



PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 December 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Escalation Status update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to update Audit & Risk Assurance Committee (ARAC) members on the work of the Health Board in relation to its escalation to Targeted Intervention for finance and planning and its continuing status of Enhanced Monitoring for specified areas on performance and quality.

Cefndir / Background

On the 29th September 2022, the Health Board was notified that its escalation status for finance and planning had been increased to Targeted Intervention as a result of the deterioration in our forecast deficit position and an unapproved Annual Plan. The letter also set out specific areas where the Health Board would remain in Enhanced Monitoring. These were urgent and emergency care; cancer; Part 1 CAMHS; C-Difficile rates; ITU Prince Philip Hospital; and Maternity Services.

Asesiad / Assessment

As a result of the notified change in the Health Board's escalation status and confirmation of a continuation of enhanced monitoring in specified areas, the Board approved the establishment of two working groups – one to address Targeted Intervention and the other focussed on the areas under continued Enhanced Monitoring. In addition, a newly established Escalation Steering Group chaired by the Chief Executive has been tasked with the co-ordination and oversight of the delivery of these work plans, reporting into the Executive Team and Board.

These groups have been meeting weekly although, as the initial response stage is near completion, this is currently under review. Named Independent Members are attached to each working group with the Chair in attendance at the Escalation Steering Group. The Terms of Reference and work plans for each group were approved by the Board at its November public board meeting.

Alongside the internal work, a number of inception meetings have now been held with Welsh Government and the first formal quarterly Targeted Intervention meeting took place on 6th

December 2022, chaired by the Director General for Health and Social Services. The tone of our interactions has been positive, recognising the challenges we are addressing and seeking to support our de-escalation in the shortest appropriate timescale.

Good progress is being made in relation to the work plan. Actions to address all the issues raised are on track with a number now closed. A project manager attends all meetings and maintains the action plan so that progress can be monitored and assessed. In delivering these actions, any resulting papers will first be presented to Board or an appropriate committee for assurance wherever possible.

There are 2 key areas where we have secured external and/or Welsh Government support:

- a review by the Finance Delivery Unit and;
- a peer review of our integrated planning mechanisms

The Escalation Steering Group will identify and request any further areas where external support is required and it remains a standing agenda item for this group at each meeting.

Alongside the formal governance arrangements described above, the Chief Executive continues to meet the Chair and Independent Members informally to update and discuss the latest position arising from Escalation Steering Group Meetings.

For information purposes there are four appendices attached to the report:

- Appendix 1 – Hywel Dda University Health Board slide pack
- Appendix 2 – Terms of Reference for Targeted Intervention and Enhanced Monitoring
- Appendix 3 – Targeted Intervention and Enhanced Monitoring Framework
- Appendix 4 – Agenda for the meeting held on 6th December 2022.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- (i) Note the update on the Health Board's actions in relation to its escalated status

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.24 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

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	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Terms of Reference for the groups referenced above have been received and approved by the Board
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report.
Gweithlu: Workforce:	Any issues are identified in the report.
Risg: Risk:	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuring that ARAC is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	Any issues are identified in the report.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> Has EqIA screening been undertaken? Not on the Report Has a full EqIA been undertaken? Not on the Report



GIG
CYMRU
NHS
WALES

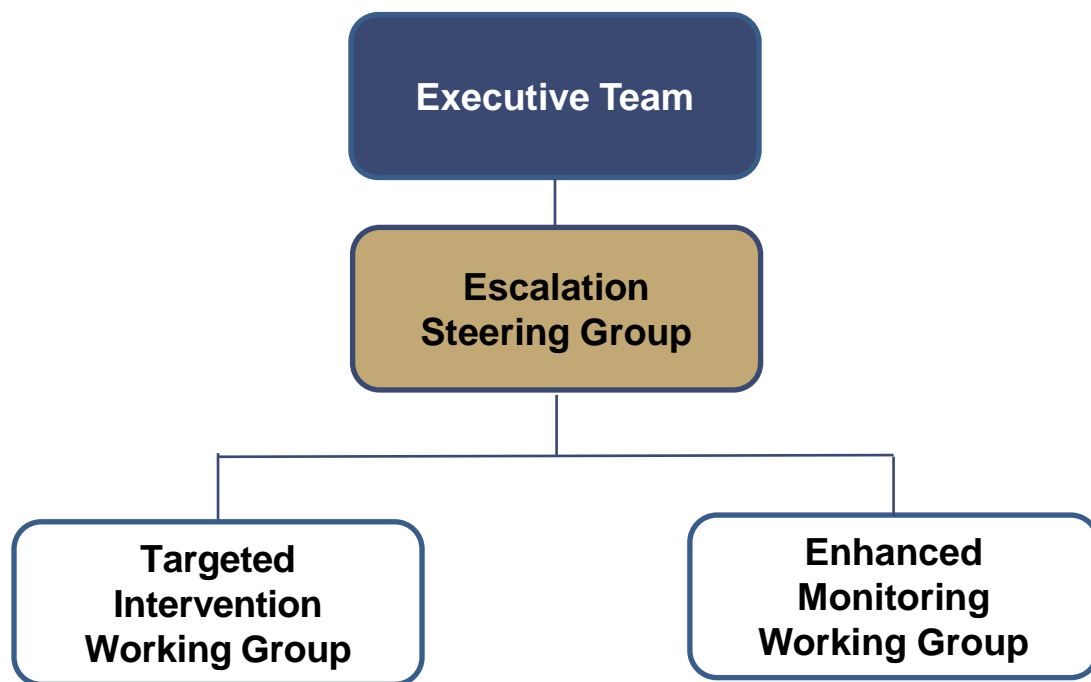
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Targeted Intervention Meeting
Hywel Dda University Health Board
08:30 - 10:00, 6 December 2022, Microsoft Teams

Agenda

- 1 Approach to managing escalation in Hywel Dda (Steve Moore)
- 2 Progress made against finance intervention (Huw Thomas)
- 3 Progress made against planning intervention (Lee Davies)
- 4 Progress made against enhanced monitoring (Andrew Carruthers)
- 5 Any other issues of concern (Steve Moore)



Governance arrangements approved by the Board at its meeting held on 24th November 2022.

Escalation Steering Group

Purpose

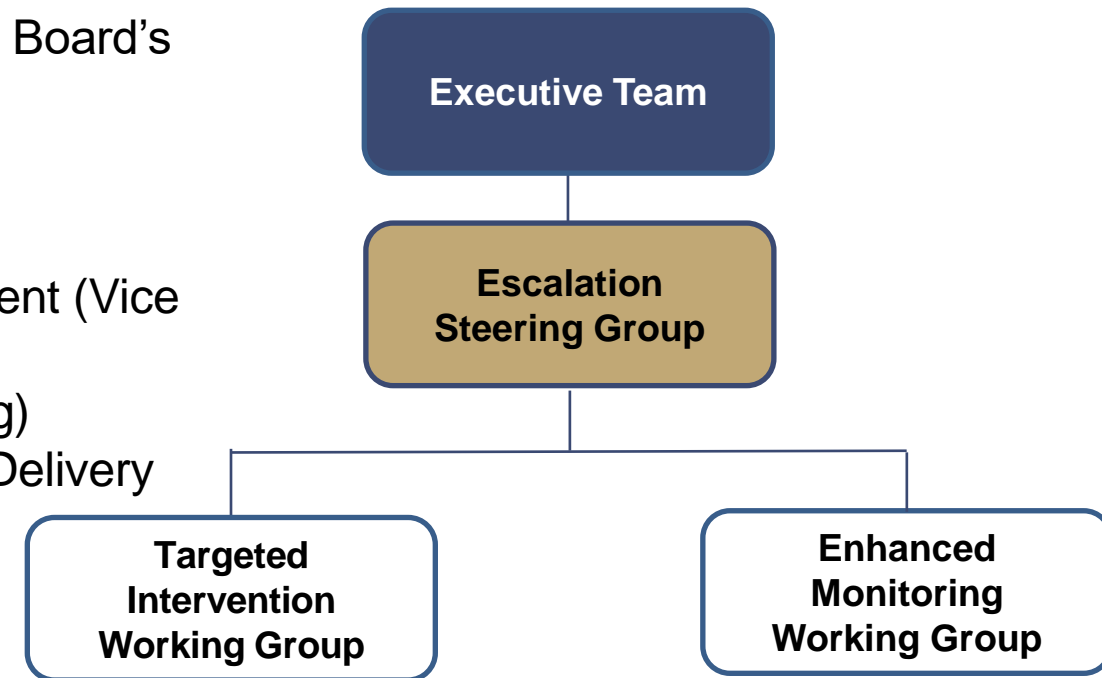
- To ensure oversight and coordination of the overall management of the Health Board response and activity relating to the increased escalation status and to monitor progress against the Health Board's Escalation Action Plan.

Membership

- Chief Executive (Chair)
- Executive Director of Workforce & Organisational Development (Vice Chair)
- Executive Director of Operations (SRO Enhanced Monitoring)
- Executive Director of Strategic Development & Operational Delivery
- Executive Director of Finance (SRO Targeted Intervention)
- Executive Director of Nursing, Quality & Patient Experience
- Board Secretary

In attendance

- Health Board Chair
- Senior Projects Manager



Targeted Intervention Working Group

Purpose

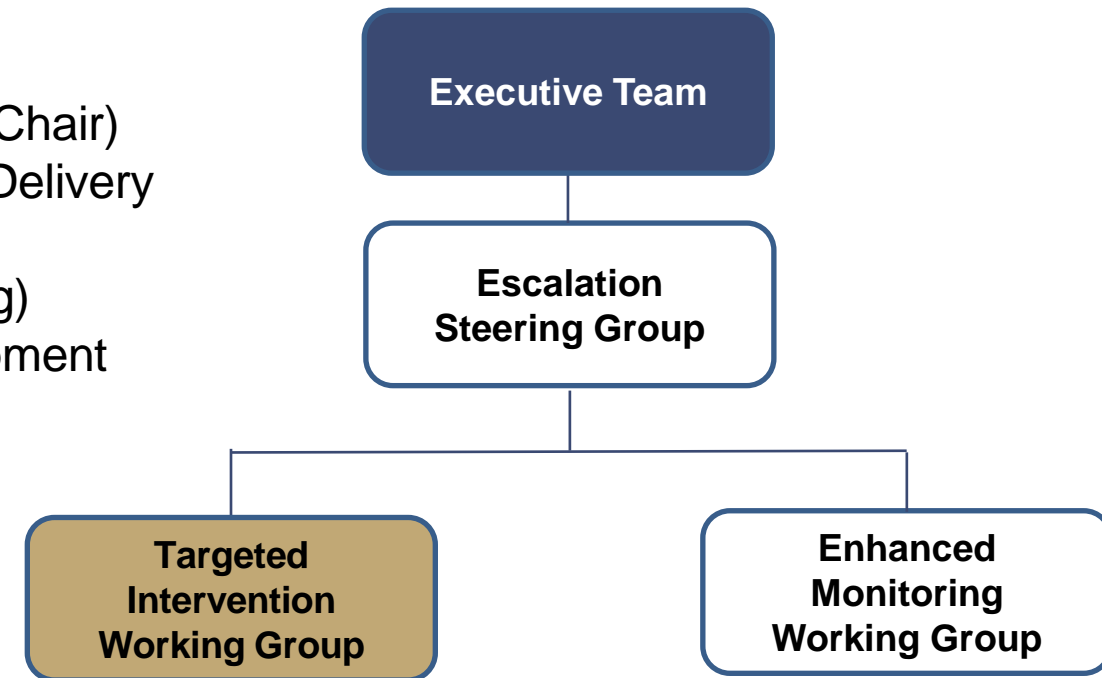
- To deliver the Health Board's response to the increase in escalation status to Targeted Intervention for finance and planning.

Membership

- Executive Director of Finance (SRO Targeted Intervention) (Chair)
- Executive Director of Strategic Development & Operational Delivery (Vice Chair)
- Executive Director of Operations (SRO Enhanced Monitoring)
- Executive Director of Workforce and Organisational Development
- Board Secretary

In Attendance

- Deputy Director of Finance/ Assistant Director of Finance
- Head of Planning
- Senior Projects Manager
- Strategic Advisor
- Nominated IM– Chair of Audit and Risk Assurance Committee



Enhanced Monitoring Working Group

Purpose

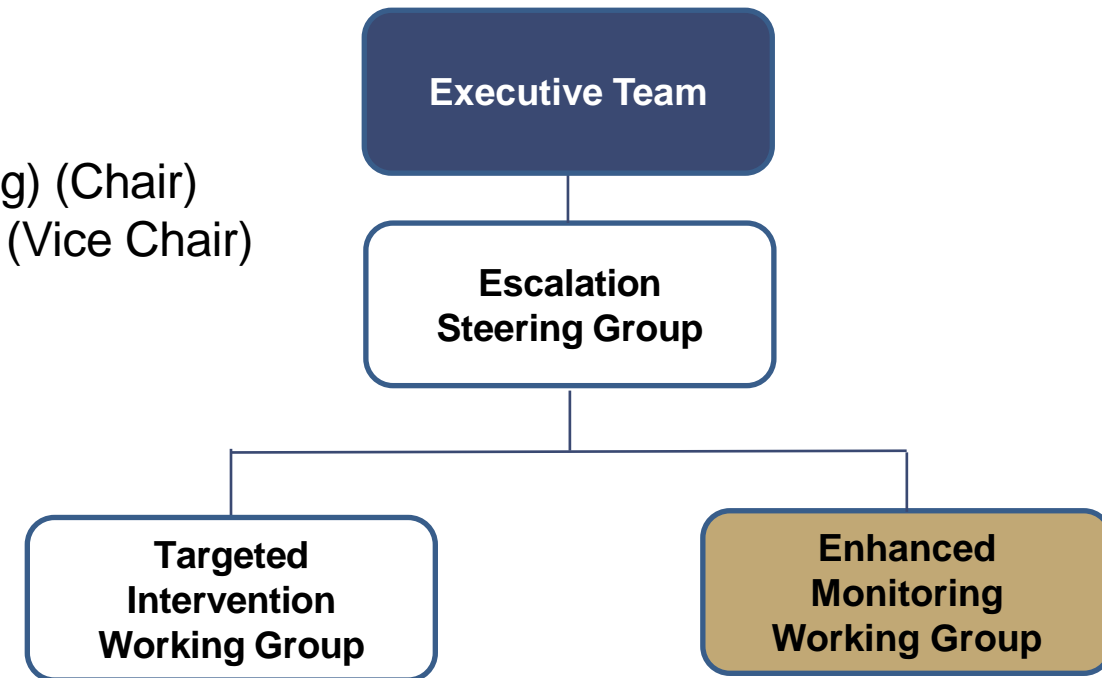
- To deliver the Health Board's response to the increase in escalation status to Enhanced Monitoring for specific quality and performance issues.

Membership

- Executive Director of Operations (SRO Enhanced Monitoring) (Chair)
- Executive Director of Nursing, Quality & Patient Experience (Vice Chair)
- Board Secretary

In Attendance

- Director of Secondary Care
- Director of Mental Health and Learning Disabilities
- Transforming Urgent and Emergency Care Director
- Assistant Director of Nursing
- Head of Strategic Performance Improvement
- Nominated Independent Member – Chair of Quality, Safety and Experience Committee



Board

- The Chief Executive reports progress and activities relating to the Health Board's escalation status on a bi-monthly basis to the Board (via the Chief Executive's report).

Audit and Risk Assurance Committee

- On a bi-monthly basis, the Audit and Risk Assurance Committee (ARAC) invites the Chief Executive Officer to attend the meeting to provide a written report on progress made in relation to both Targeted Intervention and Enhanced Monitoring.
- Enhanced Monitoring status has continued to be on the ARAC agenda since the previous reduction in escalation status.
- Updates are reported to the Board via the ARAC Committee report.

Quality Safety Experience Committee (QSEC)

- The agenda for the QSEC meeting scheduled for 14th December 2022 has been re-aligned to afford full opportunity for Members to scrutinise the areas of concern which have been escalated to Enhanced Monitoring status for quality and performance.
- Enhanced Monitoring is a standing item on the QSEC agenda.
- Touch point meetings with the QSEC Chair and Lead Executive are being reinstated.
- Updates are reported to the Board via the QSEC Committee report.

Action Plan

- Action Plan developed, shared with Welsh Government and appended to the Steering and Working Groups Terms of Reference presented to Public Board.
- Enhanced Monitoring and *C-Diff* Action Plans submitted to Welsh Government on 11th December 2022 and presented to Public Board.

Nominated Independent Members

- Chair an In Attendance member of the Escalation Steering Group.
- Nominated Independent Member for Enhanced Monitoring – Chair of Quality, Safety and Experience Committee.
- Nominated Independent Member for Targeted Intervention – Chair of Audit & Risk Assurance Committee.
- Regular briefings are provided to both nominated Independent Members and to the wider Board.

Regulators

- Meeting held with HIW to discuss escalation status.
- Meeting with Audit Wales to discuss escalation status.
- Realignment of elements of the Internal Audit Programme.

Scope

Four key areas to explore in detail:

1. Drivers from £25m to £62m (since reduced to £59m)
2. Opportunities framework continuous development and implementation
3. Health Board delivery framework
4. Review of financial management arrangements

Progress and next steps

1. Drivers from £25m to £62m

- **Content:** Itemised assessment with value, driver, decision, business case and benefits
- **Process:** Finance lead, with budget holders building the business case and benefits
- **Expectation:** Demonstratable value case for continuing, or decision made to dis-invest
- **Timeline:** Itemised assessment with values, drivers and decisions by end January 2023
Operational business case, or dis-investment decision by 31st March 2023

Progress and next steps

2. Opportunities framework continuous development and implementation

- **Content:** A dynamic continuous business cycle of updating, moving and delivering of ideas
- **Process:** Idea generation across multiple inputs, coordinated by finance
Executive led cascade of expectations to budget holders
Business cycle via delivery framework for progress reviews and accountability
- **Expectation:** Demonstratable increase in recurrent financial benefits being delivered
- **Timeline:** Saving plans articulated with PID included in the Annual Plan by 31st March 2023
Trackable benefits delivered during the Q1 by 30th June 2023

Progress and next steps

3. Health Board delivery framework

- **Content:** Comprehensive response plan organisation to the KMPG 2020 recommendations
- **Process:** Summarise recommendations into themes and update on current status
Identify owners and embed open items into BAU routines
- **Expectation:** Evidence provided against all recommendations to be agreed with FDU
- **Timeline:** Current status to Sustainable Resources Committee by 20th December 2022
FDU feedback on initial responses by TBC
Outstanding items responded to and embedded by 31st March 2023

Progress and next steps

4. Review financial management arrangements

- **Content:** Organisational response articulating financial management principles
- **Process:** Document existing principles, FDU to critique and identify any gaps for closing
- **Expectation:** FDU agreement that an appropriate level of principles exist
- **Timeline:** Existing principle document shared no later than 28th February 2022
FDU feedback and gap analysis provided by TBC
Outstanding items responded to and embedded by 31st May 2023

Progress and next steps

Scope

- **Planning maturity matrix**
 - Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes
- **Peer review**
 - Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate, and will include capacity and capability
- **Clinical Services Plan**
- **Annual Planning Cycle**
 - Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the HB's longer-term ambition as set out in the PBC.

Progress

- Initial meeting held with WG and monthly touchpoints arranged
- Reviewed maturity matrices utilised by other Health Boards (in particular BCU); draft matrix to go to SDOD committee on 16th Dec
- Development of 2023/24 Annual Plan commenced including planning principles and prioritising Planning Objectives. Board seminar held 1st December to agree approach, priorities and 'domains'
- Mapping of Ministerial priorities to Planning Objectives

Next steps

- **Maturity Matrix**
 - Agreement on maturity matrix
 - Stakeholder engagement
 - Development of action plan
- **Peer review**
 - Identification of peer to support review process
- **Clinical Services Plan**
 - Clinical leads session to be held on 16th Dec to commence Clinical Services Planning
- **Annual Plan**
 - Planning objectives being reviewed and key deliverables for 23/24

Scope

- The Health Board was asked to submit an Enhanced Monitoring Action Plan to Welsh Government
- This was submitted on 11th November 2022
- The Action Plan was submitted and discussed at Board on 24th November as part of the Operational Update report

Risks within the corporate risk register:

Risk Ref	Risk Title	Causes of Risk	Current Risk Score	Target Risk Score	Directorate
1027	Delivery of integrated community and acute unscheduled care services	<ul style="list-style-type: none"> Compromised workforce Increasing levels of demand and acuity 	25	12	USC: Health Board Wide
1432	Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23	<ul style="list-style-type: none"> Unable to deliver savings due to operational and clinical challenges In-year operational cost deterioration 	25	8	Finance
1032	Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients	<ul style="list-style-type: none"> Recruitment difficulties Sustainability of key posts Increase in referrals 	20	12	Mental Health and Learning Disabilities
1407	Risk to delivery of Annual Recovery Plan & achievement of WG Ministerial Priorities for the reduction in elective waiting times	<ul style="list-style-type: none"> Increasing levels of demand and acuity Staffing deficits Deficits in financial resources for urgent and cancer pathways 	16	12	Scheduled Care
1406	Risk of insufficient skilled workforce to deliver services outlined in Annual Plan 22/23 & deliver UHB strategic vision by 2030	<ul style="list-style-type: none"> Current workforce modelling and service delivery provision Alignment of funding 	16	12	Workforce
684	Lack of agreed replacement programme for radiology equipment across UHB	<ul style="list-style-type: none"> Ageing equipment not being replaced 	16	12	USC: Radiology
813	Failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO)	<ul style="list-style-type: none"> Age, condition and scale of estates backlog 	15	5	Estates and Facilities: Fire

Other risks in the process of being documented:

1. Industrial action
2. Inflationary pressures
3. Cost of living
4. Extreme weather events
5. Vulnerability of the care home and domiciliary care sectors

**Escalation – Targeted Intervention and Enhanced
Monitoring
Terms of Reference
Hywel Dda University Health Board
October 2022**



1.0 Introduction

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

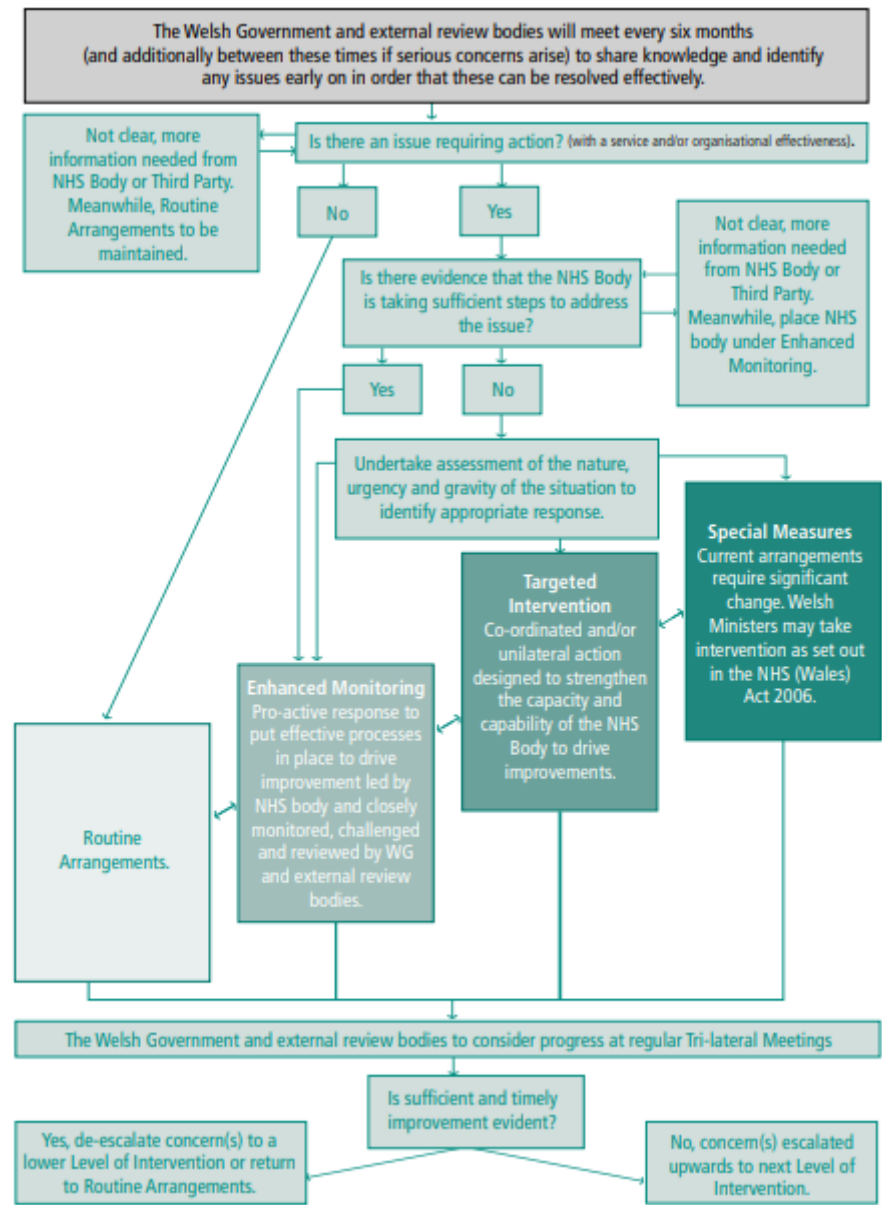
Following the meeting that took place on 7 September 2022, the escalation status of Hywel Dda University Health Board has been escalated to targeted intervention for planning and finance and remains at enhanced monitoring for quality issues relating to poor performance and long waiting times.

2.0 Background

- In February 2015, the health board was placed in enhanced monitoring due to concerns with the health board's inability to agree and deliver against a three-year IMTP. Concerns were also raised at the time around cancer peer review and paediatric diabetology.
- The health board was escalated to targeted intervention in July 2016, with concerns mainly around the health board's ability to deliver an approvable three-year plan. There had been a significant overspend in the previous financial year and forecasts were for a further substantial deficit which merited further support and actions. There had been some improvement in performance, but there was a requirement to help the health board manage within resources.
- The health board remained in targeted intervention from July 2016 to September 2020. Reasons for remaining at targeted intervention included the inability of the health board to have an approvable three-year plan, unscheduled care performance, the health board's poor financial position, learning disabilities, capability of middle management, concerns around maternity services at Bronglais, recruitment and retention of staff, out of hours provision, particularly at Withybush. During this period Financial Planning & Support work was undertaken by KPMG which produced a number of reports and recommendations for improvement.
- In September 2020, the health board was de-escalated to enhanced monitoring due to the professional and considered way they responded to the pandemic and the work in relation to the setting up of Field Hospitals across Wales. The continued good performance the health board was showing prior to COVID was a key factor in this decision.
- September 2022, Hywel Dda UHB was escalated to targeted intervention from enhanced monitoring for finance and planning. Quality and performance remain in enhanced monitoring following concerns around urgent and emergency care,

planned care including cancer, critical care, infection control (C-diff), neurodevelopment and child and adolescent mental health services.

3.0 NHS Wales Escalation and Intervention Arrangements



4.0 Purpose

This document sets out the terms of reference for both areas of escalation and the expectations for improvement moving forward.

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

Enhanced monitoring is when the NHS body demonstrates a pro-active response to put in place effective processes to address the issue(s) raised by the escalation process and drive improvement itself.

The Welsh Government will coordinate activity and responses in order to closely monitor, understand, support, challenge and review progress.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular telecoms and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

5.0 Aims and Objectives

- To produce an escalation action plan incorporating both targeted intervention and enhanced monitoring.
- To scope out and clearly define areas of support and improvement.
- To agree the criteria for de-escalation and review period.
- To implement robust performance management and reporting arrangements.

6.0 Membership

The escalation team will be made up from three organisations as follows:

Welsh Government

- Jeremy Griffith, Samia Edmonds, Olivia Shorrocks, Martyn Rees, Gaynor Evans

Hywel Dda University Health Board

- Huw Thomas, Andrew Carruthers, Lee Davies

The NHS Executive – to include the Financial Delivery Unit, Delivery Unit, 6 Goals Programme for Urgent and Emergency Care and the Planned Care Improvement and Recovery Team

Each member will:

- Have delegated authority to act on behalf of their organisation and to be the channel of communication for this work between the group and their organisation.
- Expected to contribute their knowledge and expertise and respectfully challenge the work of the group.
- Each member will be expected to be prepared for meetings which include:
 - Accepting the meeting invite or giving apologies.
 - being familiar with the agenda and any papers that have been sent.
 - completing any required actions prior to the meeting or being able to provide an update to these.

The escalation group will meet monthly. All meetings will be held virtually.

In addition, quarterly Targeted Intervention meetings led by the NHS Wales Chief Executive will be held.

7.0 Roles and Responsibilities

Welsh Government will provide the organisation with:

1. Governance, accountability and structure
2. Provision of specialist planning and strategy advice and peer support
3. Co-ordinate and manage the agreed deep dives and monitor progress
4. Manage the various aspects of the intervention

The health board will:

1. Establish an appropriate governance structure for escalation including the appointment of an SRO and Independent Member for escalation.
2. Demonstrate Board ownership and oversight of the areas of concern.
3. Submit an escalation action plan by the 11 November 2022 in response to the baseline data review and planning and finance actions raised.
4. Produce a financial recovery action plan.
5. Provide monthly progress reports against the escalation action plan.
6. Identify areas where further support and analysis is required.
7. Develop a planning maturity matrix.
8. Implement the recommendations of the peer review exercises.
9. Develop the organisation's clinical services plan within an agreed timeline.
10. Commit to participating in and rolling out the RTDC model across all sites.

The NHS Executive will:

1. Provide targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers of the deterioration in the organisation's financial deficit
2. Work with the health board to review the recommendations from the KPMG report undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation
3. The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework
4. Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme
5. Undertake a baseline desk top reviews into areas of concern
6. Support the health board with additional analysis on request
7. Agree trajectories against planned care ambitions

8. Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.

8.0 Accountability and reporting arrangements

The group is accountable to the Chief Executive of NHS Wales.

All formal escalation meetings will be chaired by the Chief Executive or the Deputy Chief Executive of the NHS.

Agenda and papers for the meeting will be sent out 5 working days prior to the meeting. Items for agenda should be submitted to Welsh Government.

An action and decision log will be maintained by the secretariat and distributed within 5 working days of meetings.

9.0 Quorum

The group will be quorate if appropriate representation from Welsh Government and the health board is in attendance.

These terms of reference will be reviewed after **6 months**.

10.0 Implementation

- Initial meeting held with the health board and Welsh Government to agree the intervention approach and timescales.
- Health board to review the baseline desk top review and highlight areas of concern not covered.
- Develop a recovery plan that responds to the issues raised.
- Key deliverables agreed and implementation plan in place, monitored and reviewed monthly.
- Peer review and planning support implemented.

Welsh Government will work closely with the health board throughout the process of enhanced monitoring ensuring that progress is being made and agreeing appropriate interventions where necessary.

Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery (IQPD) meetings and Joint Executive Team meetings. These will be supplemented by monthly escalation meetings and quarterly TI meetings. Where appropriate, IQPD meetings will not cover the escalation areas in detail and duplication of other meetings will be avoided to ensure one message is provided to everyone.

11.0 Criteria for De-Escalation

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales at least 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. Following the meeting, the NHS Chief Executive will make recommendations to the Minister for Health and Social Services about the appropriate escalation for the health board.

The following conditions will need to be achieved for de-escalation from targeted intervention:

- The development of a credible three-year medium-term plan or an approvable annual plan
- Assessment at level 3 of the maturity matrix
- Agreement of a robust three-year financial plan to meet its financial duties
- Agreement of and sustainable progress made towards a finance improvement trajectory
- 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.

The following conditions will need to be achieved for de-escalation from enhanced monitoring:

- Agreed approach and delivery over 6 months against planned care recovery actions.
- Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.
- Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.
- Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.

(Please note that all improvements are to be noted from the July baseline)

Health board to self assess and evidence the following sustainability conditions:

- That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
- To demonstrate a strong link between ensuring quality and performance improvement.
- That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.

Targeted Intervention and Enhanced Monitoring Framework Hywel Dda University Health Board

Contents	Page
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Implementation and de-escalation	9
Summary of key deliverables	13
Appendix One • Planning Maturity Matrix	Sent separately
Appendix Two • NHS Executive Speciality Data Reviews	Sent separately

Section 1: Introduction and Background

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

Following the meeting that took place on 7 September 2022, the escalation status of Hywel Dda University Health Board has been escalated to targeted intervention for planning and finance, the health board remains in enhanced monitoring for quality concerns related to poor performance.

Background

Hywel Dda University Health Board has had several interventions in recent years as follows

- In February 2015, the health board was placed in enhanced monitoring due to concerns with the health board's inability to agree and deliver against a three-year IMTP. Concerns were also raised at the time around cancer peer review and paediatric diabetology.
- The health board was escalated to targeted intervention in July 2016, with concerns mainly around the health board's ability to deliver an approvable three-year plan. There had been a significant overspend in the previous financial year and forecasts were for a further substantial deficit which merited further support and actions. There had been some improvement in performance, but there was a requirement to help the health board manage within resources.
- The health board remained in targeted intervention from July 2016 to September 2020. Reasons for remaining at targeted intervention included the inability of the health board to have an approvable three-year plan, unscheduled care performance, the health board's poor financial position, learning disabilities, capability of middle management, concerns around maternity services at Bronglais, recruitment and retention of staff, out of hours provision, particularly at Withybush. During this period Financial Planning and Support work was undertaken by KPMG which produced a number of reports and recommendations for improvement.
- In September 2020, the health board was de-escalated to enhanced monitoring due to the professional and considered way they responded to the pandemic and the work in relation to the setting up of Field Hospitals across Wales. The continued good performance the health board was showing prior to COVID was a key factor in this decision.
- September 2022, Hywel Dda UHB was escalated to targeted intervention from enhanced monitoring for finance and planning. Quality and performance remain in enhanced monitoring following concerns around urgent and emergency care, planned care including cancer, neurodevelopment and child and adolescent mental health services.

The table below highlights the planning and finance key milestones this financial year:

Accountable officer letter <ul style="list-style-type: none"> Indicated the health board's intention to develop an IMTP 	February 2022
Submission of Hywel Dda UHB DRAFT 3-year plan <ul style="list-style-type: none"> Organisation unable to develop a balanced plan that could be approved by the Board Organisation indicated their intention to an in-year IMTP with a 'target deficit' of £25m and a request for an additional resource allocation to close the gap 	March 2022
Accountable officer letter submitted <ul style="list-style-type: none"> Detailed significant financial challenges and a deterioration in the organisation's financial position from £25m to £42m 	12 May 2022
Financial Delivery Unit and Welsh Government deep dive led by officials	May 2022
Chief Executive of NHS Wales letter to the organisation <ul style="list-style-type: none"> Request for a Board approved annual plan for 2022/23 by end of July 	27 May 2022
Accountable officer letter submitted <ul style="list-style-type: none"> Revised deficit projection of £62m 	11 July 2022
WG Officials and Hywel Dda Executive team meeting <ul style="list-style-type: none"> Discussion on the organisation's financial position and annual plan 	26 July 2022
Accountable officer letter submitted <ul style="list-style-type: none"> Confirmation the plan could not be supported by the Board 	2 August 2022

In September 2022, Hywel Dda University Health Board was escalated to targeted intervention from enhanced monitoring for finance and planning due to its failure to submit a balanced and approvable IMTP or a finalised annual plan, alongside a growing financial deficit.

Quality and performance remain in enhanced monitoring following concerns around urgent and emergency care, including ambulance handover, planned care including cancer and performance against part 1a of the child and adolescent mental health services (CAMHS) measure.

These areas align with the recommendations from the Healthcare Inspectorate Wales, Audit Wales, Financial Delivery Unit and the Delivery Unit work over the last 12 months.

This document sets out the key areas for Targeted Intervention and Enhanced Monitoring and the expectations for improvement moving forward.

Section 2: Targeted Intervention

Targeted intervention is a heightened level of escalation within NHS Wales and occurs when the Welsh Government and the external review bodies have considered it necessary to take co-ordinate action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.

Understanding of the challenges, transformation and innovation is essential aspects of any targeted intervention framework. 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.

Targeted Intervention is the process through the health board need to make sustainable changes and improvements. The approach to Targeted Intervention will be underpinned by a maturity matrix approach, to track and evidence improvement.

Focus of Targeted Intervention

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

- Finance
- Integrated planning

Where do we want the organisation to be?

Finance

- To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position
- Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources
- Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.
- Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.
- Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery
- Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.
- Completed all the recommendations within the KPMG review undertaken in February 2020

Planning

- Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case

The Targeted Intervention comprises of two aspects, as highlighted below:

Finance

1. Targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.
2. The FDU will review with the health board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.
3. The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework
4. The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.
5. Test the delivery arrangements within the organisation against the KPMG delivery framework report.

In addition to the elements outlined above, the health board will be expected to:

1. Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.
2. Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG.
3. The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.
4. Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).
5. Implement frequent directorate accountability and performance management

Integrated Planning Intervention

The integrated planning intervention is as follows:

1. Provision of specialist planning advice from the Director of Planning at Welsh Government
2. Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate
3. Monthly progress review meetings incorporating check and challenge throughout the planning process
4. Ongoing support and guidance with regular feedback from the Welsh Government planning team
5. A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning
6. A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms
7. Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme

The health board will be expected to

1. Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.
2. Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.
3. Implement the recommendations of the peer review exercises
4. Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP
5. Develop the organisation's clinical services plan within an agreed timeline
6. Commit to participating in and rolling out the RTDC model across all sites

Section 3: Enhanced Monitoring

Enhanced monitoring is when the NHS body demonstrates a pro-active response to put in place effective processes to address the issue(s) raised by the escalation process and drive improvement itself.

The Welsh Government will coordinate activity and responses in order to closely monitor, understand, support challenge and review progress.

Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular telecoms and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data.

Focus of Enhanced Monitoring

Quality and performance remain in enhanced monitoring in September 2022, following concerns around urgent and emergency care, planned care including cancer and child and adolescent mental health services.

Where do we want the organisation to be:

- Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks
- Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive
- Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care
- Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover

The Enhanced Monitoring Escalation involves:

Welsh Government providing the organisation with:

1. Governance, accountability and structure
2. Co-ordinate and manage the agreed deep dives and monitor progress

The health board will:

1. Appoint an SRO for Enhanced Monitoring
2. Demonstrate Board ownership and oversight of the areas of concern
3. Submit an enhanced monitoring action plan by the 5 November 2022
4. Provide monthly progress reports against the enhanced monitoring action plan
5. On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022
6. On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED
7. Produce a sustainability plan for critical care

8. Undertake a detailed analysis behind infection control with a focus on c-diff

The NHS Executive will:

- Undertake desk top reviews into cancer – overall picture with a focus on areas of concern
- Undertake desk top reviews into planned and unscheduled care focusing on areas of concern
- Support the health board with its work on infection control with a focus on c-diff
- Review ambulance patient handover plans and implement the performance management framework
- Agree trajectories against planned care ambitions
- Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway

Section 4: Implementation and De-escalation

Implementation

- Initial meeting to be held with the FDU and Welsh Government in October 2022 to agree the intervention approach and timescales
- The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance
- The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022
- Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly
- Peer review and planning support implemented
- Presentation of speciality data reviews
- Agreement of action plans for performance with the NHS Executive
- Implementation of key deliverables, monitored and reviewed monthly

Welsh Government will work closely with the health board throughout the process of escalation ensuring that progress is being made and agreeing appropriate interventions where necessary.

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.

De-Escalation

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. Following the meeting, the NHS Chief Executive will make recommendations to the Minister for Health and Social Services about the appropriate escalation for the health board.

The following conditions will need to be achieved for de-escalation from targeted intervention:

- The development of a credible three-year medium-term plan or an approvable annual plan
- Assessment at level 3 of the maturity matrix
- Agreement of a robust three-year financial plan to meet its financial duties
- Agreement of and sustainable progress made towards a finance improvement trajectory

- 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.

The following conditions will need to be achieved for de-escalation from enhanced monitoring:

- Agreed approach and delivery over 6 months against planned care recovery actions
- Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers
- Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan
- Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months

(Please note that all improvements are to be noted from the July baseline)

Health board to self assess and evidence the following sustainability conditions:

- That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
- To demonstrate a strong link between ensuring quality and performance improvement.
- That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.

Appendix One

The Planning Maturity Matrix

The Targeted Intervention framework will be supported by a maturity matrix for planning. 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.

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

Levels of the TI Matrix

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

Principles of 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.

Principles for self-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 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.

Escalation key deliverables

1	Finance
	Key deliverables
1.1	Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG
1.2	Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources.
1.3	Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.
1.4	Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.
1.5	Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery.
1.6	Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.
	Other requirements
1.7	Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.
1.8	Implement frequent directorate accountability and performance management.
	WG Support
1.9	Targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.
1.10	The FDU will review with the health board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.
1.11	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.
1.12	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.
1.13	Test the delivery arrangements within the organisation against the KPMG delivery framework report.
2	Planning
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case. Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.

	Other requirements
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).
	WG Support
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.
3	General TI requirements
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.
3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.
3.3	Implement the recommendations of the peer review exercises.
3.4	Develop the organisation's clinical services plan within an agreed timeline.
3.5	Commit to participating in and rolling out the RTDC model across all sites.
4	Enhanced monitoring
4.1	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.
4.2	Have a clear understanding of the challenges it faces across key planned care specialities as highlighted by the deep dive including cancer, CAHMS, neurodevelopment and critical care.
4.4	Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover.
	WG Support
4.4	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.
4.5	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.
4.6	Support the health board with its work on infection control with a focus on c-diff.
4.7	Review ambulance patient handover plans and implement the performance management framework.
4.8	Agree trajectories against planned care ambitions.
4.9	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.
5	General enhanced monitoring requirements
5.1	Appoint an SRO for Enhanced Monitoring.

5.2	Demonstrate Board ownership and oversight of the areas of concern.
5.3	Submit an enhanced monitoring action plan by the 11 November 2022.
5.4	Provide monthly progress reports against the enhanced monitoring action plan.
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.
5.6	On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.
5.7	Produce a sustainability plan for critical care.
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.
6	Implementation
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.
6.4	Peer review and planning support implemented.
6.5	Presentation of speciality data reviews.
6.6	Agreement of action plans for performance with the NHS Executive.
6.7	Implementation of key deliverables, monitored and reviewed monthly.
7	De-escalation from TI
7.1	The development of a credible three-year medium-term plan or an approvable annual plan (will result in de-escalation to enhanced monitoring)
7.2	Assessment at level 3 of the maturity matrix
7.3	Agreement of a robust three-year financial plan to meet its financial duties
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.
7.5	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.
8	De-escalation from enhanced monitoring
8.1	Agreed approach and delivery over 6 months against planned care recovery actions.
8.2	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.
8.3	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.
8.4	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.
9	Sustainability requirements
9.1	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
9.2	To demonstrate a strong link between ensuring quality and performance improvement.
9.3	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.

**Health and Social Services Group
Welsh Government**



Llywodraeth Cymru
Welsh Government

**Targeted Intervention Meeting
Hywel Dda University Health Board**

6 December 2022

08:30 – 10:00

Via Microsoft Teams: [Click here to join the meeting](#)

AGENDA

08:30	Welcome, introductions and apologies	Judith Paget
08:35	Targeted intervention Reasons for the escalation Feedback from the tripartite Management of TI and links to enhanced monitoring Governance Terms of Reference and the escalation framework	Judith Paget
08:50	Criteria for de-escalation	Judith Paget
09:00	Approach to managing escalation within Hywel Dda Action plan, exec and Board leadership	Steve Moore
09.15	Progress made against finance intervention	Huw Thomas
09:30	Progress made against planning intervention	Lee Davies
09:45	Progress made against enhanced monitoring - performance	Andrew Carruthers
9:50	Any other issues of concern	
09:55	Summary of key actions	Judith Paget