

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Developing the IMTP for the Period 2022/23 – 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategic Development and Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board (HDdUHB) setting out the milestones and actions we are taking in the next one to three years in order to progress our strategy. It should be based on the health needs of our population, delivering quality services, ensuring equitable and timely access, and the steps we will take to deliver our vision for a Healthier Mid and West Wales.</p> <p><u>Cefndir / Background</u></p> <p>The submission of a three year IMTP to Welsh Government (WG) is a statutory obligation. However, for an IMTP to be approvable it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not had an approvable Plan to date.</p> <p>It is the ambition of HDdUHB to produce an approvable IMTP for 2022/25; this is predicated on the Health Board being able to demonstrate financial balance and financial sustainability. Without a plan for financial balance (over the three year period) it is not possible to have an approvable IMTP. In this case, the Health Board would need to produce a Three Year/Annual Plan, as has been the case for the previous few years.</p> <p>It is anticipated that financial balance can only be achieved with additional WG support and that this will likely be required, to some degree, up to the point that HDdUHB can fully implement its strategy, <i>A Healthier Mid and West Wales</i>.</p> <p>Key to securing this support will be:</p> <ul style="list-style-type: none"> • Realistic whilst ambitious plans, which meet the ministerial priorities (not only financial) • Welsh Government's confidence in HDdUHB's ability to deliver on these plans • Demonstrable alignment across service, finance and workforce plans

Asesiad / Assessment

Strategic and Planning Objectives

The IMTP will be built around our Strategic and Planning Objectives. The Strategic Objectives remain as:

- SO1 : Putting people at the heart of everything we do
- SO2 : Working together to be the best we can be
- SO3 : Striving to deliver and develop excellent services
- SO4 : The best health and wellbeing for our communities
- SO5 : Safe, sustainable, accessible, and kind care
- SO6: Sustainable use of resources

This set of Strategic and Planning Objectives:

- Provides clarity about our priorities
- Provides a steer as to how work should be planned, informing our planning cycle
- Allows the Board to measure whether progress is being made

A paper on the draft Planning Objectives was presented to Board in November 2021 and a finalised list of these Objectives was presented to Board in January 2022 for approval, under 3 categories:

- New Planning Objectives for 2022/23
- Revised/reworded Planning Objectives for 2022/23
- Unchanged Planning Objectives for 2022/23

In total there are currently 68 draft Planning Objectives for 2022/23, which include:

- 28 new
- 21 revised/reworded
- 19 unchanged

These Planning Objectives have been developed through on-going engagement with key stakeholders, including the Community Health Council.

The Planning Objectives will have 'Plans on a Page' developed in order that clear actions, milestones, risks and mitigations can be articulated. Additionally, the Chief Executive will be meeting all of the Executives to review their specific Planning Objectives through February 2022.

Timelines

Following publication of the NHS Wales Planning Framework on 9th November 2021, it was initially indicated that WG would require Board approved plans to be submitted by 28th February 2022. However, given the on-going COVID-19 situation, and pressures on the healthcare system, this timeline has been amended by WG such that an IMTP must be submitted by 31st March 2021.

If a Health Board decides that it cannot submit a Board approved and financially balanced plan, the Chief Executive Officer must inform the NHS Wales Chief Executive, by way of an Accountable Officer Letter, by 28th February 2022. Failure to submit an IMTP will breach the statutory duty under the Finance (Wales) Act 2014 and may influence the escalation status of NHS organisations.

Financial Allocation

Health Boards and Trusts were issued with financial allocation letters on 21st December 2021. The Health Board Finance team has undertaken an early review of the implications of the allocation for our plan and held further discussions with Welsh Government colleagues. Clarification has been sought and received on a number of items, the outcome of which suggests that the Health Board is likely to face an extremely challenging financial position for 2022/23, as will the rest of NHS Wales. The Executive Team are assessing options for the Health Board in light of this and, in particular, our ability to produce a balanced three-year plan and therefore submit an approvable IMTP.

This will be discussed further at Board Seminar in February 2022, ahead of the IMTP/annual plan being finalised and brought for approval to the March 2022 Public Board meeting.

This work is based around 3 scenarios, namely:

- Low COVID COVID-19 circulating in the community, perhaps at levels of last summer, but lower severity (Omicron variant)
- Stable COVID Approximates to levels of COVID-19 seen over the last 6 months
- Urgent COVID Extremely high levels of COVID-19 etc

Each scenario describes the COVID-19 environment and manifestations relating to each IPC/Workforce presumption contained therein.

Welsh Government Expectations

Further to the NHS Planning Framework having been published in November 2021, the NHS Wales Chief Executive wrote to all NHS Wales organisations on 7th February 2021 to reiterate Welsh Governments' expectations (Annex 1).

Critical to this will be how we as an organisation respond to the Minister's recently published outcome measures framework (Annexes 2 and 3) – phase one of which must be included in current plans and includes:

- Population health
- Care closer to home
- Infection prevention and control
- Six goals of urgent and emergency care
- Access to timely planned care
- Workforce
- Digital and technology
- Economy and environment

Argymhelliad / Recommendation

The Strategic Development & Operational Delivery Committee is asked to note the steps being taken to develop an Integrated Medium Term Plan for HDdUHB for the three year period 2022/25.

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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Executive Team Board Seminar For Planning Objectives – Individual Committees responsible for the assurance of those Planning Objectives aligned to them

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the IMTP 2022/25
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the IMTP 2022/25
Gweithlu: Workforce:	This is a key component in the delivery of the IMTP 2022/25

Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the IMTP 2022/25 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.

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

To: Chief Executives – NHS Local Health Boards,
Trusts and SHAs

Directors of EASC, NWSSP and WHSCC

cc: Directors of Planning
Directors of Finance

Our Ref: JP/SE/LC

7 February 2022

Dear Colleague

Completion and Submission of Integrated Medium Term Plans 2022-25

I wrote to you on 20 December 2021 clarifying the arrangements for the submission of IMTPs. This confirmed that the deadline for the single submission of financially balanced and Board approved plans was to be extended to 31 March 2022. The extension was intended to accommodate the uncertainty and impact of the Omicron variant, and to facilitate the redeployment of planning and other corporate staff to support priority service areas.

The NHS Wales Planning Framework remains extant and should be used to guide the development of your plans, in line with statutory requirements. Of particular importance will be the need to demonstrate tangible progress and the ability to deliver against the following areas:

- Implementation of Ministerial Priorities as detailed in the Planning Framework. These include, but are not limited to the areas set out below:
 - The ongoing response to Covid-19 and the ability to flex services accordingly to escalate and de-escalate plans in response to any future surges in demand. It is crucial that Covid-19 response plans are clear in their support of the demands of the pandemic, and do not substitute core service provision. This relationship and distinction needs to be clear.

- To assist with your local planning, parallel work is underway nationally to inform the transition of the vaccination programme to business as usual
 - Further national work is also in train to understand what Infection & Prevention Control measures will be required in the future. For planning purposes, I would advise an assumption that IPC requirements are likely to revert to business as usual by 1st April 2022 – to be confirmed in due course. This will in turn help to inform your capacity and activity plans.
 - A review is underway of the future arrangements for TTP. Aligned to this your plans should include a realistic and costed approach to the TTP transition approach being developed.
- The development of robust, deliverable and costed recovery plans, including:
 - The organisation's approach to long waiters (where applicable), i.e. when does the organisation expect to clear >52, >104 week waiters and how will patients who have waited this long be managed and communicated with – whilst also identifying and managing patients who are more clinically urgent to ensure the best outcomes for those patients.

Further information on the national recovery framework priorities will be communicated in the coming weeks.

- Deployment of regional solutions. The size of the recovery challenge dictates that these will be a requirement. The Minister has been clear in her expectation that plans will not be approved without firm evidence of delivery plans in this area (where applicable). The allocation of the £170m recurrent recovery funding was contingent on this being demonstrated (as detailed in Andrew Goodall's letter of 5 October 2021).
 - Cluster plans should inform and align with IMTP submissions.
 - IMTP submissions should also include links to your organisation's Decarbonisation Action Plan.
- Plans must include detail of how the Minister's phase one delivery measures are to be achieved (as set out in my letter of 12 January). These will also be aligned to your Chair's objectives and appraisal. It is important that you demonstrate actions and milestones towards achieving these measures. We are keen to engage NHS organisations in the development of measures for future phases.
 - Submissions must be supported by completion of the minimum data set (MDS), to test the robustness of planning assumptions and to ensure validation and triangulation of robust underpinning service, workforce and finance plans.
 - Workforce plans need to be based on a realistic and deliverable assessment of available staff resourcing.
 - The expectation is that IMTPs will include firm plans for year one, with a particular focus on Quarters 1 and 2 as we begin to transition out of the current emergency response towards a more stable position.

- Welsh Government has issued the 2022/23 allocation and provided clarity on the financial basis and principles within which plans must be developed. This includes funding to support core uplift, recovery, pay awards, the adoption of value based healthcare, and national COVID programmes such as Mass Vaccination. As plans continue to be refined and developed, ensuring consistency of financial principles and planning assumptions will be communicated and progressed through Directors of Finance on an ongoing basis. Plans are expected to be Board approved and IMTP submissions will need to be balanced over a three-year period. Organisations developing an annual plan will at a minimum be expected to maintain the outturn position of 2021/22. All organisations will be expected to have a clear assessment of risks and opportunities to be managed in the context of the delivery of the overall plan.
- Organisations should ensure there is clarity on the prioritisation and profile of capital schemes, and the capital assumptions and dependencies on which the plan is developed are clear.

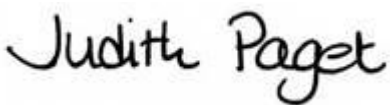
Where a Board decides that it cannot submit a Board approved and financially balanced plan, the organisation must inform me by way of an Accountable Officer letter by the 28 of February. You will understand that failure to submit an IMTP will breach the statutory duty under the Finance (Wales) Act 2014 and may influence the escalation status of NHS organisations.

To support the development and submission of plans, formal engagement meetings will take place with your teams during February. These will supplement the ongoing informal discussions with planning and finance colleagues.

I look forward to receiving your plan by 31 March. Earlier submissions will be welcomed where this is feasible.

Please contact the planning team at HSS-PlanningTeam@gov.wales if you have any questions or queries.

Yours sincerely



Judith Paget CBE

PRIORITY MEASURES – PHASE ONE

POPULATION HEALTH

Priority Measure		Target	Reporting Frequency	Source
1	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Annual	All Wales Weight Management Pathway Monitoring Form (Welsh Government)
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)
3	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Quarterly	National Survey for Wales
4	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)
5	Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)

CARE CLOSER TO HOME

Priority Measure		Target	Reporting Frequency	Source
6	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	Quarterly	Primary Care Information Portal
7	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: <ul style="list-style-type: none"> ❖ Blood pressure reading is 140/80 mmHg or less ❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less 	1% annual increase from baseline data	Annual	National Diabetes Audit

INFECTION PREVENTION AND CONTROL

8	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Monthly	Public Health Wales
9	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Monthly	Public Health Wales

SIX GOALS OF URGENT AND EMERGENCY CARE

Priority Measure		Target	Reporting Frequency	Source
10	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	Quarterly	Manual Data Collection (Welsh Government)
11	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Quarterly	WAST – Ambulance Quality Indicators
12	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)
13	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Quarterly	Admitted Patient Care
14	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Quarterly	Admitted Patient Care

ACCESS TO TIMELY PLANNED CARE

Priority Measure		Target	Reporting Frequency	Source
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)

WORKFORCE

Priority Measure		Target	Reporting Frequency	Source
23	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government)
24	Overall staff engagement score	Annual improvement	Annual	NHS Wales Staff Survey
25	Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	Annual	NHS Wales Staff Survey
26	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Monthly	Electronic Staff Record (ESR)
27	Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monthly	Electronic Staff Record (ESR)
28	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	Monthly	Electronic Staff Record (ESR) & Medical Appraisal & Revalidation System (MARS)

DIGITAL AND TECHNOLOGY

Priority Measure		Target	Reporting Frequency	Source
29	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)

ECONOMY AND ENVIRONMENT

30	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	Annual	Organisation Level Emission Return
31	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)
32	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)

Ministerial Priority Measures

Context

A Healthier Wales is the long-term plan for health and social care and drives our commitment to deliver seamless, integrated care. The lessons learnt from COVID-19 have shown us that we need to accelerate our strategies and focus on prevention at all stages if we are to reduce the demand on the NHS. Integrated Medium Term Plans must focus on improving population health to: deliver health equity; improve outcomes and; support the delivery of a sustainable NHS for the future.

The NHS also needs to demonstrate its national leadership role to build a sustainable future for Wales. The NHS is not just a provider of health services; it also has a strategic role to plan for a Wales that is fit for the future.

The Ministerial message in the Planning Framework outlines the areas of focus:

*My priorities recognise that as a country we must continue to respond to the immediate challenges of COVID, whilst also turning our attention to longer-term sustainability **and improving population health**. We must invest in recovery, tackle health inequalities, improve mental health provision by giving parity between physical and mental health conditions, and focus on prevention. I am deeply committed to supporting our health and care workers who have been and remain at the forefront of our efforts.*

I want to ensure that we can improve accessibility to our services through the use of new technologies and innovative ways of working which will increase resilience.

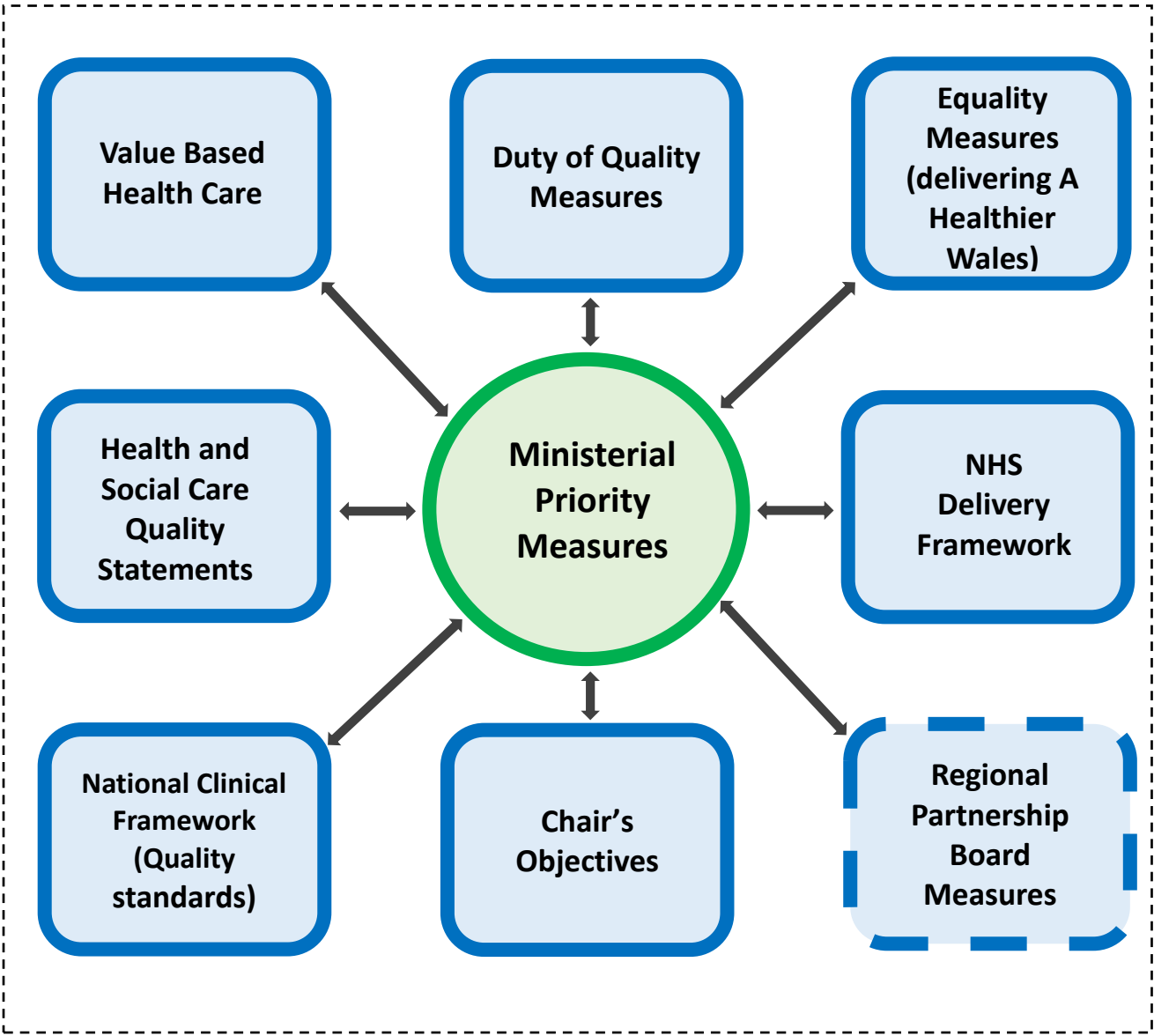
We must also recognise that NHS Wales is the largest public organisation in Wales and, as such, has a unique opportunity to use its spending and employment practices to promote wider government policy goals. I am keen that working together we take every opportunity to support local economic growth, regeneration, and community resilience; helping to address inequalities and the socio-economic determinants of health.

Within my priorities, there will be some areas of particular interest that I will be discussing with NHS Chairs to ensure progress is driven forward. These will demonstrate our commitment to achieving the vision and ambitions set out in “A Healthier Wales”. Focusing improvement in these areas will provide the gains that are necessary to underpin longer-term sustainability, transformational change and improvement.

Organisations are expected to align existing plans to address these priorities and to bring forward key actions that will ensure these are the focus for the whole organisation. **These areas will form the basis of discussions with NHS Chairs and will be supported by the development of measurable outcomes as part of the development of the new Outcomes Framework for health and social care. By the start of the New Year, the Minister will be publishing specific targets under the areas of priorities previously raised in the IMTP guidance. Health Board Chairs will be held to account on the delivery of these specific targets.**

How does this work link with other potential developments?

The Ministerial Measures establish a change in focus by concentrating on the role of prevention at all stages. The work will form part of a wider suite of actions and will link with other national developments (including legislation). The overall aim is to build a governance and accountability framework that demonstrates the NHS’s role in delivering the ambitions of A Healthier Wales.



Work continues to develop the Outcomes Framework for Health and Social Care. Time is required to build the evidence base behind each of the population indicators and to ensure that the actions we prioritise have the greatest impact on improving the health and wellbeing of the people of Wales. We plan to issue a suite of national population indicators by May 2022, following the completion of stakeholder engagement during February- March 2022.

Phased approach to developing Ministerial Measures

The development of the Ministerial Priorities will be in four phases reflecting their current readiness. Delivery measures in Phases One and Two are the start of the process to turn the population indicators into measurable actions. A phased process provides time to develop meaningful measurement, with the aim of driving the right behaviours to make the changes we need. To build consistency and remove inequalities, ambitions are expressed as targets for health boards and trusts to plan against. Many of these targets are longer-term goals and therefore, local plans need to demonstrate how organisations are building and developing their local services to meet these ambitions.

Phase One focuses on a set of measures that builds on established work and demonstrates the wider remit and responsibility of NHS Wales. Phase One measures will be released in January 2022 to ensure that organisations have time to review and reflect them in their IMTP for 2022-25. All of the measures are developed from the key areas of focus highlighted in the Planning Framework and will support NHS organisations to monitor the progress of their IMTP.

Delivery measures/milestones in phases one will focus on the following priority areas:

- Population Health
- Care Closer to Home
- Infection Prevention and Control
- Six Goals of Urgent and Emergency Care
- Access to Timely Planned Care
- Workforce
- Digital and Technology
- Economy and Environment

Phase One Measures

These have agreed targets and established data flows and will be **introduced during January 2022**. Due to some measures being whole population indicators and/or reported on an annual basis, additional supporting measures have been identified to track in-year delivery. In some instances, the in-year measurement will be a qualitative report outlining progress against organisational plan etc. These reports will be produced by the appropriate policy lead.

Phase Two Measures

These have established data flows, but further work is required to understand the baseline data so that ambitious and realistic measures can be established. These measures will **be introduced during May 2022** (where baseline data is available and has been reviewed).

Phase Three Measures

These support current policy direction but have no established measurement. These measures should be **introduced during June 2023** (depending upon the complexity of the data collection).

Phase Four Measures

Consideration required identifying appropriate measurement for the areas initially identified by the Minister. If a measurement that supports policy direction can be identified, the measure should be **introduced during June 2023** (depending upon the complexity of the data collection).

For phases two to four, NHS organisations will be asked to contribute to the development of measures and will be required to identify a lead officer to support Welsh Government in this work.

Governance and Accountability Arrangements

Boards and Committees must be assured that their organisations deliver their plans. All plans must contain actions and milestones to demonstrate progress. Where national measurement is not in place, local systems will be expected to collect data to enable organisation to demonstrate progress.

The Minister will regularly seek assurance from Chairs and Vice Chairs that milestones are achieved, with particular interest in the specific areas of focus.

In the Minister's introduction of the NHS Wales Planning Framework, the Minister made it clear that the NHS has a significant role in improving the health and wellbeing of the Welsh population. While no one organisation is accountable for the achievement of a population indicator, NHS Wales has a

significant contribution to make. Furthermore, the priorities recognise that we are still in the midst of a pandemic response, with a need to continue the reactivation of and recover services.

Boards are accountable for the monitoring of their Integrated Medium Term Plans and managing associated risks. Organisations will be expected to provide Welsh Government with quarterly updates. At regular intervals, the Minister and Welsh Government officials will want to discuss progress with Chairs/Vice Chairs, Chief Executive Officers and Executive Teams. These discussions will be conducted through established governance arrangements, such as Integrated Quality Planning and Delivery meetings, Joint Executive Meetings and tripartite review with HIW and Audit Wales.

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
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Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

To: Chief Executives - NHS LHBs and Trusts

12 January 2022

Dear colleagues

Publication of Priority Delivery Measures - Phase One

Within the NHS Wales Planning Framework 2022-2025 (which was published 9 November 2021), the Minister outlined her expectations and priorities for the NHS going forward at this challenging time. <https://gov.wales/nhs-wales-planning-framework-2022-2025>

Within the Framework, the Minister indicated her intention to set and issue a number of measures that will demonstrate improvement in the identified priority areas. <https://gov.wales/nhs-wales-planning-framework-2022-2025> I am pleased to issue the first set of measures as part of a phased approach.

These measures start to demonstrate our commitment to achieving the vision and ambitions set out in “A Healthier Wales”. By driving improvement in these areas, it will provide the gains that are necessary to underpin longer-term sustainability, transformational change and improvement in population outcomes.

This is phase one of the work, as we are developing new measures to capture and report others areas of priority. Organisations are expected to align their developing IMTPs towards delivering these priorities and measures, and where necessary, to bring forward key actions that will ensure these are the focus for the whole organisation.

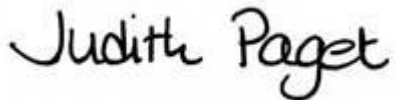
As outlined this is phase one of the work, and I would like you to identify an individual from your respective organisations to join the development team to co-design future measures. Please send your nominations to Lesley Law (Lesley.Law@gov.wales) by 21 January 2022.

Formal monitoring of the measures will commence in April 2022. More detail on definitions and reporting templates will follow. My team will be reviewing the current

position and your plans (due at the end of March 2022) to assess and discuss the ambitions and delivery expectations for 2022. This will form part of the assessment of your plans. Your improvement trajectories for the measures will form part of the planning minimum data set, to be issued later this week.

The phased work will review and adapt current and future measures and will clarify the link to the NHS delivery framework for 2022-23 due to be published end of March 2022.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first letters of each name being capitalized and prominent.

Judith Paget CBE