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1. Finance,
strategy and
planning

2. Performance
and
outcomes

6. Quality of
care

**Escalation
Domains**

3. Fragile
services

5. Leadership,
capability
and culture

4. Governance

ARAC – 10th December 2024 Targeted Intervention Progress Report

This briefing summarises key updates from Items 36 to 41 concerning the Targeted Intervention (TI) criteria and their alignment with the relevant committees. The focus is on ensuring that the Audit and Risk Assurance Committee (ARAC) receives assurance around governance arrangements. By clarifying reporting structures and mapping each de-escalation criterion to the appropriate committee, we aim to enhance robust and clear oversight across all committees. This approach ensures that each committee is suitably informed about the key points relevant to their remit, facilitating effective governance and accountability within the organisation.

Alerts

None to report

Advise

Criteria 37, 38, 39, 40 and 41

Assure

Criteria 36

Criteria 36 - Effective Oversight and Scrutiny

Assure



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Progress Highlights

Enhanced Committee Focus - Significant progress has been made to ensure each committee concentrates on the de-escalation criteria relevant to its remit.

Robust Discussions - Regular and thorough discussions are now taking place across committees, particularly within the Sustainable Resources Committee and the Strategic Development and Operational Delivery Committee.

TI Summary Reports

Implementation - Targeted Intervention summary reports, aligned to each committee, will be included in the governance section of committee agendas.

Purpose - To direct committees to focus on specific areas of concern or priority within their domain.

ARAC Assurance

Governance Oversight - ARAC will receive assurance on the effectiveness of these reporting arrangements.

Progress Monitoring - ARAC will monitor progress against the criteria aligned to it, ensuring governance processes are functioning effectively.

Next Steps

Timeline - The new reporting approach will be enacted for the December 2024/January 2025 meetings.

Criteria 37 - Board's Duty of Quality in Decision-Making

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Current Situation

Data Limitations - While there is clinical data indicating fragility within the Clinical Services Plan (CSP) scope, services outside this scope do not have the comprehensive oversight as evidenced in the CSP data.

Integration Need - A more cohesive model (framework) is needed to integrate workforce pressures, financial assessments, service resilience, and patient accessibility.

Objective

Enhanced Understanding - To better frame the Board's understanding and response to fragile services across all pathways.

Priority Focus- Align oversight mechanisms to address emerging configuration challenges impacting service delivery.

Criteria 38 - Programme and Performance Management Structure

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Recent Developments

Governance Improvements - Clear objectives have been defined across various programmes, providing a strong foundation for performance management.

Challenges Identified

Inconsistent Delivery - There is difficulty in translating these objectives into consistent delivery, especially in critical areas like cancer, urgent care, and diagnostics.

Effectiveness Gaps - Limited improvement or deterioration in some areas suggests potential gaps in the performance and programme delivery framework.

Action Plan

Internal Audit Review

Purpose - An internal audit will review the effectiveness of the governance arrangements related to programme and performance management.

Timeline - Completion expected by March 2025.

Outcome - Findings will inform enhancements to performance oversight and the delivery framework, strengthening governance assurance.

Criteria 39 - Risk Management Arrangements

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Strengths

Embedded Processes - Risk management arrangements are well-established, utilising tools like the Corporate Risk Register and Datix.

Structured Oversight - Regular directorate escalation meetings cover key risk areas, promoting early identification and proactive management.

Board Engagement - The Board is consistently sighted on key risks through clear reporting lines, including the Quality, Safety, and Experience Committee (QSE), Sustainable Resources Committee (SRC) and ARAC.

Areas for Improvement

Active Mitigation - While risks are systematically recorded, there is a need to enhance capacity for managing risks and implementing actionable plans.

Operational Governance Consistency - Inconsistencies exist in governance arrangements at the operational level, particularly within the Operations Directorates.

Upcoming Actions and Mitigations

New Operational Governance Structure

Implementation - A new governance structure will be introduced to ensure consistent operational governance arrangements.

Leadership - Led by the Chief Operating Officer to ensure consistent application across operational teams.

Timeline - Expected to be in place by April 2025.

Goal - To align operational governance with the mature corporate governance practices already demonstrated by the Health Board, enhancing overall governance assurance.



Established Mechanisms

Governance Arrangements - New governance structures are now well-established, providing mechanisms for seeking assurance and escalating issues as required.

Need for Review

Effectiveness Assessment - A review is necessary to evaluate whether these mechanisms effectively support consistent delivery against defined objectives.

Performance Challenges - Limited improvements in key performance areas indicate potential gaps in the current governance and performance management framework.

Action Plan - Internal Audit Review

As per Criteria 38 - An internal audit will assess the effectiveness of governance arrangements, with findings to inform necessary enhancements.

Objective - To ensure that governance and assurance systems are robust and facilitate effective oversight by ARAC and other committees.

Criteria 41 – Maturity Matrix Self-Assessment

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Recent Activity

Self-Assessment Completed - A self-assessment against an agreed governance maturity matrix was conducted in Q4 of 2023-24.

Insights Gained - Provided a realistic view of the current planning maturity, informing areas for improvement.

Ongoing Efforts

:

Regular Updates – Maturity Matrix is regularly reassessed to adapt to emerging challenges and priorities.

Next Reassessment - Scheduled following the completion of the 2025-26 annual plan.

Objective

Strengthening Operational Planning and Governance - To use the insights from the maturity matrix to enhance governance practices, ensuring they evolve with operational changes and align with strategic objectives.

Future Alignment - To support the Health Board's capacity to manage both immediate and long-term challenges effectively.

Summary of Key Points



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Positive Developments

- Enhanced Reporting Clarity - Improved alignment of reporting structures, ensuring that each committee focuses on relevant de-escalation criteria.
- Governance Assurance- Strong risk management processes and mature corporate governance arrangements provide assurance to ARAC.
- Commitment to Improvement - Ongoing efforts to reassess and enhance governance maturity demonstrate a commitment to effective governance.

Areas Requiring Attention

- Integrated Oversight Model (Framework) - Developing a cohesive framework to better understand and manage fragile services across all pathways.
- Performance Management - Addressing challenges in achieving consistent delivery against objectives in key programme areas.
- Operational Governance Consistency - Implementing consistent governance arrangements at the operational level to align with corporate practices.
- Risk Mitigation Capacity - Enhancing capacity to actively manage and mitigate identified risks, ensuring risks transition from identification to effective mitigation and implementation.

Criteria	Action	Reporting Group	Status	Executive Lead	Summary of Current Status	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
36	Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee as demonstrated by Committee and Board papers.	TI coordination group	Assure	Joanne Wilson	<p>The Targeted Intervention (TI) pack undergoes thorough scrutiny at committee level, with robust and regular discussions across relevant committees. Significant progress has been made to ensure that each committee focuses on the de-escalation criteria relevant to its remit, particularly within the Sustainable Resources Committee and the Strategic Development and Operational Delivery Committee.</p> <p>Further discussions have taken place with DOCG, DOSP, and DDOSP to strengthen TI reporting processes. A TI summary report aligned to each committee will now be included in the governance section of committee agendas, directing committees to focus on specific areas of concern or priority. This approach aims to enhance the format and focus of discussions, improving alignment between committees and the Board.</p> <p>ARAC will receive assurance on the effectiveness of these reporting arrangements and on progress against the criteria aligned to it. These steps will ensure continued improvement in oversight as the governance structure is further embedded.</p>	To be enacted for Dec24/Jan25 meetings (Jan25)	Committee reporting in Dec/Jan25	Structured Assessment 2025 Committee Self Assessment feedback	N/A
37	Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.	TI coordination group	Advise	Sharon Daniel	<p>While there is clinical data supporting fragility within the CSP's scope, including complaints, claims, and cost implications, services outside this scope lack the same comprehensive oversight. A more cohesive model—integrating workforce pressures, financial assessments, service resilience, and patient accessibility—would help frame the Board's understanding and response to fragile services more effectively. This remains a priority to ensure alignment across all fragile pathways, especially in light of emerging configuration challenges.</p>				No risk identified
38	Effective programme and performance management structure is in place which defines objectives of the improvement work has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; structures have effective open and transparent reporting with effective Board oversight and a clear performance and delivery framework that drives improvement.	TI coordination group	Advise	Lee Davies	<p>Recent governance improvements have provided a strong foundation, with clear objectives defined across various programmes. However, translating these objectives into consistent delivery remains a challenge. While progress has been noted in financial delivery, limited improvement has been seen in areas such as cancer, urgent care, and diagnostics. In some cases, deterioration has highlighted gaps in the effectiveness of the performance and programme delivery framework.</p> <p>Repeated issues flagged in the TI pack, such as those identified during the 100-day cycles, reflect a need for stronger alignment between objectives, delivery mechanisms, and impact assessments. A more cohesive approach is required to improve performance management, particularly in high-priority areas.</p> <p>To address these gaps, Internal Audit will conduct a review of the governance arrangements' effectiveness, with completion expected in March 2025. This review will inform enhancements to performance oversight and programme delivery frameworks.</p>				No risk identified
39	Risk management arrangements are in place for identifying recording managing risks across the organisation. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny of fragile services provided by QSE and Board.	TI coordination group	Advise	Joanne Wilson	<p>Risk management arrangements are embedded across the organisation, with robust processes for identifying, recording, and managing risks. This framework is built on a well-established set of tools, such as the Corporate Risk Register and Datix, complemented by structured directorate escalation meetings. These meetings cover six key risk areas, ensuring a comprehensive assessment of performance variations and emerging challenges. This systematic approach aims to promote a proactive culture of risk identification, where issues can be identified and addressed early.</p> <p>The Board is consistently sighted on key risks and areas of concern through well-defined reporting lines, including the Quality, Safety, and Experience Committee (QSE), the Targeted Intervention (TI) Coordination Group, and the Audit and Risk Assurance Committee (ARAC). These governance structures allow the Board to engage in constructive scrutiny of performance, providing effective oversight, especially in the management of fragile and high-risk services. This approach allows the Board to fulfil its role not only in terms of monitoring but also in challenging and supporting the development of mitigation strategies.</p> <p>Despite these established processes, challenges remain in ensuring that recorded risks transition smoothly from identification to active mitigation. It has been observed that while risks are being systematically recorded, there is sometimes a lack of capacity to manage the risks and the actionable plans tied to these risks. This gap can be addressed by focusing on the development of risk management plans that contain specific deliverables, measurable milestones, and clearly assigned responsibilities (subject to capacity). Strengthening these aspects will enhance the link between risk identification and tangible mitigation outcomes, promoting a more cohesive approach to risk management across the Health Board.</p> <p>Operational oversight has recently been improved through internal escalation processes that help identify operational issues in a timely manner. However, governance arrangements at the operational level remain inconsistent, particularly across the Operations Directorate. The inconsistencies identified are currently being addressed through the introduction of a new operational governance structure. This revised structure, expected to be implemented by April 2025, will be led by the Chief Operating Officer, whose support will be crucial to ensure consistent application and monitoring across all operational teams. The objective is to align operational governance standards with the mature corporate governance practices already demonstrated by the Health Board, thus promoting a unified standard of governance across all tiers of the organisation.</p> <p>The corporate governance arrangements within the Health Board are mature and robust, a conclusion consistently reinforced through structured assessments. These assessments highlight that strategic and corporate risks are well-monitored, and there is a continuous effort to ensure alignment between strategic intentions and operational actions. However, to support future governance resilience, it will be crucial to focus on embedding consistent governance practices across all operational functions. This will ensure a consistent flow of information, from front-line operational risks to strategic oversight by the Board, thereby enhancing the Health Board's capacity to manage both immediate and long-term challenges.</p>	Support the Chief Operating Officer to implement consistent operational governance arrangements (Apr25)	Support the Chief Operating Officer to implement consistent operational governance arrangements (Apr25)	Structured Assessment - the Board continues to have a mature approach to overseeing strategic and corporate risks and risk management arrangements .	N/A

40	Clear governance and assurance systems in place with performance (quality resource activity/outcomes) issues escalated appropriately through clear structures and processes.	TI coordination group	Advise	Lee Davies	As above, the new governance arrangements are now well established and provide the mechanisms for seeking assurance and escalating as required. A review is required of the effectiveness of these mechanisms as, in areas like cancer, urgent care, and diagnostics, we've observed not only limited improvement but in some cases, a deterioration, highlighting potential gaps in the effectiveness of our programme and performance management. Although the structure defines objectives, the framework is not yet supporting the level of oversight required to ensure consistent delivery against these objectives.				No risk identified
41	Self-assessment against an agreed governance maturity matrix with evidence the agreed level.	TI coordination group	Advise	Lee Davies	<p>The Health Board undertook a self-assessment against an agreed governance maturity matrix in Q4 of 2023-24, providing a realistic view of the organisation's current position regarding governance maturity. This assessment has been crucial, particularly given the broader context of the annual plan recovery work undertaken during the summer of 2023 and the strategic preparations for the 2024-25 planning cycle. It offered a critical lens through which governance practices were evaluated, enabling an honest appraisal of strengths and areas needing enhancement.</p> <p>The maturity matrix framework provided clear insights, which have informed the Health Board's subsequent approach to improving its governance maturity. The assessment did not exist in isolation; rather, it has become a key reference point for ongoing organisational improvements. It has ensured that governance practices are continuously reassessed, with findings feeding into the decision-making processes to strengthen governance structures, align roles and responsibilities, and provide a clear direction for ongoing enhancement activities.</p> <p>In a manner similar to the Health Board's handling of the 56 de-escalation criteria under the Targeted Intervention (TI) framework, the maturity matrix serves as both a strategic and operational tool that reinforces decision-making processes. These processes ensure that both strategic and operational planning governance arrangements are not only reactive but also proactive, with an emphasis on anticipating challenges, promoting best practices, and ensuring alignment across critical areas of focus. The maturity matrix is thus integral to the Health Board's structured approach to organisational improvement, helping to drive alignment between strategic goals and operational practices.</p> <p>Regular reassessments of governance maturity are conducted throughout the year to adapt to emerging challenges and priorities. This continuous assessment cycle allows the Health Board to remain agile, capable of responding to both internal and external pressures, while still maintaining alignment with its strategic objectives. By leveraging the insights gained through the maturity matrix and aligning them with the strategic priorities identified in the 2025-26 annual plan, the Health Board aims to ensure that its governance arrangements not only meet current needs but are also future-ready.</p> <p>The next maturity matrix reassessment will take place following the completion of the 2025-26 annual plan. This reassessment will help to ensure that planning practices remain relevant and aligned with the evolving needs of the organisation. Furthermore, this will service as an improvement process ensures that governance structures are not static but evolve in tandem with the changing operational landscape and strategic ambitions of the Health Board.</p>				N/A