a mixed picture regarding the progress and areas for improvement within the Health Board. Reviewing these actions alongside the Maturity Matrix reassessment and comparing them with the initial baseline from 12 months ago offers a valuable insight into the strategic direction, operational planning and governance mechanisms. Moreover, it also offers opportunities to further embed and refine the Health Board processes ahead of 2024/25. The below reflects a number of areas of progress and areas for further development:

Areas of Progress:

1. Progress in Certain Domains - Notable advancements have been made in specific areas such as Assurance, where there continues to be positive Board engagement through the handling of challenging issues which signal a maturing governance structure. This progress is indicative of an evolving organisational culture that values transparency, accountability and robust governance.
2. Strategic and Operational Planning Improvements - Efforts towards aligning the Annual Plan with the Health Board's strategic objectives highlight our commitment to cohesive and strategic operational planning, as evidenced through the Annual Plan Recovery work and the inception of the Core Delivery Group (CDG). This alignment will be critical for ensuring that operational activities are directly contributing to the achievement of strategic goals and de-escalation of Targeted Intervention as the Health Board moves into 2024/25.
3. Increased Awareness and Engagement - There is a heightened consciousness and involvement across the organisation regarding the importance of strategic planning and the operationalisation of service delivery as evidenced through the Paediatric Review. This cultural shift is foundational for sustained improvement and strategic success as we move into phase 2 of the Clinical Services Plan.

Areas for Further Development:

1. Strategic and Operational Alignment - Despite progress, there remains a gap in fully integrating strategic objectives with day-to-day operational plans. This variation risks diluting the effectiveness of strategic initiatives and complicating the realisation of long-term goals.

2. Financial Sustainability and Performance Management - The revised assessment indicates a need for greater financial sustainability and performance management processes. The ability to effectively operate services within the available resource whilst improving performance and making progress against strategic objectives is paramount for the Health Board's financial sustainability and success.
3. Simplification and Clarity in Processes - The complexity of current processes and the lack of clarity in current operational governance structures have been identified as barriers to efficient operational decision-making. Simplifying processes and enhancing clarity will facilitate better communication, understanding, and implementation of plans (addressed through the Operational Structure Organisational Change Plan (OCP).
4. Governance and Assurance - While improvements have been noted, there is an ongoing need to strengthen governance frameworks to support more effective decision-making and operational efficiency. This includes clearer delineation of responsibilities and the establishment of robust assurance mechanisms to monitor and evaluate performance whilst simultaneously addressing the underlying deficit and developing clear and credible plans to achieve our Control Total.

The next steps in delivering improvements against the issues highlighted in points 1-4 will be supported by the new organisational arrangements. The focus of these changes is on our internal business arrangements, focusing on enhancing clinical leadership and governance, alongside introducing changes to our internal performance framework and operational structure, which are essential for bolstering our capacity and capability.

Reflections and Next Steps:

The actions taken reflect a strategic approach to address foundational issues within the Health Board. However, the maturity levels indicate that further refinement in implementation and perhaps more time is needed for these actions to translate into measurable improvements across all domains. Furthermore, as the organisation is now in Targeted Intervention, this should support the adoption of several principles and approaches that to date have not been fully utilised.

It should be noted that where the level of a domain is lower than 12 months ago this does not necessarily reflect a regression. In some circumstances this may represent a greater understanding of the improvement required, which the process has helped to surface. A further reflection during the assessment process was that the criteria within a domain do not always describe a linear maturity so, in many cases, the Health Board can demonstrate achievement of some level 3/4 criteria within a domain but not all the criteria at lower levels. There may be need to review the criteria as part of future iterations.

Consequently, it is not necessarily that the actions taken were wrong; rather, the journey of transformation and planning is complex and requires ongoing adjustments and reinforcement. Challenges such as alignment between strategy and operational plans, delivery of the plan, and evidence of the effectiveness of value based and improvement approaches are critical areas for focus.

The need for clear escalation, remedial actions, and early identification of performance issues remains evident. Strengthening these aspects can enhance assurance and governance processes across the Health Board.

A Continued effort to embed a continuous planning culture, enhance operational planning, and refine governance mechanisms is essential. Regular review and adaptation of strategies based on outcomes and feedback will be key to progressing towards higher maturity levels.

A full presentation on the background, domains, scoring and evidence base to support the Maturity Matrix can be found in aAnnex i and the updated action plan in Annex ii.

SDODC should also note that Internal Audit are currently undertaking a review to:
Assess and provide independent assurance over the effectiveness of governance arrangements in place for the Health Board's assessment against the Planning Maturity Matrix. Specific objectives of the area under review:

1. *sufficient and appropriate evidence to support the self-assessment score and reported justification; and*
2. *governance arrangements for the scrutiny and approval of the self-assessment ahead of submission to Welsh Government.*

This will report to Audit, Risk and Assurance Committee (ARAC) on 9 May 2024.

Argymhelliad / Recommendation

The Committee is asked to **APPROVE** the scoring of the Planning Maturity Matrix for the 12-month review.

| 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 |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 7. All apply |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | All Planning Objectives Apply |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 9. All HDdUHB Well-being Objectives apply |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|--|
| Ar sail tystiolaeth: Evidence Base: | Not applicable |
| Rhestr Termau: Glossary of Terms: | Not applicable |
| Partion / 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 Public 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. |

A comprehensive review of the Maturity Matrix – Annual Update

April 2024

Shaun Ayres

Deputy Director of Operational Planning and Commissioning



Purpose of the Maturity Matrix Review:

The Maturity Matrix emerged as a clear requirement on the back of our Targeted Intervention status. The Maturity Matrix sought to baseline the Health Board against nine key domains. This highlighted critical areas requiring targeted improvements. It facilitated a nuanced understanding of how we could improve our organisational planning and what would be needed to advance to the next level. Therefore, this pack is intended to be an open, transparent and honest review of where the Health Board finds itself against the Maturity Matrix one year on.

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Conclusion:

Through this review, we not only assess our strides towards achieving improvement and strategic alignment but also set the stage for the next phase of our journey.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Development of the Maturity Matrix

- As part of our original targeted intervention escalation for Planning and Finance in September 2022, WG requested that we produce a Maturity Matrix, through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.
- The Maturity Matrix was developed through a co-production approach with WG and included learning from other Health Boards (in-particular Betsi Cadwaladr). It was approved by the Strategic Development and Operational Delivery Committee (SDODC) in December 2022.
- The Matrix is based around nine domains:
 - Strategy Development
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- With each being scored on a scale of 0-5:
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 - 4 – Maturity (Results consistently achieved)
 - 5 – Exemplar (Others learning from our consistent achievements)
- WG's desire is that Planning activities across the organisation achieve at least a Level 3 across all domains.



The actions taken and the most recent updates provide a mixed picture regarding the progress and areas for improvement within the Health Board. Reviewing these actions alongside the Maturity Matrix reassessment and comparing them with the initial baseline from 12 months ago offers valuable insights into the strategic direction, operational planning, and governance mechanisms. Moreover, it also offers opportunities to further embed and refine the Health Board processes ahead of 2024/25. Please note this is only a summary of the actions the full detail and action plans will be provided:

Analysis of Actions and Impact on Maturity Levels:

Theme 1 - Planning Culture and Executive Function

Actions: Establishment of a positive planning culture, Executive planning function, Core Delivery Group (CDG) and Planning Steering Group (PSG).

Impact: These actions aimed to enhance strategic alignment and operational planning but faced challenges reflected in various domains not reaching the anticipated levels of maturity. While these steps were in the right direction, the scores indicate that either the implementation has not fully taken effect or other underlying issues may need addressing.

Theme 2 - Planning Cycle

Actions: Development of a revised annual planning cycle and coordination of work programs.

Impact: These actions sought to improve the robustness of the planning cycle and align corporate functions with Health Board priorities. The mixed results in related domains highlights that while changes have been made, the effectiveness of these structures in driving improved outcomes is yet to be fully realised.

Theme 3 - Operational Planning and Change Management

Actions: Development of operational plans, establishment of a change management team, and post implementation reviews.

Impact: These actions were targeted at improving operational planning and managing change more effectively. The stagnation or regression in some domains suggests that, at present, the embedding of the changes are not sufficiently implemented to affect the maturity levels positively at this stage.

Theme 4: Bridge Between Plans and Strategy

Actions: Development of medium-term plans, inpatient bed planning, planned care services, and workforce strategy.

Impact: Aimed at aligning medium and long-term plans with the strategy, these actions are critical for future planning. While specific impacts on maturity levels are not directly aligned, the success of these actions is vital for moving towards achieving at least Level 3 in all domains.

Theme 5: Capacity and Capability

Actions: Development of vision for the Planning Team, skills gap analysis, and review of team capacity.

Impact: These actions are crucial for building the internal capacity required to drive forward the planning and implementation processes across the organisation. The direct impact on maturity levels in several domains would be impacted. There is a recognition that wider support is required to embed organisational planning process and delivery.

Theme 6: Project Governance and Reporting Tools

Actions: Development of consistent organisational approaches and templates for supporting key workstreams.

Impact: Aimed at improving project governance and reporting, these actions are foundational for enhancing assurance and measurable performance. Progress in these areas will significantly impact several domains within the Maturity Matrix. Furthermore, the Directorate Feedback on templates has continued to be an issue in the planning process

Reflections and Next Steps:

The actions taken reflect a strategic approach to address foundational issues within the Health Board. However, the maturity levels indicate that further refinement in implementation and perhaps more time is needed for these actions to translate into measurable improvements across all domains. Furthermore, as the organisation is now in Targeted Intervention, this should support the adoption of several principles and approaches that to date have not been fully utilised.

Equally, it is not necessarily that the actions taken were wrong; rather, the journey of transformation and planning is complex and requires ongoing adjustments and reinforcement. Challenges such as alignment between strategy and operational plans, delivery of the plan, and evidence of the effectiveness of value based and improvement approaches are critical areas for focus.

The need for clear escalation, remedial actions, and early identification of performance issues remains evident. Strengthening these aspects can enhance assurance and governance processes across the Health Board.

A Continued effort to embed a continuous planning culture, enhance operational planning, and refine governance mechanisms is essential. Regular review and adaptation of strategies based on outcomes and feedback will be key to progressing towards higher maturity levels.

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Baseline scoring

- The baseline assessment by the Hywel Dda University Health Board (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 baseline score was signed-off by SDODC in February 2023.

12 month follow-up scoring

- The 12 month follow-up assessment by the HDdUHB Strategic Planning Senior Management Team including justification/evidence for assessment.
- An independent / blind assessment was undertaken by members of the PSG, which included the majority of the Executive Team.
- The scores will be validated through Board Seminar and will be formally submitted to SDODC in February 2024 for approval.
- The formally approved scores will be submitted to WG and will form part of the development of the actions required as part of the action plan (in order to achieve Level 3).
- Internal Audit are currently undertaking a review to: *assess and provide independent assurance over the effectiveness of governance arrangements in place for the Health Board's assessment against the Planning Maturity Matrix, and will report to ARAC in May 2024.*



| Domain | Baseline score | 12 month follow-up score |
|---|----------------|--------------------------|
| Strategy Development | 3 | 2 |
| Strategy alignment and development of a 3-year Integrated Medium-Term Plan (IMTP) | 1 | 2 |
| Dynamic and engaged planning | 1-2 | 2 |
| Operational planning | 1 | 1 |
| Best practice approach to improvement | 2 | 2 |
| Realistic and deliverable | 0 | 0 |
| Systems and processes for performance, accountability, and improvement | 2 | 1 |
| Measurable and improving performance | 1 | 1 |
| Assurance | 2 | 3 |

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

1. Strategy Development

Baseline: Level 3

Recent Score: Level 2

Analysis: This domain has regressed from its baseline. The reduction in level is based on the uncertainty regarding the progression with HDdUHB’s strategy and consequently the challenges in effectively translating policies into actionable plans and incorporating relevant legislation into the Annual Plan.

2. Strategy Alignment and Development of a 3 Year Integrated Medium Term Plan (IMTP):

Baseline: Level 1

Recent Score: Level 2

Analysis: This area has shown improvement, moving from a basic alignment of strategy with the IMTP to a more developed integration. This indicates progress in planning processes and the continuous cycle of planning (CDG and Integrated Planning Process), although there's still significant room for growth in fully aligning strategy and operational plans.

3. Dynamic and Engaged Planning:

Baseline: Level 1/2

Recent Score: Level 2

Analysis: This domain reflected a slight progress or stability at its higher baseline range. Engagement in planning processes appears to have solidified (at the higher baseline range), with continued efforts needed to enhance stakeholder codesign and partnership working arrangements further. However, there are some issues around a number of Directorates adopting and adhering to the Integrated Planning Process.

4. Operational Planning:

Baseline: Level 1

Recent Score: Level 1

Analysis: No significant progress is observed in this area, as there remain persistent challenges in detailed triangulated operational plans. Addressing these areas is crucial for elevating operational planning capabilities.

Best Practice Approach to Improvement:

Baseline: Level 2

Recent Score: Level 2

Analysis: Stability in this domain is based on ongoing efforts to implement value-based healthcare and benchmarking practices. Continued focus on embedding best practices and achieving efficiency and safety in care delivery remains essential.

Realistic and Deliverable:

Baseline: Level 0

Recent Score: Level 0

Analysis: No change from the baseline, ongoing challenges in creating credible, sustainable, and deliverable plans. This area requires significant attention to enhance the realism and deliverability of plans.

Systems and Processes for Performance, Accountability, and Improvement:

Baseline: Level 2

Recent Score: Level 1

Analysis: This domain has regressed, concerns with the effectiveness of governance structures and the integration of accountability and improvement processes. Enhancing these systems is critical for improving governance and management.

Measurable and Improving Performance:

Baseline: Level 1

Recent Score: Level 1

Analysis: Stability in this domain, with persistent challenges in linking operational plans to measurable performance improvements. Focus on simplifying performance management and ensuring actions are closely tied to outcomes is required.

Assurance:

Baseline: Level 2

Recent Score: Level 3

Analysis: Progress in this area, with good Board engagement, challenge, and handling of difficult issues. Maintaining and building on this momentum is key to further strengthening assurance processes.



Domain 1 - Evidence Base for Strategy Development

Planning Steering Group Reflections

While there is evidence of strategic intent and initial steps toward addressing key challenges, significant gaps remain in effectively communicating and cascading requirements across the Health Board. Feedback from the Welsh Government underscores a critical shortfall in the development of a financially sustainable plan amidst increasing deficits. The discussion acknowledged alignment in certain strategic areas but highlighted the need for caution in overstating development levels. The limited referencing to pivotal legislative frameworks such as the Wellbeing of Future Generations Act was noted as a significant oversight. Further challenges were identified in aligning operational plans with the Annual Plan requirements. Despite being provided with a standard template, there was a tendency within Directorates to create their own, leading to difficulties in transforming operational priorities into actionable plans. Group Discussion Quotes Highlighting Key Insights:

- Alignment: There is recognition of some strategic alignment, with a cautionary note on overstating development levels
- Development: A suggestion was made for the Welsh Government to review the development of key strategic areas to assess level of attainment
- Referencing: A significant gap was identified in the referencing to pivotal legislative frameworks in planning (Future Generations)
- Operational Planning: Utilising experiences from the current planning cycle was suggested to inform strategic elements of future planning

Lessons Learned from Annual Plan Feedback (Directorates)

- The process uncovered issues related to the clarity of communication and the comprehension of processes, alongside a failure to effectively cascade expectations and requirements throughout the Health Board.

Welsh Government Feedback

- The Welsh Government raised concerns regarding the growing financial deficit and the absence of a credible strategy for sustainable service delivery. Additionally, there were critiques about the Health Board's capability to identify and implement effective savings plans.

Positive Steps Identified in the Summer (Annual Plan Recovery)

- Efforts were noted in addressing workforce challenges and setting clear strategic milestones. Management actions and scenario modelling were observed to be aligned with strategic intent, highlighting a commitment to a patient centred approach and strategic planning that resonates with national and regional priorities.

Maturity Level Assessment: Level 2

- The Planning Steering Group, including Executive Directors, acknowledged early progress in strategy development, reflecting strategic intentions and initial planning efforts. However, challenges in effective communication, alignment of operational plans with strategic objectives, and the deliverability of a financially sustainable plan were identified as critical areas for improvement. The group emphasised the necessity for the development and implementation of credible plans to address financial pressures while ensuring the operational delivery of quality care in a sustainable manner.



Domain 2 - Evidence Base for Strategic Alignment and IMTP

Assessment by the Planning Steering Group

- Initial steps towards strategic alignment were acknowledged, as evidenced by efforts in the summer. However, these efforts were not consistently applied or understood across directorates, leading to challenges in achieving clear alignment. Communication and clarity issues persist, with significant barriers to effective communication across operational directorates regarding the Annual Plan/IMTP requirements, despite the Integrated Planning Process going through all organisational structures. Financial planning and IMTP approval remain critical issues, with Welsh Government feedback highlighting a disconnect between strategic and planning documents and financial viability. The lack of IMTP approval underscores challenges in demonstrating a financially sustainable approach. Operational integration and compliance issues are evident, with confusion over templates and unclear operational asks reflecting broader challenges in operationalising strategic alignment. Group Discussion Quotes Highlighting Key Insights:
- Triangulation: Acknowledgment of evidence of triangulation, yet with gaps indicating it is not fully realised
- Alignment: Challenges in aligning plans with the strategy, especially when the strategy itself may require refreshing
- Strategy: The need for a focused strategy on the immediate and near future, rather than an extended ten-year outlook
- IMTP/Annual Plan: Recognition of historical challenges in achieving an IMTP, reflecting the current status' limitations
- Collective Agreement on Baseline Position: A fresh review based on a detailed and scrutinised planning round

Directorate Feedback

- Directorates expressed confusion over the planning process and the purpose of provided templates. This led to challenges in aligning Directorate actions with the broader planning framework and IMTP requirements, including a tendency to create bespoke templates despite clear guidance, indicating difficulties in understanding and adhering to planning requirements. Issues with the clarity and complexity of communication were highlighted, complicating the operational alignment process.

Welsh Government

- The inability to approve the IMTP by the Welsh Government underscores significant issues around strategic alignment, especially regarding financial strategy and planning for sustainable services. This reflects a challenge in aligning strategic and operational plans with Welsh Government expectations and requirements.

Positive Steps Identified in the Summer (Annual Plan Recovery)

- Efforts to align operational plans with national and local priorities through the Annual Recovery Plan Choices Framework and detailed planning reviews demonstrated proactive approaches. This aimed to underpin current operational plans within a broader alignment across the Health Board. Further, the establishment of the Core Delivery Group ensured plans were scrutinised and monitored on an on-going basis.

Maturity Level Assessment: Level 2

- The Health Board demonstrates early progress in strategic alignment and integration within the IMTP framework. There is a greater understanding of the issues and gaps within the Annual Plan. Nonetheless, substantial challenges in communication, understanding, and operationalisation persist. The gap in financial alignment and credibility of plans, indicated by the inability to secure Welsh Government approval for the IMTP, necessitates on-going and significant improvements being required.



Assessment by the Planning Steering Group

- While there are signs of moving towards a more dynamic and engaged planning approach, reflected in attempts at a collaborative planning process and engagement across the Health Board, inconsistencies persist. The alignment between strategy and operational plans remains unclear, and there are delays in codesigning long-term integrated clinical services strategies. Whilst the Clinical Service Plan has partly addressed the gap, wider challenges are compounded by inconsistent demand and capacity planning. Group Discussion Quotes Highlighting Key Insights:
- Engagement The necessity of ensuring integration and engagement with all stakeholders was emphasised
- Alignment: Concerns were raised about the alignment with broader health strategies, questioning the extent of integration between Welsh Government expectations and operational plans
- Partnership Working : PSG members highlighted the importance of collaboration across the board with local authorities, third sector, and other partners

Directorate Feedback

- Highlighted that the planning process often commences too late in the year, precipitating stress and hasty decision making. There's a noted absence of proactive engagement and ownership across directorates, with some opting to create their own processes despite explicit directives. The feedback from Directorates identified the planning process as overly complex and not sufficiently inclusive, leading to confusion and some disengagement.

Welsh Government Feedback

- The Welsh Government's concerns about the Health Board's capacity for effective planning and service reconfiguration suggest a pressing need for more dynamic and adaptable planning mechanisms capable of responding to fluctuating circumstances and requirements.

Positive Steps Identified in the Summer (Annual Plan Recovery and Planning)

- Initiatives such as the Nurse Agency, Paediatrics and Land Consultation process indicate efforts towards fostering a more dynamic planning environment. These efforts aim to engage stakeholders actively and adapt plans based on feedback and evolving needs.

Maturity Level Assessment: Level 2

- The Health Board demonstrates steps towards improving stakeholder engagement and responsiveness through specific initiatives. However, the consistent application of dynamic planning principles across the board requires further work. Directorates highlighting the timing and initiation of planning processes with complex and inconsistent engagement remain a challenge.

Assessment by the Planning Steering Group

- The overall feedback and recent discussions have underscored significant challenges in operational planning, including a lack of alignment with the clinical services strategy and difficulty in triangulating workforce, finance, and activity plans. Operational plans were not realistic as they often lacked detail and failed to meet financial or performance targets. Group Discussion Quotes Highlighting Key Insights:
- Demand and Capacity Modelling: Concerns were raised about the effectiveness of demand to capacity planning, highlighting it is not yet at the required level
- Capacity of Planning Team: The capacity of the planning team to meet demands was questioned, highlighting the need for a review of resources and capabilities
- Planning Organisation/Function: The emphasis was on transforming the Health Board into a planning organisation rather than limiting planning to a specific function, indicating the need for a more integrated approach
- Directorate Improving Together (DITS) Process - The ongoing review and remedial action processes were mentioned as assurance measures, suggesting that regular monitoring and adjustments are part of the operational planning efforts

Directorate Feedback

- There were difficulties in translating planning intentions and objectives into operational plans, with a notable divergence in approach leading directorates to create their own templates despite the provision of a unified template. This situation highlighted a broader issue where operational plans are not aligned with the planning process and annual plan requirements. The feedback pointed to a significant challenge in comprehending operational roles within the broader planning framework, leading to, at times, a disjointed approach to operational planning.

Welsh Government Feedback

- Welsh Government raised concerns regarding the Health Board’s capability to deliver against its annual plan and accountability conditions. This further underscores issues in operational planning effectiveness, including challenges in service sustainability, financial management, and the operational execution of strategic and Health Board initiatives.

Positive Steps Identified in the Summer (Annual Plan Recovery)

- Good practices where detailed service implementation plans, and scenario modelling were effectively utilised demonstrated a capacity for robust operational planning when there is a clear focus on operational planning. These efforts demonstrated an intent to align operational activities with strategic priorities and financial efficiency. However, it was advocated that there needs to be an on-going approach to planning as set out in the summer for plans to deliver.

Maturity Level Assessment: Level 1

- The PSG assessment led to operational planning being scored as a Level 1, reflecting serious concerns about the quality and consistency of demand and capacity planning, alignment of workforce and finance, and the delivery of savings and service developments. The operational plans were deemed not clear, aligned, or detailed enough to meet performance targets and financial requirements.



Domain 5 - Evidence Base for Best Practice Approach to Improvement

Assessment by the Planning Steering Group

- The group acknowledged positives such as the use of frameworks for safe, liberating, and effective care and examples of good public and stakeholder engagement practices. However, concerns about the lack of alignment between strategy and operational plans and the effectiveness of processes like DITS were raised. Questions were posed about the consistent use of value-based approaches across directorates and whether these approaches inform planning and enact change. Group Discussion Quotes Highlighting Key Insights:
- Value Based Health Care (VBHC): Questions were raised about the consistency of VBHC use across directorates and its influence on planning and service change
- Demonstrable Improvements: There was a recognition that demonstrating any form of improvement is a step forward, acknowledging that achieving a gold standard is not always possible
- Best Practice Examples: Success stories of the Health Board's initiatives being adopted into national programmes were shared, showcasing the impact of local work on national strategies
- Allocation of Resources: Discussions around resource allocation revealed concerns about investments being made in areas of pressure rather than those delivering the most value, highlighting a need for strategic alignment to drive benefits against core challenges and issues.

Directorate Feedback

- Instances where best practice approaches were identified but not consistently applied across different Health Board areas were noted. There is a lack of a systematic approach to embedding best practices into operational planning and service delivery processes. There is a recognised need for more widespread adoption and implementation of best practices to improve service quality and operational efficiency. Awareness of best practices exists, but integration into day-to-day operations and wider planning requires further adoption.

Welsh Government Feedback

- The Welsh Government has raised concerns about the Health Board's performance in key areas, suggesting that best practice approaches are not fully realised or contributing to expected outcomes. This indicates a gap between the knowledge of best practices and effective application and adoption.

Positive Steps Identified in the Summer (Annual Plan Recovery)

A commitment to exploring and initiating best practice approaches, particularly in service accessibility, workforce, and financial management has been demonstrated. These initiatives show an understanding of the value of best practices in driving improvements.

Maturity Level Assessment: Level 2

- PSG reflected and agreed that while there are instances of value-based planning and performance improvement, to adopt more value-based best practice across Directorates there is a need to enhance data and intelligence capabilities, stakeholder engagement and the alignment of actions and outcomes. Concerns were raised about resource allocation not always being directed towards delivering value but rather to areas of growing pressure.



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Domain 6 - Evidence Base for Realistic and Deliverable

Assessment by the Planning Steering Group

- During their review, the Planning Steering Group acknowledged a series of critical challenges and uncertainties, including the impact of COVID-19, workforce capacity, and service configuration affecting the plan's realism and deliverability. There was unanimous consensus to score the domain as zero, reflecting the plan's failure to meet financial requirements or Welsh Government expectations, limited evidence of credibility and deliverability. Group Discussion Points Highlighting Key Insights:
- Performance: Concerns were raised about the discrepancy between delivered performance plans and the expectations set out, indicating a need for improved planning and delivery
- Plan Approvability: The narrative around the steps in the right direction exists, but there is a critical need for the delivery of tangible elements to make the plan approvable
- Finance: The acknowledgment of a £6m gap illustrates the significant financial challenges that need to be addressed to create realistic and deliverable plans

Directorate Feedback

- Reported challenges include difficulties in setting realistic targets and aligning operational plans with the financial constraints and performance expectations set by the Health Board. This suggests a mismatch between planning aspirations and achievable outcomes. Unrealistic deadlines and expectations have been highlighted as contributing factors to the failure in meeting planned objectives. This indicates a broader issue of planning processes not being fully grounded in the operational and financial realities of the Health Board.

Welsh Government Feedback

- The Welsh Government has raised significant concerns about the Health Board's growing financial deficit and the lack of credible plans to address these challenges while maintaining quality service delivery. This underscored the gap between current planning efforts and the need for realistic, deliverable outcomes.

Positive Steps Identified in the Summer (Annual Plan Recovery)

- Efforts to identify savings and implement efficiency measures have been indicated, demonstrating an awareness of the need for financial sustainability and the intention to create more realistic and deliverable plans.

Maturity Level Assessment: Level 0

- This assessment indicates a significant gap between the Health Board's current planning processes and the ability to develop plans that are realistically aligned with financial and operational capacities. The acknowledgement of a £6m financial gap further exemplifies the challenges in achieving financial sustainability and deliverable outcomes.



Directorate Feedback

- Assessment by the Planning Steering Group issues around systems and processes for performance, accountability, and improvement were discussed, including challenges with the DITS process, alignment between strategy and operational plans, and delivery of financial requirements and performance targets. The need for better escalation arrangements and early identification of performance issues was also emphasised. Group Discussion Points Highlighting Key Insights:
- Performance Dashboard: Recognition of successes in specific areas, such as the harms dashboard, for early identification of issues
- Effective Use of Performance Information: The need to better consolidate and use performance data effectively to instigate change was acknowledged
- Escalation Process/Framework: The recent implementation of an Escalation Framework was noted, with optimism that its effectiveness will improve as it becomes embedded within the organisation's culture
- Accountability for Delivery: A widespread issue of no demonstrated accountability across the Health Board was identified, highlighting a significant area for improvement

Directorate Feedback

- Inconsistencies in the application of performance management and accountability systems across the Health Board were indicated, alongside a noted lack of clear processes for escalating issues and managing performance. This has resulted in varied levels of accountability and effectiveness in operational areas. A need for more robust systems and processes to support continuous improvement and performance management was highlighted. There exists a gap in understanding and utilising performance management tools consistently across directorates, leading to ambiguity.

Welsh Government Feedback

- Concerns were raised about the effectiveness of the Health Board's governance structures in issue resolution and performance management. Questions about the Board's decision-making capabilities and its impact on performance and delivery suggest that existing systems and processes may not be adequately supporting accountability and improvement.

Positive Steps Identified in the Summer (Annual Plan Recovery)

- Initiatives aimed at enhancing governance and accountability, such as the development of a Board Assurance Framework and the implementation of improvement workstreams, were demonstrated. These efforts indicate a move towards stronger systems for performance management and accountability.

Maturity Level Assessment: Level 1

- The group discussed various concerns, notably the need for a clear and realistic plan for improvement processes, the lack of demonstrated accountability across the organisation, and the newly implemented Escalation Framework. The final score for the Maturity Matrix around being effective in performance, accountability, and improvement was set at Level 1, reflecting these identified challenges and the nascent stage of some initiatives.



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Domain 8 - Evidence Base for Measurable and Improving Performance

Assessment by the Planning Steering Group

- The discussion around measurable and improving performance recognised the need to improve systems and processes, including the use of data, alignment of performance management with operational plans, and evaluation mechanisms. There was a consensus to score this domain as Level 1, acknowledging the essential need for system and process enhancements. Group Discussion Points Highlighting Key Insights:
- Operational Plans: There was an emphasis on the regular review of operational plans against performance levels to ensure they are on track
- Impact of Actions: The need for operational plans to contain sufficient detail for improving performance in specific areas was discussed. Questions were raised about whether the actions are quantified and mapped in a way that facilitates progress
- Delivery, Monitoring, and Evaluation: Identified as critical areas needing improvement, these aspects are essential for developing a robust system for measurable and improving performance

Directorate Feedback

- There were significant challenges reported in coordinating actions, milestones, and trajectories within teams. The complexity of linking these elements to direct performance improvements was noted as a substantial challenge, often being perceived as unrealistic. Concerns were raised about the complexity of performance measurement systems and their application in driving improvement. The process for setting and following clear performance trajectories was not seen as sufficiently clear, nor were the mechanisms for doing so effectively in place.

Welsh Government Feedback

- The Health Board was highlighted for its shortcomings in achieving performance targets, especially in critical service areas. This pointed to a disconnect between establishing performance trajectories and implementing the actions required to meet these targets, suggesting that current processes may not effectively support performance improvement.

Positive Steps Identified in the Summer

- Initiatives aimed at establishing impact analysis for variable pay and implementing data driven decision-making processes were identified. These efforts indicated an awareness of the need for measurable performance improvements but also highlighted the necessity for further simplification and effective integration of these measures into operational practices.

Maturity Level Assessment: Level 1

The Planning Steering Group's discussions revealed that while there are intentions to enhance performance measurement and improvement, significant challenges remain. These include the need for a more systematic review of operational plans against submitted performance levels, ensuring actions within these plans are detailed enough to provide clarity and confidence in performance improvement, and focusing on areas that need improvement such as delivery, monitoring, and evaluation.



Assessment by the Planning Steering Group

- The Planning Steering Group raised several points related to Board assurance, noting both positive and negative aspects. Positively, the Board's engagement and challenge on the plan were deemed robust, with a good track record of addressing difficult issues and having clear monitoring and evaluation mechanisms in place. Negatively, concerns were raised about the alignment between strategy and operational plans, the delivery of the Plan, and the need for more evidence on the effectiveness and impact of value based and improvement approaches. Group Discussion Points Highlighting Key Insights:
- Track Record: The Board was acknowledged for its strong track record in dealing with difficult issues effectively such as Reinforced Autoclaved Aerated Concrete (RAAC)
- Accountability and Challenge: It was noted that the Board provides robust challenge, an essential component of effective governance and assurance

Directorate Feedback

- Revealed concerns about the clarity and effectiveness of the processes for escalating and resolving issues. There was a notable lack of understanding and consistency in how assurance mechanisms are applied across different directorates, leading to variations in the management of performance, saving decisions, and accountability. Subsequently this highlighted a need for clearer roles, responsibilities, and systems of accountability to ensure effective governance and management. There are gaps in the assurance framework that prevent issues from being promptly identified and addressed.

Welsh Government Feedback

- Expressed concerns about the Health Board's governance processes, especially regarding the effectiveness of the Board in managing performance, making impactful decisions, and providing leadership to drive improvements. This suggests that the current assurance processes may not fully support the governance and accountability needs of the Health Board.

Positive Steps Identified in the Summer

- Indicated efforts to strengthen assurance mechanisms, such as the development of the Annual Plan Recovery Programme/Plan through the lens of variable pay and service delivery. These initiatives demonstrate an awareness of the importance of robust assurance processes.

Maturity Level Assessment: Level 3

- The Group's discussions and subsequent scoring of this domain as 3 reflect an acknowledgment of the Health Board's strengths in dealing with complex issues, providing robust Board challenge, and having established monitoring and evaluation mechanisms. However, the concerns about strategic alignment, plan delivery, and evidence of impact indicate areas where further enhancement of assurance processes are necessary.

Current State and Commitment to Delivery and Improvement

The Health Board has shown dedication to enhancing strategic and operational capabilities, marked by some progress in strategy development, alignment with the IMTP, dynamic planning engagement, and the initiation of best practices. Despite these efforts, the Health Board has encountered considerable challenges, impacting our capacity to consistently fulfil strategic aims and operational requirements.

Identified Challenges:

- Strategic and Operational Alignment: A persistent challenge in converting strategic intentions into tangible operational outcomes, exacerbated by planning inconsistencies across directorates
- Complexity and Clarity: Issues with process and communication across Directorates has hindered stakeholder engagement, effective performance management, and accountability
- Financial Sustainability and Performance Management: Struggles in crafting realistic, financially viable plans has underscored the urgency for enhanced financial, planning and performance management approaches and frameworks
- Governance and Assurance: The effectiveness of governance structures and assurance processes across Directorates needs to be bolstered to support decision-making, accountability, and operational efficiency

Maturity Level Summary:

With a predominant positioning at Level 2 across the nine domains, the Health Board is at an early development stage with evidence of some improvement, however, there remains substantial challenges in affecting change across all domains. The next 12 months necessitates addressing systemic issues to elevate maturity levels and operational effectiveness.

Strategic Recommendations for Improvement:

1. Simplify Processes and Enhance Clarity: Streamline planning and performance management processes and bolster communication across the Health Board
2. Strengthen Strategic and Operational Integration: Ensure operational planning aligns closely with strategic objectives
3. Advance Financial and Performance Management: Forge realistic, financially sustainable plans integrated with performance metrics, leveraging data driven decision-making for continuous improvement
4. Reinforce Governance and Assurance: Enhance governance structures for better decision-making and integrate assurance processes into daily operations, improving overall Health Board effectiveness

Forward Looking Conclusion:

Addressing these challenges with focused, strategic actions is imperative for the Health Board to progress beyond initial stages of development. By concentrating on process simplification, strategic integration, financial and performance refinement, and governance strengthening, the Health Board can significantly enhance its performance, accountability, and operational delivery, thereby achieving our strategic goals and operational demands more effectively.



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Annex – evidence required to support scoring for each domain

Annex – evidence required to support scoring for each domain



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| Domain | Baseline | PSG 12 month assessment |
|---|---|---|
| <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>Level 3</p> <ul style="list-style-type: none"> 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. Board approved patient centred Clinical Services Strategy that delivers sustainable health and well-being outcomes for the local population. | <p>Level 2</p> <ul style="list-style-type: none"> 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. Identified clinical leads that own and drive strategic developments. 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. The strategy is embedded into organisational plans and is informed by population health needs, locality needs assessments and patient / carer experience. |
| <p>Strategy alignment and development of a 3 year Integrated Medium Term Plan:</p> <p>Evidence of alignment of strategy with components of the plan.</p> | <p>Level 1</p> <ul style="list-style-type: none"> Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. Linked to the business case planning process, including the Programme Business Case (PBC) for A Healthier Mid and West Wales (AHMWW) and informed by local and national evidence base. The Board sets out commissioning intentions. | <p>Level 2</p> <ul style="list-style-type: none"> 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. Directly linked to performance and accountability and informed by detailed and future facing modelling. |
| <p>Dynamic and engaged planning:</p> <p>Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.</p> | <p>Level 1/2</p> <ul style="list-style-type: none"> Staff and partners are aware of and engaged in AHMWW / IMTP development. Organisational staff respond to corporate requirements but may not 'own' the process. | <p>Level 2</p> <ul style="list-style-type: none"> Stakeholders are engaged in and co-design priority setting using our 'continuous engagement' model and a patient led approach. Engagement at individual, team and organisational level is improving. Strengthened partnership working arrangements. NHS Wales Planning guidance is embedded in the planning process. |
| <p>Operational Planning</p> <p>Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance.</p> | <p>Level 1</p> <ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Sufficient capability and capacity within the Planning team to embed operational planning throughout the organisation | <p>Level 1</p> <ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Sufficient capability and capacity within the Planning team to embed Operational Planning throughout the organisation. |

Annex – evidence required to support scoring for each domain



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| Domain | Baseline | PSG 12 month assessment |
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| Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety. | Level 2 <ul style="list-style-type: none"> Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements. | Level 2 <ul style="list-style-type: none"> Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements. |
| Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable. | Level 0 <ul style="list-style-type: none"> One year Annual Plan developed but limited evidence that it is credible and deliverable. | Level 0 <ul style="list-style-type: none"> One year Annual Plan developed but limited evidence that it is credible and deliverable. |
| 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. | Level 2 <ul style="list-style-type: none"> 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. Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. Alignment of the transformation programme and performance priorities has commenced. | Level 1 <ul style="list-style-type: none"> Against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. Accountability for delivery is demonstrated but is not consistently in place across the organisation. |
| 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. | Level 1 <ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Pathway plans clearly set out month on month performance trajectories. | Level 1 <ul style="list-style-type: none"> Operational plans are in place and contain an appropriate level of detail to support service delivery. Pathway plans clearly set out month on month performance trajectories. |
| Assurance: Clarity on monitoring, assurance and delivery mechanisms. | Level 2 <ul style="list-style-type: none"> 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. | Level 3 <ul style="list-style-type: none"> Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place. |

Action Plan to support development of planning function as part of Targeted Intervention

Background to Action Plan

This action plan has been developed as part of the Health Board's response to the planning element of Welsh Government's Targeted Intervention. It responds to the independent Peer Review of Planning, the Maturity Matrix, other reports over recent years referencing the planning function within the Health Board plus reflections and internal lessons learnt from previous plans.

Master Action C

| Theme 1: Organisational culture and planning | | | | | | | | | |
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| Objective | Actions | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status at February 2024 | Status at March 2024 | Evidence of progress |
| 1. Embed a positive planning culture within the Health Board where planning activities are valued and integral to the organisation's daily business | 1.1 Establish an Executive planning function as part of a revised Core Delivery Group (CDG) to coordinate the development of the 2024-25 plan and align across corporate functions | Director of Strategy and Planning | September 23 | <ul style="list-style-type: none"> Regular, executive led meetings in place focused on the plan and plan delivery Agreed process and assumptions for 2024-25 plan | <ul style="list-style-type: none"> CDG in place Planning Steering Group (PSG) being set up – every fourth meeting of the CDG to be PSG meeting, chaired by Director of Strategy and Planning | Complete | Complete | Complete | <ul style="list-style-type: none"> CDG and PSG in place |
| | 1.2 Establish a process to agree and disseminate updated planning objectives for 2024-25 which engages the senior leadership of the organisation | Director of Strategy and Planning | October 23 January 2024 | <ul style="list-style-type: none"> Senior leaders involved in the process to agree Planning Objectives (POs) Directorate level plans in support of POs | <ul style="list-style-type: none"> Board paper on revised Planning Objectives – September 2023 Update on Planning Objectives aligned to the Committees of the Board in place for October 2023 Review of milestones for Planning Objective deliverables underway | In progress | <ul style="list-style-type: none"> Complete for setting POs for 2024/25 In-progress for developing PO plans for 2024/25 | Complete | <ul style="list-style-type: none"> POs for 2024/25 agreed at Public Board January 2024 Plans for POs currently being sought as part of development of 2024/25 Plan |
| | 1.3 Utilising the Leading Excellence through Awesome People (LEAP) Programme | Director of Strategy | March 24 May 24 | <ul style="list-style-type: none"> Roll-out of planning module within the | Initial discussion underway to scope the requirements to ensure that an holistic view of planning to include | In progress | In progress | To be carried forward | <ul style="list-style-type: none"> LEAP have suggested that the session is |

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| | implement regular professional development programmes/seminars to enhance skills, in order to develop staff and enhance the level of planning capability and capacity within the Health Board | and Planning | | LEAP programme to the Band 7/8a and Band 8b/8c cohorts | strategic planning, capital planning, transformation and project management skills is included | | | to 2024/25 | aligned to performance <ul style="list-style-type: none"> • Work currently underway to develop the approach • To be completed by end of May 2024 |
| | 1.4 Review Integrated Medium Term Plan (IMTP) and Planning processes from across Wales to understand 'best practice' | Director of Strategy and Planning | October 23 February 2024 April 2024 | <ul style="list-style-type: none"> • Report summarising key approaches across other Health Boards • Lessons learnt incorporated into 2024-25 planning cycle | <ul style="list-style-type: none"> • Work currently being undertaken by All Wales Assistant Directors of Planning (ADoPs) to review: <ul style="list-style-type: none"> • Best practice processes (led by Swansea Bay) • Capacity and capability benchmarking (led by Hywel Dda) | In progress | In-progress | To be carried forward to 2024/25 | <ul style="list-style-type: none"> • Work from ADoPs is continuing but will not support current Planning cycle – this work has been delayed due to pressures of NHS organisations delivering plans for 2024/25 • Proposed HDdUHB Integrated Planning Process has explored wider Planning processes |

Theme 2: Planning Cycle

| Objective | Action | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status as at February 2024 | Status as at March 2024 | Evidence of progress |
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| 2. Robust continuous Planning Cycle to develop an IMTP | 2.1 Develop and agree through CDG a revised annual planning cycle for the Health Board | Director of Strategy and Planning | October 23 December 2024 | Agreed and documented planning cycle, incorporating best practice (see above) | In development as part of the PSG | In progress | <ul style="list-style-type: none"> Complete for development of 2024/25 plan Will continue to evolve through 2024/25 as lessons are learnt for use in next planning cycle | <ul style="list-style-type: none"> Complete for development of 2024/25 plan Will continue to evolve through 2024/25 as lessons are learnt for use in next planning cycle | <ul style="list-style-type: none"> Proposed Integrated Planning Process formally adopted at PSG in December 2023 The introduction of the Integrated Planning Process (IPP) has been pivotal in aligning planning activities across the Health Board. This strategic initiative has streamlined processes, leading to optimal utilisation of resources and enhanced communication both within the organisation and with external stakeholders. |
| | 2.2 As part of the planning cycle introduce a process to coordinate the work programmes across corporate functions, aligned to | Director of Strategy and Planning | October 23 December 2024 | Dynamic process in place to assess project resource requirements and align corporate teams to key organisational priorities | To be developed through the CDG / PSG | In progress | <ul style="list-style-type: none"> As above (2.1) | <ul style="list-style-type: none"> As above (2.1) | <ul style="list-style-type: none"> As above (2.1) Further as part of CDG a thorough and dynamic approach to operational planning has been adopted. This involves comprehensive assessments encompassing workforce, financial |

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| | Health Board priorities and responsive to changing circumstances | | | | | | | | planning, and service delivery impacts. This balanced approach ensures decisions are financially prudent while upholding the highest standards of patient care. |
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| Theme 3: Operational planning and change management | | | | | | | | | |
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| Objective | Action | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status as at February 2024 | Status as at March 2024 | Evidence of progress |
| 3. Robust operational plans supported by a structured change management framework | 3.1 Develop a generalised methodology for producing operational plans, which triangulates service, finance and workforce assumptions and incorporates key performance indicators | Director of Strategy and Planning | November 23 | <ul style="list-style-type: none"> Agreed and documented methodology, incorporating best practice Agreed and Documented Methodology: Finalise and document a comprehensive operational planning methodology. Integration of Service, Finance, and Workforce Planning: Ensure methodology integrates service, finance, and workforce planning. Inclusion of Key Performance Indicators: Incorporate relevant Key Performance Indicators into the methodology. Alignment with Best Practice: Align the | To be developed through the PSG and is clearly underpinned in the CDG work. | Complete | Complete | Complete | Focused Risk Management and Mitigation: The development and implementation of comprehensive mitigation strategies to manage risks associated with workforce and financial planning changes have been a priority. This proactive stance is essential for ensuring continuity of care and minimising adverse impacts on patient services. Furthermore, a clear risk appetite will be required for the forthcoming 2024/25 Plan to ensure there is maximum clarity around the expectations around resource management and delivery in 2024/25. |

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| | | | | methodology with established best practices in healthcare planning. | | | | | |
| | <p>3.2 As a first phase develop detailed operational plans for 2024-25 in the following areas:</p> <ul style="list-style-type: none"> • Beds and nursing workforce • Elective surgery • Transforming Urgent and Emergency Care (TUEC) • Cancer | Director of Operations | <p>January 24</p> <p>March 2024</p> | <ul style="list-style-type: none"> • Planning tools developed and in used in key areas • Implement Plans in Key Areas: Effectively implement and deliver operational plans in specified areas (Ministerial Priorities). • Ensure Balanced Decision-Making: Maintain financial sustainability and high standards of patient care. • Use of Planning Tools: Utilise planning tools effectively in key service areas. • Align with 2024-25 Overall Plan: Ensure alignment of operational plans within the | To be developed as part of the development of the plan for 2024-25. | In-progress | In-progress | To be carried forward to 2024/25 | <p>A proactive approach to the development of Plans is underway, and will be used as part of the development of individual plans for the overarching 2024/25 Plan</p> <p>All plans need to be developed for submission to Board and Welsh Government (WG) by the end of March 2024</p> |

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| | | | | 2024-25 Annual Plan. | | | | | |
| | 3.3 Establish a Change Management team to support the delivery of key service changes within the organisation, specifically responsible for working with services to develop a Change Management Plan that includes timelines, roles and responsibilities and communication strategies etc | Director of Strategy and Planning | <p>November 23</p> <p>January 2024</p> <p>March 2024</p> | <ul style="list-style-type: none"> Change management plans in place for key change areas, as agreed by CDG Establish Efficient Change Management Team: Form a Change Management team for key service alterations. Develop Comprehensive Planning and Communication: Create detailed Change Management Plans with clear roles and communication. Balance Workforce and Service Delivery Needs: Achieve balance between staff well-being and service delivery Prioritise Quality of Patient Care: Focus on quality of patient care in planning decisions. | To be considered within CDG | In-progress | In-progress | <ul style="list-style-type: none"> To be carried forward to 2024/25 | <ul style="list-style-type: none"> Discussion held at PSG December 2023 Proactive Workforce Management and Service Impact Assessment: Our approach to workforce planning has been forward-looking, emphasising the balance between staff well-being and service delivery needs. We have also been vigilant about the impact of our decisions on patient services, prioritising the quality of care in all our actions. This is being rolled out as part of the development of the 2024/25 Plan, and as such will not be completed until submission of the Plan to Board and WG by the end of March 2024 |

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| | 3.4 Carry out post implementation reviews of key operational service changes during 2023-24 to help inform future operational plans | Director of Operations | December 23 | <p>Responsive Operational Plans to changing circumstances and priorities.</p> <ul style="list-style-type: none"> Conduct Detailed Post-Implementation Reviews: Perform thorough reviews of changes in operational services. Adapt Plans to Changing Needs: Ensure operational plans are adaptable to changing circumstances. Align with Directorate Improvement Strategies: Align reviews with Directorate's Improvement Together and agreed Operational Plans. Improve Project Governance: Enhance governance and risk management in projects. | This will be aligned to Directorate Improving Together as set out in the Integrated Planning Process | In progress | In progress | <ul style="list-style-type: none"> Complete – this will be part of the new escalation process within DITs | <ul style="list-style-type: none"> Work has commenced to look at what questions should be asked around how we carry out post implementation reviews of key operational service changes during 2023-24 to help inform future operational plans. (For example what do Capital have in-place to evaluate the impact?) The establishment of consistent Project Initiation Documents (PIDs) and Plans on a Page has markedly improved project governance and risk management across the Board. This uniformity in processes ensures clarity and accountability, bolstering our operational effectiveness. |
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| Theme 4: Planning and the strategy (bridge between short/medium term plans and the longer-term strategy) | | | | | | | | | |
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| Objective | Action | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status as at February 2024 | | Evidence of Progress |
| 4. Agreed medium and long-term plans aligned to the strategy | 4.1 Develop medium-term plans for key service areas within the Clinical Services Plan (CSP) programme | Director of Strategy and Planning | Phase 1 – Issues paper: March 24 | <p>Agreement on issues and plans for clinical services within the CSP programme by March 2024 inclusive of hurdle criteria</p> <p>Development of integrated service options and alignment to the Strategic Objectives.</p> <p>Evidence of alignment of medium-term plans with broader organisational strategic goals</p> <p>Demonstration of stakeholder engagement and feedback incorporation in the medium term plans, ensuring plans are informed by both internal and external input</p> <ol style="list-style-type: none"> Board Approval of Medium-Term Plans: Achieve Board approval for medium-term clinical services plans Strategic Alignment with Health Board Goals: Ensure plans align with Health | CSPs in development as per the September 2023 Board paper | On track | On track | Complete | <ul style="list-style-type: none"> CSP issues paper submitted to March 2024 Public Board |

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| | | | | <p>Board's strategic direction</p> <p>3. Effective Management of Planned Care Pathways: Successfully manage and improve Planned Care pathways</p> <p>4. Robust Handling of Fragile Services: Effectively address and manage fragile services</p> <p>5. Data-Driven and Patient-Centric Planning: Adopt a data-driven, patient-centric approach in plan development</p> | | | | | |
| | 4.2 Produce a medium-Term Plan for inpatient beds, triangulating service, staffing and financial plans and aligning with the TUEC programme, A Healthier Mid and West Wales (AHMWW) programme and the | Director of Strategy and Planning | February 24 March 2024 | <p>Medium term bed plan agreed by CDG</p> <p>1. Triangulated Inpatient Bed Planning: Develop an integrated plan for inpatient beds, covering service, staffing, and finances</p> <p>2. Alignment with TUEC and Financial Roadmap: Align inpatient bed plan with TUEC programme and financial roadmap</p> <p>3. Comprehensive Service Fragility Analysis: Conduct</p> | Key pillar of CDG work programme | In-progress | In-progress | <ul style="list-style-type: none"> To be carried forward to 2024/25 | <ul style="list-style-type: none"> Continues to be a key pillar of the CDG work programme but clarity is still required to ensure that all elements are in-place to be included as part of the 2024/25 Plan This is being rolled out as part of the development of the 2024/25 Plan, and as |

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| | financial roadmap | | | <p>thorough analysis to identify and address service fragilities</p> <p>4. Detailed Assessment of Planned Care Pathways: Evaluate and refine planned care pathways for efficiency</p> <p>5. Data-Informed Service Utilisation Patterns: Utilise data analysis for understanding and planning service utilisation</p> | | | | | such will not be completed until submission of the Plan to Board and WG by the end of March 2024 |
| | 4.3 Develop a medium-term plan for planned care services that sets out the options for achieving demand-capacity balance in all key service areas and delivering backlog reductions to meet national access targets | Director of Operations | February 24 March 2024 | <p>Planned care plans in place</p> <p>1. Completion of Planned Care Service Plans: Develop and finalise medium-term planned care service plans</p> <p>2. Strategic Options for Achieving Objectives: Define strategic options for achieving planned care goals</p> <p>3. Alignment with 2024-25 Strategic Plan: Ensure alignment of planned care plans with 2024-25 strategic objectives</p> <p>4. Operational Planning and</p> | To be developed as part of the development of the plan for 2024-25. | In-progress | In-progress | <ul style="list-style-type: none"> To be carried forward to 2024/25 | <ul style="list-style-type: none"> As above (4.2) Operational Planning, Governance and Performance Group now in place |

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| | | | | <p>Governance Group Involvement: Incorporate insights from the Operational Planning, Governance, and Performance Group</p> <p>5. Demand-Capacity Balance in Service Areas: Achieve a balance between demand and capacity in key service areas</p> <p>6. Backlog Reductions to Meet National Access Targets: Implement effective strategies to reduce backlog and meet national access targets</p> | | | | | |
| | 4.4 Agree a refreshed 10-year workforce strategy, in conjunction with Health Education and Improvement Wales (HEIW), which is aligned to AHMWW, the financial roadmap and national | Director of Workforce and OD | February 24 March 2024 | <p>Workforce strategy in place</p> <p>1. Completion and Agreement on Workforce Strategy: Finalise and gain consensus on the 10-year workforce strategy</p> <p>2. Alignment with Strategic and Financial Plans: Ensure strategy aligns with AHMWW and financial roadmaps</p> <p>3. Integration of National Strategies</p> | To be developed as part of the development of the plan for 2024-25. | In progress | In-progress | To be carried forward to 2024/25 | This is being rolled out as part of the development of the 2024/25 Plan, and as such will not be completed until submission of the Plan to Board and WG by the end of March 2024 |

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| | strategies and initiatives (e.g. national primary care strategy) | | | and Initiatives: Incorporate relevant national strategies, including primary care 4. Effective Collaboration with HEIW: Successfully collaborate with HEIW in strategy formulation | | | | | |
| | 4.5 Obtain Welsh Government endorsement of the AHMWW Programme Business Case (PBC) and Strategic Outline Case (SOC) to provide certainty on the long-term strategic direction for West Wales and commence detailed service / capital planning as part of the Outline Business Case (OBC) | Director of Strategy and Planning | February 24 | AHMWW PBC and SOC endorsed by WG 1. Welsh Government Endorsement of PBC and SOC: Achieve Welsh Government endorsement for AHMWW PBC and SOC 2. Effective Incorporation of WG Feedback: Successfully integrate feedback from WG into PBC and SOC 3. Completion of Supporting Reviews and Discussions: Complete Clinical Strategy Review and Infrastructure Investment Board discussions 4. Approval and Submission Process: Attain Public Board | Currently awaiting feedback on the submitted PBC. The final version of the SOC will need to reflect the output from the Clinical Strategy Review and Infrastructure Investment Board (IIB) discussions. When the PBC receives WG endorsement, the SOC will be presented to Public Board for approval and onward submission to WG. Programme Group has targeted November 2023 for completion of this activity, however this is dependent upon feedback yet to be received from WG. | In-progress | In-progress | To be carried forward to 2024/25 | Feedback received – currently assessing this |

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| | | | | approval and submit SOC to WG | | | | | |
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| | | Theme 5: Capacity and capability of the Corporate Planning Directorate | | | | | | | |
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| Objecti ve | Action | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status as at February 2024 | Status as at March 2024 | Evidence of Progress |
| 5. Enhanc- ed skills, know- ledge and capacity of the corpor- ate plann- ing team | 5.1 Develop a vision and purpose for the Planning Team | Director of Strategy and Planning | November 23 March 2024 | Planning Team vision in place | To be commenced – work will be guided by the requirements of the Planning Cycle | In-progress | In-progress | <ul style="list-style-type: none"> To be carried forward to 2024/25 | <ul style="list-style-type: none"> A Directorate Senior Management Team is now in place and will be looking at developing a vision and purpose for the Directorate including the Planning Team Proposed this will include OD development sessions – Senior Management Team session booked for 15 March 2024 |
| | 5.2 Conduct a skills gap analysis to identify areas of improvement and how we best utilise existing resource from across the organisation to work with Planning | Director of Strategy and Planning | November 23 March 2024 April 2024 | Skills gap analysis in place | To be commenced | In-progress | In-progress | <ul style="list-style-type: none"> To be carried forward to 2024/25 | <ul style="list-style-type: none"> As above – this will need to form a key element of the work However, a one-year follow-up on the planning Maturity Matrix has commenced (see Annex ii for detail - Maturity Matrix Re-assessment and next steps). This has been informally shared with WG and they have requested further detail by April 2024 |
| | 5.3 Evaluate the current workload and capacity of the team, and review | Director of Strategy and Planning | November 23 March 2024 April 2024 | Review of Planning Team capacity in place | To be commenced | In-progress | | To be carried forward to 2024/25 | As above <ul style="list-style-type: none"> Ongoing efforts to enhance the capacity and capability of the planning team through targeted training (Planning Diploma) and development initiatives, |

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| | and adjust capacity based on the team's needs and the organisation's priorities | | | | | | | | ensuring the team is equipped to meet evolving challenges and sustain improvements. In terms of expanding the number of WTEs this has not been possible due to the current financial situation |
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| Theme 6: Project governance and reporting tools | | | | | | | | | |
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| Objective | Action | Lead | Timescale | Success measures | Status as at September 2023 | Status as at December 2023 | Status as at February 2024 | Status as at March 2024 | Evidence of progress |
| 6. Develop a consistent organisational approach to supporting key workstreams | 6.1 Develop a baseline of current processes and templates in use and review (Enquire Phase) | Director of Strategy and Planning | September 23 | Development of Enquiry Phase Output Report identifying key learning to be carried forward into Discovery Phase | Complete | Complete | Complete | Complete | To be rolled out as part of the updated planning objectives for 2024/25. |
| | 6.2 Identify and highlight best practice already in the organisation and areas for improvement (Discovery Phase) | Director of Strategy and Planning | September 23 | Implementation of draft documents for iterative. Development of timeline for iterative design and feedback | Draft Workstream document developed and in use for Clinical Services Plan and Annual Recovery Work. On track | Complete | Complete | | |
| | 6.3 Develop action plan to meet Discovery Phase actions identified (Design Phase) | Director of Strategy and Planning | October 23 December 2023 | Action plan developed with resourcing requirements identified | Not started – On track | Delayed - Slipped to accommodate alignment of Hywel Dda Way and Financial BRAG. Due End of December 2023. | Complete | | |
| | 6.4 Implementation of revised processes and templates (Delivery phase) | Director of Strategy and Planning | March 24 | Suite of templates in place with a document control group established to make changes as needed going forward | Not started – On track | Not started – due to commence from January 2024. | Delayed – Timeline being slipped to March 2024 commencement to allow for changes to templates and adoption in 2024/25 planning cycle to better inform long term adoption. | To be carried forward to 2024/25 | |

Annex 1: Proposed steps in the development of the Planning Objectives

1. Consolidate Strategic Objectives: Undertake a review to streamline the current Strategic Objectives (SOs) to four key objectives, aligning them with the overarching goals of the Health Board.
2. Evaluate Current Planning Objectives (POs): Assess the existing Planning Objectives to ascertain their current status – whether to continue, complete, delay, or carry forward.
3. Align POs with Revised SOs: Realign all POs to directly support the newly defined SOs, ensuring each PO contributes effectively within the established risk appetite framework.
4. Remove Planning Domains: Omit the Planning Domains from the strategic framework to simplify the planning process and enhance clarity.
5. Conduct Gap Analysis: Perform a thorough gap analysis to identify areas needing additional focus or resources to achieve the strategic goals.
6. Update the Board Assurance Framework (BAF): Revise the BAF to reflect the changes in SOs and the removal of Planning Domains, ensuring robust assurance support.
7. Assign Responsibilities and Deadlines to POs: Designate a specific executive lead and establish clear timelines for each PO, integrating this into the executive performance evaluation.
8. Allocate POs to Assurance Committees: Each PO should be assigned to a relevant assurance Committee for regular oversight.
9. Develop and Approve Implementation Plans: Begin with socialising PO themes at the December Board Seminar, followed by drafting implementation plans in January with approvals from the Executive Team.
10. Review Draft Plans at a Special Board Seminar in February: Conduct a comprehensive review of draft plans, ensuring alignment with financial and workforce constraints.
11. Finalise and Endorse the Operational Plan: Finalise the operational plan by March for public Board review and aim for endorsement and submission to the Welsh Government by 29 March.
12. Document the Strategic Framework: Formally codify the approach to SOs, POs, and BAF, seeking sign-off from the Planning Committee for clear governance.
13. Effectively Communicate Changes: Ensure all stakeholders are informed about the changes and the reasoning behind them for a unified understanding.
14. Set Up Regular Monitoring Processes: Establish monitoring mechanisms to track progress and adapt the strategic and operational plans as needed (CDG and DITs)
15. Formalise Documentation and Approval: Document the updated strategic framework; seek formal approval from the appropriate Committees.

Annex 2 – Maturity Matrix Re-assessment and next steps

1. **Strategy Development:** HDdUHB's approach to workforce scenarios, service implementation plans, and recovery frameworks indicates a strategic development that responds to national and local priorities. The detailed planning for service accessibility and quality, workforce well-being, and financial efficiency suggests a Level 3 maturity, where there is a clear translation of national policies into local delivery. To progress to Level 4, HDdUHB would need to demonstrate proactive and pre-emptive mechanisms that anticipates future challenges and opportunities.
2. **Strategy Alignment and IMTP:** The alignment of service plans with strategic queries and the establishment of clear timelines for implementation reflect a Level 3 maturity in strategy alignment. HDdUHB is operationalising strategies into tangible plans, which is indicative of a mature approach to integrated medium-term planning. Advancing to Level 4 would require evidence of a fully integrated mechanism/framework that drives all aspects of planning and delivery.
3. **Dynamic and Engaged Planning:** The Annual Recovery Plan and the Choices Framework show a dynamic approach to planning, with an emphasis on scenario modelling and impact assessment. This suggests a Level 3-4 maturity, where planning processes are influencing outcomes. Further, when underpinned with Best Practice awards for engagement, HDdUHB demonstrates involvement of all stakeholders. To reach Level 4-5, HDdUHB would need to show that planning is not only dynamic but also consistently leads to improved outcomes and innovation.
4. **Operational Planning:** The detailed steps for service implementation, run rate analysis, and the management actions required for scenario modelling indicate a robust approach to operational planning, likely at Level 3. The Health Board is linking operational plans with workforce and financial considerations. Progression to Level 4 would be marked by a seamless integration of these plans, demonstrating a track record of delivery and adaptability to changing circumstances.
5. **Best Practice Approach to Improvement:** The focus on balancing the financial position with the quality of services and the consideration of workforce well-being points to a commitment to best practice, aligning with Level 3 maturity. To achieve Level 4, HDdUHB would need to consistently deliver best practice levels of efficiency and quality, with evidence of benchmarking against top-performing organisations.
6. **Realistic and Deliverable:** The sensitivity analyses and risk assessments included in the planning documents suggest that HDdUHB is at Level 3, with realistic and deliverable plans. The Health Board is aware of its delivery track record and is conducting thorough risk assessments. Level 4 would require a consistent demonstration of sustainable and affordable delivery, with contingency plans effectively managing risks.
7. **Systems and Processes for Performance, Accountability, and Improvement:** The Health Board's structured approach to implementation, with clear escalation mechanisms and communications strategies, indicates a Level 3 maturity. There is a culture of ownership and a drive for improvement. To reach Level 4, these systems would need to be rigorously applied organisation-wide, with clear evidence of accountability leading to performance improvements.
8. **Measurable and Improving Performance:** HDdUHB's focus on service quality, patient satisfaction, and financial targets suggests a Level 3 maturity in performance measurement. The Health Board is working towards improved access and quality of care in a cost-effective manner. Advancing to Level 4 would require sustained improvement across all performance metrics, with robust pathway applications demonstrating clear, measurable outcomes.
9. **Assurance:** Undertaking Equality Impact Assessments (EQIAs) for all areas coupled with a clear understanding of the need for monitoring and assurance mechanisms, is indicative of a Level 3 maturity. The Health Board has clarity on its delivery mechanisms.

Levels of the maturity matrix are:

- 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

The aim is to achieve at least level 3 in all domains.