



## **Targeted Intervention Framework Betsi Cadwaladr University Health Board**

Following de-escalation from Special Measures, Betsi Cadwaladr University Health Board have been placed in Targeted Intervention. This document sets out the key areas for Targeted Intervention and the expectations for improvement moving forward.

Improvement is required in a number of key areas, particularly in relation to:

- mental health services;
- the ability to prepare an approvable medium term plan;
- development and implementation of an underpinning clinical strategy; and
- the establishment of a stable and resilient senior leadership and management cross site team with strong clinical leadership with less reliance on interim posts.

This aligns with the recommendations from the Healthcare Inspectorate Wales and Audit Wales work over the last 12 months.

The approach to Targeted Intervention will be underpinned by a maturity matrix approach, to track and evidence improvement.

The Targeted Intervention comprises of a financial investment package announced on 27 October 2020 totalling £297m up to the end of 2023/24, supplemented by particular aspects of support as identified following the baseline assessment.

There will be an agreed framework alongside this TI covering the financial investment to demonstrate how this is being used to support transformation and innovation across mental health, planned and unscheduled care.

### **1.0 The Focus for Targeted Intervention**

The health board is in Targeted Intervention in the following four areas:

- Mental Health (adult and children)
- Strategy, planning and performance
- Leadership (including governance, transformation and culture)
- Engagement (patients, public, staff and partners)

### **2.0 The Targeted Intervention Framework**

Betsi Cadwaladr University Health Board (BCU) has been in Special Measures for the past five years and over this period has developed responses and solutions to the many structural challenges it faced. As the Health Board moves into targeted intervention, transformation and innovation is essential and they need to build upon the successes of the past five years. Complex transformation comes with significant organisational and cultural change; the need to operate in new ways and find new



operational, clinical, digital and technological solutions. These need to be developed in partnership with service users, staff and stakeholders.

The period of time in Special Measures helped the health board to focus upon the core aspects of leadership and governance, putting in place the building blocks. Targeted Intervention is the process through which they need to make sustainable changes and improvements

The Targeted Intervention framework will be based upon a maturity matrix for each of the four areas listed above.

A maturity matrix approach has been proven to be effective in supporting innovative and transformational change, enabling an organisational focus on improvement. The maturity matrix allows for common themes along a transformation journey to be highlighted and concisely highlights the 'must do's' for success, provides reassurance that the focus is on the right priorities, and brings to light areas that are in need of more attention.

Future models of health care will require many different ways of working for the benefit of local populations and will raise many difficult issues that will need to be addressed. Finding the right approach that serves the needs of local populations requires real engagement from all system partners, time to collaborate to agree a system vision and set a course for getting there. The maturity matrix can help with some of these discussions around the system form and functions, internal governance and decision making, new and innovative ways of working, and finances.

Maturity matrices provide a system health check at any single point and can be repeated at agreed intervals to assess progress. They support an organisation to be self-reflective, whilst engaging the whole organisation and gaining a joined up commitment to the next steps needed. They help to provide a consistent and common language and showcase what good looks like in a simple evidence-based road map to maturity format.

The four matrices to be developed within Targeted Intervention by BCU will outline the key elements that underpin the successful development of the organisation for each of the areas of improvement. They set out a progression model that evolves from the initial steps and actions to manage and support the improvements needed.

The maturity matrices are not simple checklist. They are designed to support health board leaders, working in collaboration with others to work together to understand the development required.

There are six levels within the maturity matrices. These show the development journey over time from the basic level to an exemplar organisation. The criteria for the six levels are as follows:



Level		Criteria
0 No Progress		Principle not accepted or if accepted no plans to develop plans.
1 Basic Level	Principle accepted and commitment to action	Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria
2 Early Progress	Early Progress in development	The Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet <i>some</i> of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full
3 Results	Initial achievements realised	The Health Board meets most of the criteria, in line with its agreed milestones, it has clear and credible plans to continually and sustainably improve service provision.
4 Maturity	Results consistently achieved	The Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others
5 Exemplar	Others learning from our consistent achievements	The Health Board's excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability

The Health Board will need to develop a robust and effective programme to embed this approach across the organisation.

It is recommended that an Executive Director is appointed as overall SRO for Targeted Intervention. Executive Directors are appointed to lead each area of Targeted Intervention and an IM is nominated to support the SRO for each area of Targeted Intervention. Their role is to develop, agree and implement the matrix for their area and to ensure that a system to record and capture the evidence is in place.



### 3.0 Self-Assessment

The self-assessment is a critical aspect of the maturity model, its process needs to be self-reflective, consider progress and areas requiring more work, and consider different views and perspectives.

The following principles for self-assessment should be integrated into the assessment:

- Be aware of the need to be as objective as possible when self-assessing, triangulating sources of evidence
- Avoid the risk of over or under scoring
- Be honest and critical
- Be proud
- Continuously strive for growth
- Provide evidence and track accomplishments

The self-assessment process will need to be agreed locally but ideally should consist of the following stages:

- Local self-assessments undertaken.
- Bi-monthly self-assessment score made by the relevant SRO, in conjunction with the relevant IM, taking account of local feedback.
- Self-assessment score presented/agreed by the Targeted Intervention steering group.
- Self-assessment scores and evidence quality assured and constructively challenged at BCU Executive level Final self-assessment scores agreed for presentation to the Board.
- Self-assessment scores presented to the Board – approved and owned by the Board.
- Self-assessment scores and evidence submitted to Welsh Government for discussion at WG TI Escalation Meeting.

### 4.0 Implementation

- The Health Board to develop the details of each maturity matrix in conjunction with staff, the Board, stakeholders, partners and the public – April 2021
- An agreed framework for the additional financial investment – end of March 2021
- The health board to establish dashboard and systems for gathering and tracking evidence – April 2021
- The Health Board to conduct its baseline assessment – May 2021
- The board to agree priorities for the next six months – May 2021
- Areas for support and development to be identified and submitted to Welsh Government following the baseline assessment – May 2021
- Self-assessment to be undertaken on a regular basis in line with Board meetings.



Welsh Government will work closely with the health board throughout the process of Targeted Intervention ensuring that progress is being made and agreeing appropriate interventions where necessary. These will initially be agreed following the baseline assessment in May and added to this framework.

Normal performance management arrangements will continue through the Quality and Deliver Boards and Joint Executive Team meetings. These will be supplemented by bi-monthly TI meetings during the first few months of the TI implementation. The frequency of the TI arrangements will be reviewed 6 months after the baseline assessment.

## **5.0 Developing the Maturity Matrices**

The Health Board will need to agree its own approaches to the development and implementation of the matrices, however as a guide the following section sets out the themes and challenges that the Welsh Government expects to be addressed.

The overriding expectation of the Targeted Intervention framework is to ensure that:

- Ongoing transformation, improvement and innovation leads to improved trajectory of outcomes, patient experience and financial performance year on year.
- A revised accountability and performance framework delivers improvements in performance and patient safety.
- The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.
- A sustainable vision for the future is agreed and communicated to the public, staff, trade unions and partners.
- The development of a medium term plan, incorporating a robust three-year financial plan to meet its financial duties.
- The development and implementation of a long term integrated clinical services strategy
- Strengthen leadership capacity and enhanced governance supports organisational development, decision making and resilience
- Improvements will be celebrated, leading to de-escalation, as assessed by the maturity matrix approach.

Within each matrix there is a need to consider what steps need to be taken to meet the following challenges. Please note that these are not an exhaustive list and that they are not simply to be ticked off as completed. They are indicative of the building blocks that need to be reflected in the transformation journey.



## **Mental Health (Adult and Children)**

- Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.
- Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.
- Strengthening leadership capacity within the mental health divisions for children and adults, Executive Team and Board to enhance stability and resilience.
- Increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.
- Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.
- Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.
- Good governance arrangements embedded within the Division.
- Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.
- Improve appropriate access to psychology therapies within reasonable waiting times.
- The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways of working in response to these recommendations.

## **Strategy, planning and performance**

- Development of a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development
- Delivering transformation and new models of primary and community services in partnership with Local Authorities and other partners
- Development of a robust annual plan (for 2021/22), which builds assurance as a key step towards submission of an approvable Integrated Medium Term Plan (2022 onwards).
- Approvable Integrated Medium Term Plan, reflecting the clinical services strategy priorities and providing a significant step forward from the current annual planning focus. Including the development of a robust 3 year financial plan to meet its financial duties, as part of the IMTP.
- Improved access to planned care with reduced waiting times in line with national requirements
- Sustained improvement in performance, quality and patient experience in unscheduled care
- Delivery against the financial plan in year, including managing in year pressures



## **Leadership (including governance, transformation and culture)**

- Develop and embed a compelling vision for the health board which is understood, recognised and accepted throughout the organisation.
- Demonstrate visible clinical leadership engaging patients, partners and staff.
- An effective, integrated Board setting a clear strategic direction for the organisation.
- An open and transparent culture and willingness to learn.
- Consolidation of executive leadership supported by a development programme for the Executive Team.
- Collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads
- A revised accountability and performance framework, underpinned by a robust governance structure.
- Visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level.
- A strong approach to organisational learning supported by a culture of high quality care.

## **Engagement**

- There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.
- A vision and strategy developed with the active engagement of staff, partners and organisations and service users.
- Effective public involvement and engagement, measured through CHC and partner surveys
- External stakeholders describe relationships with the health board as positive and there is evidence of improved joint working and ownership across the whole system including the Regional Partnership Board and Public Services Boards.
- Evidence of improved engagement with staff measured through surveys and feedback from trades unions.
- Develop and implement a Values and Behaviours Framework that has been developed with staff, is regularly reviewed, and has a clear engagement programme for its implementation.

### **6.0 De-escalation from Targeted Intervention**

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board and NHS trust in respect of quality, service performance and financial management. A wide range of information and intelligence is considered to identify any issues and inform the assessment.



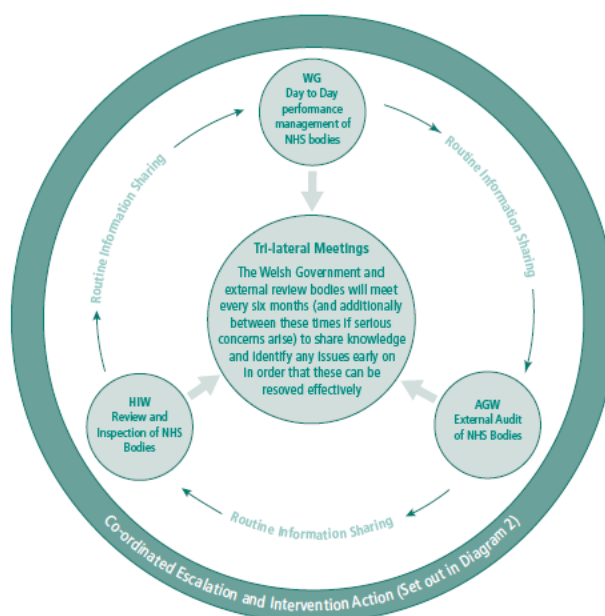
The Tripartite meeting will consider the escalation status of the health board at these meetings and will review the self-assessments undertaken by the Board, alongside other appropriate intelligence and make recommendations to the Minister about the appropriate escalation for the health board.

De-escalation will be considered when the health board reaches level 3 (results) and 4 (maturity). It may be appropriate to de-escalate some areas from TI at a different time to other areas depending on the progress made.

## 7.0 Addressing other areas of concerns

The health board are in TI for the four areas outlined in section one. If during the period of TI other areas of concern are raised, these must be addressed through the standard escalation framework as shown in diagram one:

Diagram 1: NHS Wales Escalation and Intervention Arrangements – Overview



From time to time, the routine arrangements outlined above may flag up a potentially serious concern with the service delivery, quality and safety of care and/or organisational effectiveness of a NHS body. These will be taken through the agreed escalation approach within Welsh Government via Quality and Delivery meetings and Joint Executive meetings

If a serious concern to service delivery, quality and safety of care and/or organisational effectiveness arises that cannot be resolved through routine arrangements, the Welsh Government and external review bodies, as appropriate, may decide that a short, focussed piece of work is undertaken in liaison with the NHS body to explore the concern further.





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Once an exploration of the concerns has been completed, the Welsh Government and external review bodies will share knowledge and potential action plans so they are each better able to determine the action that is most appropriate for them to take. The NHS body will be informed in writing of the outcome by the Welsh Government and/or the external review bodies stating the grounds and confirming any action.

If it is established that there is an issue that requires action (with a service and/or organisational effectiveness) then the Welsh Government and external review bodies, as appropriate, will consider the seriousness of the issue(s), their apparent causes and the capability and capacity of the NHS body to resolve them before making decisions on the form and extent of the action required.