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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	31 August 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 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 29th 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 coordinate 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 21st June 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.

The Maturity Matrix was previously presented to SDODC at its 23 February 2023 meeting, with a baseline assessment of:

Key Elements		*Level
Strategy Alignment	Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	3 / 4
Strategy Alignment and IMTP	Evidence of alignment of strategy with components of the plan.	1
Dynamic and Engaged Planning	Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	1 / 2
Operational Planning	Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance	1
Best Practice Approach to improvement	Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety	2
Realistic and Deliverable	Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	0
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.	2
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.	1
Assurance	Clarity on monitoring, assurance and delivery mechanisms.	2

*Progress Levels: 0 indicates No Progress
          5 Indicates Exemplar Others learning from our consistent achievements.

The peer review, undertaken by Sally Attwood previously of Public Health Wales, was brought to SDODC on 26 June 2023, and in summary contained two key recommendations:

"The Health Board should:
- establish its operating model for managing and delivering change
- *develop effective means for strengthening and supporting planning by operational teams, ensuring that there are clear pathways for turning strategy into implementation plans. A clear route map for delivering the strategy is needed to support this*".

A further recommendation was added by the reviews author with respect to how HDdUHB responds to feedback from Welsh Government *"However, more generally, it seemed to me that*

there was a mismatched understanding of the planning expectations between the Health Board and Welsh Government officials. The latter had commented to me that they felt the feedback and guidance given to the Health Board were misunderstood or misinterpreted on a regular basis. Health Board interviewees had told me that Welsh Government feedback on the IMTP/Annual Plan was relatively minor or was difficult to understand. This indicated to me that the Health Board was failing to appreciate the significance of the feedback and guidance provided. While I decided not to focus specifically on these aspects in my report, I recommend that the Health Board reviews and strengthens the internal processes for considering and acting on Welsh Government feedback".

Although the peer review only contained these recommendations, the report itself contained a wide range of suggestions/good practice, which has been extracted and have formed part of the approach we have taken in bringing key themes together (as further explained under the assessment section of this paper).

Asesiad / Assessment

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 KPMG report in relation to financial planning.

The six themes are set below, noting that Master Action C covers themes 1 to 5 and Master Action D covers theme 6:
1. Organisational culture and planning
2. IMTP, Planning Cycle and financial sustainability
3. Operational planning and change management
4. Planning and the strategy (bridge between short/medium term plans and the longer-term strategy)
5. Capacity and capability of the Corporate Planning Directorate
6. Project governance and reporting tools

The draft objectives and actions supporting these six themes can be found in Annex 1. Work is also ongoing to develop a framework for how we will assess / provide evidence for the completion of each of these actions.

To further support the development of our planning cycle for 2023/24, we are also currently looking at the re-establishment of a Planning Steering Group (PSG). The Group will guide and oversee the development and execution of operational plans within the organisation. Its role is integral to shaping and driving HDdUHB's strategic direction for the 2024/25 year, and delivery of the next Integrated Medium-Term Plan / Annual plan.

Clinical Services Plan
In supporting a response to Targeted Intervention, the establishment and scope of a programme to develop a Clinical Services Plan (CSP) was approved by Public Board on 30 March 2023 (link to: Clinical Service Plan) whilst further updates were provided to Public Board on 25 May and 27 July 2023 (links to: Clinical Services Plan update to May 2023 Public Board and Clinical Services Update to June 2023 Public Board). The CSP acts as a bridge to the Health Board's agreed strategy, "A Healthier Mid and West Wales" (AHMWW), which sets out

our vision for health care across Hywel Dda, including the future configuration of services. AHMWW remains our direction of travel, reinforced through the Programme Business Case approved by Board on 27 January 2022 and the recent work on land consultation and development of a Strategic Outline Case.

Due to the nature of service provision across Mid and West Wales, it is recognised that a wide range of services have inherent fragilities. This was a key driver behind the development of the Health Board's strategy which seeks to reduce, if not eliminate, the risks to sustainable service provision. Until the strategy is fully implemented, in particular the establishment of the proposed new hospital network, services are having to manage these fragilities daily. The pandemic has further exposed these fragilities, with many services unable to return to pre-COVID19 activity levels or service models.

With respect to the CSP, SDODC should be aware that as part of the Board update on 27 July 2023, the following were raised:

- The timeline intentions as described in the Board paper for 30 March 2023 highlighted an aspiration for both the issues and options to be developed throughout 2023. However, following an assessment of the required resource, these timelines have now been revised. The issues development will take place throughout 2023 and will be updated through the agreed governance process to Board on 25 January 2024. A subsequent phase will then commence to consider options development, where services are identified as requiring this.
- With reference to outpatients, this work will now be incorporated into the Planned Care pathways within the Clinical Services Plan rather than as a standalone project.
- A business case for the Comprehensive Regional Stroke Centre (CRSC), formally known as the Hyper Acute Stroke Unit (HASU), has now been developed via the ARCH (A Regional Collaboration for Health) Programme in collaboration with Swansea Bay University Health Board (SBUHB) and HDdUHB:
  - o This was considered by the Executive team and discussed at the 26 June 2023 SDODC. At this stage, the Executive team had indicated support in principle for the development of such a unit but recognised a significant amount of work will be required between now and the unit potentially being in a position to serve Carmarthenshire residents (currently anticipated to be Year 3 of the implementation plan). In particular, the whole pathway will need to be considered to ensure the HDdUHB units have sufficient staffing levels to meet national standards and support timely repatriation.
  - o For this reason, a multi-disciplinary Task and Finish group has been convened, initially to compile a Factual Assessment of the impact on the Stroke Pathway in Carmarthenshire. The group is led by the Director of Therapies and Health Science and comprises representation from medical, nursing, therapies, and operational leadership, supported by the Transformation Programme Office.
  - o The Factual Assessment for Carmarthenshire has been completed and specifically focuses on the staffing and associated funding required to fulfil the national expected standards of acute and rehabilitation phases of stroke care for Carmarthenshire residents. The assessment (available here) was presented to the 26 June 2023 SDODC meeting and enables the Board to fully consider a recommended phased approach and investment required to meet national standards, including alignment with the proposed CRSC.
  - o The Task and Finish Group will now undertake a similar assessment for both Ceredigion and Pembrokeshire. The group will also work on the Clinical Services Plan to capture information for the data collection plan that will help inform the issues paper.

- During June 2023, the Health Board received new, recurrent funding of circa £640,000 from Welsh Government, which will be used, in part, to implement Early Supported Discharge (ESD) across all three counties. ESD has been evidenced within Stroke Pathways to improve early discharge in up to 30% of stroke patients, as identified within the paper presented to SDODC, as well as reduce the average length of stay and subsequent demand bed utilisation for the pathway once the benefits have been realised.
- The Stroke Steering Group will oversee the governance aspects of the Stroke Task and Finish Group for the purposes of delivering the Clinical Services Plan, and the standing agenda has been updated to reflect this change. The membership of the Stroke Steering Group is across HDdUHB and includes representation from third sector partners.

Argymhelliad / Recommendation

The 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 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.

Annex 1: Objective and Actions to support each of the 6 themes (Themes 1 – 5 cover Master Action C and Theme 6 covers Master Action D)

Theme 1: Organisational culture and planning	
Objective	**Action**
1. Develop an open and inclusive culture	• 1.1 Promote transparency and understanding across HDdUHB through consistent communication of strategic and planning objectives, ministerial priorities, progress, and updates using various communication channels, including emails, intranet, bulletins, and recorded webinars to ensure all staff have access to planning materials. • 1.2 Through regular Planning Steering Group meetings encourage cross-departmental collaboration to share knowledge, improve coordination and break silos. Achieve this by aligning teams to focus and delivery on core programmes of work aligned to the Ministerial priorities
2. Promote a Learning Culture	• 2.1 Utilising the LEAP Programme 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 • 2.2 Review IMTP and Planning processes from across Wales to understand 'best practice'
3. Develop a system for effective resource planning through a continuous planning cycle	• 3.1 Develop an approach using best practice to triangulate operational, financial and workforce planning and capacity management. • 3.2 Regularly review and adjust resource allocation based on organisational need and priorities.

Theme 2: IMTP, Planning Cycle and Financial Sustainability	
Objective	**Action**
1. Implement a robust continuous Planning Cycle to develop an IMTP	• 1.1 Devise comprehensive plans with specific, measurable, achievable, relevant, and time bound (SMART) targets, milestones and timelines based on the development of a revised planning cycle. This must include revision of plans following feedback from stakeholders (both internal and external to the Health Board) • 1.2 Regularly monitor, review, and adjust the IMTP based on evolving needs / risks and resource circumstances
2. Effective resource allocation planning	• 2.1 Develop a resource allocation mechanism that prioritises the most critical needs and services. • 2.2 Implement the allocation of resources mechanism, tracking its effectiveness and making adjustments as needed.

Theme 3: Operational planning and change management	
Objective	**Action**
1. Implement effective operational planning	• 1.1 Develop operational plans that align with the strategic and planning objectives of the organisation and ensure relevant stakeholders are engaged in the planning process to ensure the process is engaging and inclusive of the Directorate requirements. • 1.2 Set up a clear planning process which is underpinned with key performance indicators, milestones and outcomes to monitor the progress of the operational plans
2. Build a structured change management framework	• 2.1 Establish a change management team responsible for overseeing all changes within the organisation in order to develop a change management plan that includes timelines, roles and responsibilities, and communication strategies. • 2.2 Regularly review and adjust the change management plan based on feedback and lessons learned.
3. Foster open communication during change	• 3.1 Communicate change plans openly and honestly with all relevant stakeholders. • 3.2 Provide a platform for employees to voice their concerns and feedback on the change process.
4. Evaluate and Learn from Implemented Changes	• 4.1 Carry out post implementation reviews to assess the success of the changes. • 4.2 Gather feedback from all staff on how the changes have affected their work whilst recognising and celebrating successful changes to reinforce a positive culture of continuous improvement

Theme 4: Planning and the strategy (bridge between short/medium term plans and the longer-term strategy)	
Objective	**Action**
1. Develop clear short, medium, and long-term strategies	• 1.1 Develop short, medium, and long-term plans that align with the strategic objectives. • 1.2 Regularly review and update plans and strategies based on progress and changing circumstances and communicate these to all stakeholders to ensure understanding and buy-in
2. Create a robust framework to link strategies with plans	• 2.1 Identify key initiatives and projects that support the strategic, planning, operational objectives and Outcomes ensuring resources are allocated to them. • 2.2 Use performance metrics to monitor the progress of the initiatives and projects
3. Strengthen strategic planning skills within the organisation	• 3.1 Provide regular training and development opportunities on strategic planning for staff.
4. Foster stakeholder engagement in strategic planning	• 4.1 Involve stakeholders in the strategic planning process to ensure their needs and insights are considered and plans adjusted appropriately.

Theme 5: Capacity and capability of the Corporate Planning Directorate	
Objective	Action
1. Enhance skills and knowledge of the corporate planning team	• 1.1 Develop a vision and purpose of the Planning Team • 1.2 Conduct a skills gap analysis to identify areas of improvement and how we ensure that we best utilise existing resource from across the organisation to work with Planning.
2. Increase the capacity of the corporate planning team	• 2.1 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. • 2.2 If necessary, consider recruiting additional team members or reallocating resources to better balance workload. • 2.3 Implement productivity-enhancing tools and practices to streamline the team's workflow.
3. Foster a collaborative work environment	• 3.1 Promote open communication within the team to ensure everyone's ideas and concerns are heard and encourage the exchange of knowledge and expertise. • 3.2 Develop a system for shared decision-making to promote a sense of ownership and involvement.
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Theme 6: Project governance and reporting tools	
Objective	Action
1. Implement robust project governance practices	• 1.1 Establish clear roles and responsibilities for project teams. • 1.2 Create a comprehensive project governance framework that aligns with organisational goals and expected outcomes. • 1.3 Train project teams on the principles of effective project governance. • 1.4 Regularly review and update project governance practices based on lessons learned.
2. Develop effective project reporting tools	• 2.1 Identify key performance indicators (KPIs) for project reporting. • 2.2 Develop a standardised project reporting template to streamline the reporting process. • 2.3 Train project teams on how to use the reporting tools effectively. • 2.4 Regularly update and refine the project reporting tools based on feedback and evolving needs.
3. Foster transparency and accountability in project management	• 3.1 Implement an open communication policy for all project-related matters. • 3.2 Regularly share project updates and outcomes with all relevant stakeholders and Committees. • 3.3 Develop a system for managing project risks and issues and share this with all stakeholders and Committees. • 3.4 Recognise and reward project teams for achieving project goals and demonstrating accountability.
4. Regularly review and learn from project outcomes	• 4.1 Conduct post-project reviews to assess the success and challenges of projects. • 4.2 Incorporate lessons learned into future project planning and execution.

	• 4.3 Share key learnings with all relevant stakeholders to promote a culture of continuous learning.
	• 4.4 Implement changes based on feedback and lessons learned to improve future project outcomes