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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Intervention Update
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

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

Er Sicrwydd/For Assurance

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.

This paper provides the SDODC with an update on the key products expected as part of the planning element of this escalation status.

Cefndir / Background

As previously noted to SDODC in December 2022, on 29 September 2022, Welsh Government (WG) 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".

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

WG confirmed that de-escalation would be considered when the HDdUHB:
- has an approvable and credible plan, and improvement in its financial position, is assessed at level 3 of the Maturity Matrix,
- has agreement of and sustainable progress made towards a finance improvement trajectory,
- builds on relationships and fully engages on the transformation and reshaping of services.

The Health Board has formal Targeted Intervention meetings with WG and other colleagues on a quarterly basis with the last meeting-taking place on 19 September 2023. In addition, the Director of Strategy and Planning and the Planning Team meet informally with the Director of Planning in Welsh Government on a monthly basis.

Asesiad / Assessment

Four key focus areas were identified at the outset of Targeted Intervention, namely:

- Maturity Matrix and Peer Review (diagnosis)
- Peer Review
- Planning Improvement Journey
- Clinical Services Plan

Actions for the Maturity Matrix and the Peer Review have been completed, are now being considered as part of the Planning Improvement Journey. To support this journey and as described at the August 2023 SDODC meeting, work has been ongoing to bring the various elements of our approach to Targeted Intervention together to provide a single consistent set of themes and subsequent actions.

This thematic approach consolidates our response to the Maturity Matrix; Peer Review and the internal planning Master Actions emanating from the original TI expectations (including C which centres on the development of a robust planning cycle and D which is focuses on clear roles and accountabilities to drive key work streams across the organisation). However, it also brings into account wider/previous reports including Audit Wales Structured Assessments, Annual Planning Cycle (NHS Wales Planning framework) and the Klynveld Peat Marwick Goerdeler (KPMG) report in relation to financial planning.

Themes	Objectives
1: Organisational culture and planning	Embed a positive planning culture within the Health Board where planning activities are valued and integral to the organisation's daily business
2: Planning Cycle	Robust continuous Planning Cycle to develop an Integrated Medium-Term Plan (IMTP)
3: Operational planning and change management	Robust operational plans supported by a structured change management framework
4: Planning and the strategy (bridge between short/medium term plans and the longer-term strategy)	Agreed medium and long-term plans aligned to the strategy
5: Capacity and capability of the Corporate Planning Directorate	Enhanced skills, knowledge and capacity of the corporate planning team
6: Project governance and reporting tools	Develop a consistent organisational approach to supporting key workstreams

An action plan to deliver these themes is included as Annex 1. Due to amendments in the delivery of theme 6 under Master Action D, a revised Plan on a Page has been produced and is included as Annex 2.

The work on the Clinical Services Plan continues, although it has been slowed in-line with the review of the Planning Objectives and how this supports the recovery of the 2023/24 Annual Plan as described in the September 2023 Public Board (the Board paper is included as Annex 3).

Key amongst the Clinical Services Plan work includes:
- Clinical Services Programme established, and scope of work agreed by Board
- Project groups established and meeting
- Paediatrics Consultation complete and due to be presented to Board on 30 November 2023
- Transformation Team repurposed to support the programme

Over the next quarter the key activities include:
- Clinical Review - formal feedback from WG expected to be received
- WG Infrastructure Investment Board (IIB) – formal feedback from WG by 6 October
- Successful conclusion of above to lead to ministerial endorsement of Programme Business Case
  - Successful conclusion of above will allow the Health Board to conclude Strategic Outline Case (SOC) for the new hospital, and Glangwili and Withybush Hospitals, and to formally consider its approval and submission to WG for their review and subsequent approval. Timing is dependent on any further work emerging from IIB and the timing of the Programme Business Case (PBC) endorsement by WG which must precede consideration of the SOC by our Board

Argymhelliad / Recommendation
The Strategic Development and Operational Committee is asked to:

- **RECEIVE ASSURANCE** from the ongoing response to Targeted Intervention (from a Planning perspective).

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 Hywel Dda 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
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Targeted Intervention Working Group Escalation Steering Group 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.

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					
Objective	**Actions**	**Lead**	**Timescale**	**Success measures**	**Status as at September 2023**
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	• Regular, executive led meetings in place focused on the plan and plan delivery. • Agreed process and assumptions for 2024-25 plan.	• 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
	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	• Senior leaders involved in the process to agree Planning Objectives (POs) • Directorate level plans in support of POs	• 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 PO deliverables underway
	1.3 Utilising the Learng and Evaluation Process (LEAP) Programme, implement regular professional development programmes/seminars to enhance skills, in order to develop staff and enhance the level of planning	Director of Strategy and Planning	March 24	• Roll-out of planning module within the LEAP programme to the Band 7/8a and Band 8b/8c cohorts	Initial discussion underway to scope the requirements to ensure that a holistic view of planning to include strategic planning, capital planning, transformation and project management skills are included

	capability and capacity within the Health Board				
	1.4 Review Integrated Plan (IMTP) and Planning processes from across Wales to understand 'best practice'	Director of Strategy and Planning	October 23	• Report summarising key approaches across other Health Boards • Lessons learnt incorporated into 2024-25 planning cycle (see below)	• Work currently being undertaken by All Wales Assistant Directors of Planning to review: o Best practice processes (led by Swansea Bay) o Capacity and capability benchmarking (led by Hywel Dda)

Theme 2: Planning Cycle					
Objective	Action	Lead	Timescale	Success measures	Status as at September 2023
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	• Agreed and documented planning cycle, incorporating best practice (see above)	• In development as part of the PSG
	2.2 As part of the planning cycle introduce a process to coordinate the work programmes across corporate functions, aligned to Health Board priorities and responsive to changing circumstances	Director of Strategy and Planning	October 23	• Dynamic process in place to assess project resource requirements and align corporate teams to key organisational priorities	• To be developed through the CDG / PSG

Theme 3: Operational planning and change management					
Objective	**Action**	**Lead**	**Timescale**	**Success measures**	**Status as at September 2023**
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	• Agreed and documented methodology, incorporating best practice	To be developed through the PSG
	3.2 As a first phase develop detailed operational plans for 2024-25 in the following areas: • Beds and nursing workforce • Elective surgery • Transforming Urgent and Emergency Care (TUEC) • Cancer	Director of Operations	January 24	• Planning tools developed and in used in key areas	To be developed as part of the development of the plan for 2024-25.
	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	November 23	• Change management plans in place for key change areas, as agreed by CDG	To be considered within CDG
	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	• Lessons learnt review of key operational service changes	To be commenced

Theme 4: Planning and the strategy (bridge between short/medium term plans and the longer-term strategy)					
Objective	**Action**	**Lead**	**Timescale**	**Success measures**	**Status as at September 2023**
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	Board agreed plans for clinical services within the CSP programme	CSPs in development as per the September 2023 Board paper
	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 financial roadmap	Director of Strategy and Planning	February 24	Medium-term bed plan agreed by CDG	Key pillar of CDG work programme
	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	Planned care plans in place	To be developed as part of the development of the plan for 2024-25.
	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 strategies and initiatives (e.g. national primary care strategy)	Director of Workforce and OD	February 24	Workforce strategy in place	To be developed as part of the development of the plan for 2024-25.
	4.5 Obtain Welsh Government (WG) 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	Director of Strategy and Planning	February 24	AHMWW PBC and SOC endorsed by WG	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

commence detailed service / capital planning as part of the outline business case (OBC)				(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.

Theme 5: Capacity and capability of the Corporate Planning Directorate					
Objective	Action	Lead	Timescale	Success measures	Status as at September 2023
5. Enhanced skills, knowledge and capacity of the corporate planning team	5.1 Develop a vision and purpose for the Planning Team	Director of Strategy and Planning	November 23	Planning Team vision in place	To be commenced – work will be guided by the requirements of the Planning Cycle
	5.2 Conduct a skills gap analysis to identify areas of improvement and how the Health Board best utilises existing resource from across the organisation to work with Planning	Director of Strategy and Planning	November 23	Skills gap analysis in place	To be commenced
	5.3 Evaluate the current workload and capacity of the team, and review and adjust capacity based on the team's needs and the organisation's priorities	Director of Strategy and Planning	November 23	Review of Planning Team capacity in place	To be commenced

Master Action D

<table>
<tr><td colspan="6" align="center">**Theme 6: Project governance and reporting tools**</td></tr>
<tr><td align="center">**Objective**</td><td align="center">**Action**</td><td align="center">**Lead**</td><td align="center">**Timescale**</td><td align="center">**Success measures**</td><td align="center">**Status as at September 2023**</td></tr>
<tr><td rowspan="4">6. Develop a consistent organisational approach to supporting key workstreams</td><td>6.1 Develop a baseline of current processes and templates in use and review (Enquire Phase)</td><td>Director of Strategy and Planning</td><td>September 23</td><td>Development of Enquiry Phase Output Report identifying key learning to be carried forward into Discovery Phase</td><td>Complete</td></tr>
<tr><td>6.2 Identify and highlight best practice already in the organisation and areas for improvement (Discovery Phase)</td><td>Director of Strategy and Planning</td><td>September 23</td><td>Implementation of draft documents for iterative. Development of timeline for iterative design and feedback</td><td>Draft Workstream document developed and in use for Clinical Services Plan and Annual Recovery Work.

On track</td></tr>
<tr><td>6.3 Develop action plan to meet Discovery Phase actions identified (Design Phase)</td><td>Director of Strategy and Planning</td><td>October 23</td><td>Action plan developed with resourcing requirements identified</td><td>Not started – On track</td></tr>
<tr><td>6.4 Implementation of revised processes and templates (Delivery Phase)</td><td>Director of Strategy and Planning</td><td>March 24</td><td>Suite of templates in place with a document control group established to make changes as needed going forward</td><td>Not started – On track</td></tr>
</table>

Master Action D
To develop appropriate clear roles and accountabilities to drive key workstreams across the organisation. This will include:
1. Appropriate governance arrangements
2. Appropriate documentation and reporting templates
3. Risk management, escalation and mitigation arrangements
4. Appropriate project and programme management support; and corporate team support arrangements
5. Clarity on route to outcomes, including cash impact
6. Assurance arrangements to Board Committees are appropriate

PROJECT SCOPE

To develop a phased workplan which seeks to cover off each of the 6 points above. This will be done by:

- Establishing a working group with representation from project management/ quality improvement/ service improvement/ corporate governance/ risk management/ finance/ digital/ workforce.
- Developing a baseline of current processes and templates in use.
- Identifying and highlighting best practice already in the organisation.
- Producing a clear set of SMART* objectives required to develop a standardised approach to managing key workstreams.
- Using the objectives to support a roadmap out of Targeted Intervention on completion of actions.

*Specific, Measurable, Achievable, Relevant, Time bound

OVER-ARCHING AIM OF MA

- To develop a consistent organisational approach to supporting key workstreams.

KEY DATES & DELIVERABLES

KEY ACTIONS*	BY WHOM	BY WHEN
Enquiry Phase		
1. Desktop review of existing documents and templates used in development of PACE software	Principal Programme Manager	28/07/2023
2. Desktop review of existing governance, risk management, escalation, mitigation and assurance to Board Committee arrangements	Principal Programme Manager	28/07/2023
3. Desktop review of the governance arrangements around our existing workstreams, their alignment with Board Assurance Framework and benefits mapping	Principal Programme Manager	28/07/2023
4. Desktop review of any recent and relevant audit reviews which can support development of practice A Healthier Mid and West Wales ((AHMWW) Governance Review/ Targeted Intervention (TI), etc.)	Principal Programme Manager	28/07/2023
5. Desktop review of practices already published by other Health Boards in project methodology aligned to six priorities	Principal Programme Manager	28/07/2023

PROJECT GOVERNANCE

Responsible Officers:
Executive Lead: Executive Director of Strategy and Planning

Programme oversight through:

Governance through:

Delivery through: Project and change management task and finish groups.

KEY ACTIONS*	BY WHOM	BY WHEN
Discovery Phase		
6. Test Enquiry Phase findings and identify gaps/ refresh as needed	Working Group	11/09/2023
7. Stratify findings to highlight areas of best practice and areas needing improvement/ development	Principal Programme Manager/ Working Group	22/09/2023
8. Develop initial high level timeline showing delivery of improvements	Principal Programme Manager	29/09/2023
Design Phase		
9. Develop action plan to meet Discovery Phase actions identified	Principal Programme Manager/ Working Group	13/10/2023
10. Identify resources required to meet delivery	Principal Programme Manager	13/10/2023
11. Test that action delivery will satisfy Master Action/ Targeted Intervention requirements	Executive Director of Strategy and Planning	TBC
Delivery Phase		
12. Implementation of action plan	Working Group	27/10/2023
13. Ongoing reporting mechanism established	Principal Programme Manager	27/10/2023
Evaluation Phase		
14. Revised templates/ processes formalised	Principal Programme Manager	29/03/2024
15. Establishment of Workstream document control group	Working Group	29/03/2023
16. Confirmation sought that Master Action completed	Executive Director of Strategy and Planning	TBC

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*SMART – Specific, **M**easurable, **A**chievable, **R**ealistic, **T**imely

	Description		Likelihood	Impact	Score	Mitigating Actions
RISKS	Capacity within the Transformation Programme Office (TPO) to support delivery against Master Action D alongside existing pre-approved programmes of work.		3	4	12	Head of TPO to work with Executive Director of Strategy and Planning to identify where capacity within team could be realised and impact on Planning Objectives.
	Development of "appropriate project and programme management support and corporate team support arrangements" identifies lack of capacity to deliver current work plans.		3	3	9	Realignment of resource may be required to deliver organisational priorities with other areas delayed until resource available. While this may impact delivery it will increase assurance that key workstreams are initiated with appropriate levels of support.
	Limited capacity within the organisation to engage with the work alongside existing work and emerging priorities (Clinical Services Plan, Covid Inquiry, Frailty of services stratification, etc) which have already identified corporate demand needs.		4	2	8	Clinical Services plan has identified demand and capacity needs throughout processes, can plan work to avoid those periods. Delivery Phase will require active work carried out to test and embed into practice.
	Previous attempts to standardise project management across organisation may hinder development and implementation.		2	2	4	Lessons have been learnt from previous attempts to develop single methodology. The work needs to avoid singular gatekeeping by any one team within the organisation but enable consistency in key workstream delivery.
	Lack of buy-in from service areas, particularly if viewed as a TPO led change which does not account for valid reasons of divergent practice.		1	3	3	PACE development demonstrated this to be unlikely if people are engaged early with genuine opportunity to influence. Process must be open and transparent throughout. Executive Directors would be able to support this work and encourage involvement from their directorates if required.

	BOARD ASSURANCE FRAMEWORK	HEALTH BOARD RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL AND/OR LOCAL PRIORITY	OTHER, EG, AHMWW
LINKS TO				Targeted Intervention	MASTER ACTION D

QUANTIFIABLE/SMART* OUTCOMES AND TRAJECTORIES FOR NEXT 12 MONTHS	Key Improvement Measure 1: Standardised Documentation and Reporting Templates in use for key workstreams	Key Improvement Measure 2: Benefit management in place for financial and non-financial outcomes	Key Improvement Measure 3: Appropriate governance and assurance to Board Committee arrangements in place	Key Improvement Measure 4: Risk management, escalation and mitigation arrangements in place	Key Improvement Measure 5: Key workstreams have sufficient project/ programme/ corporate support
	Trajectory over next 12 months: Q3 – Identification of current documentation and templates in use to manage workstreams. Q4 – Development and implementation of Standardised Documents and Templates, supported with training. Q1 – Adoption of Standardised Documents and Templates as signed off. Establishment of Written Document Control Group for workstream documents aligned with PACE Change Activity Board for ongoing changes.	Trajectory over next 12 months: Q3 – Identification of current documentation, templates and processes in place for identifying and recording benefits. Q4 – Development and implementation of Standardised Documents, Templates and processes, supported with training. Q1 – Adoption of Standardised Documents and Templates as signed off. Establishment of Written Document Control Group for workstream documents aligned with PACE Change Activity Board for ongoing changes.	Trajectory over next 12 months: Q3 – Identification of current documentation and templates in place for recording governance and assurance arrangements. Q4 – Development and implementation of Standardised Documents and Templates, supported with training. Q1 – Adoption of Standardised Documents and Templates as signed off. Standardised Templates made only available via Corporate Governance Intranet site or agreed location for consistency.	Trajectory over next 12 months: Q3 – Identification of current documentation, templates and processes in place for identifying and recording risks. Q4 – Development and implementation of Standardised Documents and Templates, supported with training. Q1 – Adoption of Standardised Documents and Templates as signed off. Standardised templates made only available via Risk and Assurance Intranet site or agreed location for consistency.	Trajectory over next 12 months: Q3 – Identification of current documentation and templates in place for identifying and recording resource requirements. Q4 – Key workstreams supported to use PACE for task allocation and resource mapping. Q1 – Future planning of key workstreams included within PACE to understand future capacity to manage key workstreams and support prioritisation of workloads.
	How and when will data be collected, and verified? Ongoing reporting established in Delivery Phase responsible for capturing roll out and adoption of documents. Verification will be via Exec Team who will be able to verify whether there is consistency in key workstreams.	How and when will data be collected, and verified? Ongoing reporting established in Delivery Phase responsible for capturing roll out and adoption of documents. Verification will be available via PACE dashboard which will demonstrate the adoption of benefit capture and management.	How and when will data be collected, and verified? Ongoing reporting established in Delivery Phase responsible for capturing roll out and adoption of documents. Verification will be available via Exec Team and Board Committees who will be able to identify whether assurance is consistent across key workstreams.	How and when will data be collected, and verified? Ongoing reporting established in Delivery Phase responsible for capturing roll out and adoption of documents. Verification will be available via PACE dashboard which will demonstrate the adoption of risk capture, management, mitigation and escalation.	How and when will data be collected, and verified? Ongoing reporting established in Delivery Phase responsible for capturing roll out and adoption of PACE. Verification will be available via PACE dashboard which will demonstrate the adoption of resource planning and project prioritisation based on capacity and demand.

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***SMART** – **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imely

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